

ELECTRICAL WORKERS FRINGE BENEFIT FUNDS

2002 LONDON ROAD, ROOM 300 • DULUTH, MN 55812
218-724-8883 • MN TOLL FREE 877-908-3863(FUND)

SUMMARY OF MATERIAL MODIFICATIONS (NO. 6)

ELECTRICAL WORKERS HEALTH AND WELFARE FUND

The Summary Plan Description for the Electrical Workers Health and Welfare Fund dated January 1, 2021, is hereby amended effective June 1, 2023, except the change related to COVID-19 is effective May 11, 2023, the end of the public health emergency:

- 1. The Schedule of Benefits, at pages 1-4, is amended to remove coverage of COVID-19 tests at 100% following the end of the public health emergency on May 11, 2023, and to add the following new language (*new language in italics*):**

SCHEDULE OF HEALTH BENEFITS

I. SHORT TERM AND EXTENDED DISABILITY – LOSS OF TIME BENEFITS

Available to Group I employees only – not available for dependent coverage.

Weekly Benefit:	50% of Participant's average weekly earnings to a maximum of \$675.00 but not less than \$400.00
Maximum Period of Disability:	26 weeks
Extended Disability Benefits:	Additional 2 years — available only to Group I employees regularly employed in the previous five years (not available to employees working under the Limited Energy Agreement).

II. PARENTAL LEAVE BENEFIT

Available only to Group I employees who take a leave of absence from work in conjunction with the birth or adoption of a child – not available for dependent coverage.

Weekly Benefit:	50% of participant's average weekly earnings to a maximum of \$675.00 but not less than \$400.00
Maximum period of paid benefit:	Two weeks

III. PREGNANCY BENEFIT

Available only to Group 1 employees who become pregnant – not available for dependent coverage.

Weekly Benefit:	50% of Participant's average weekly earnings to a maximum of \$675.00 but not less than \$400.00
Maximum Period of Paid Benefit:	26 weeks

IV. MAJOR MEDICAL BENEFITS

Available to all eligible employees, non-Medicare eligible retirees, and their eligible dependents.

Deductible Amount	\$400 per family per calendar year (Counts towards Out-of-Pocket Family Maximum for Medical Benefits)
Insured Percentage	80%
Emergency Room Co-payment	\$100 (co-payment subject to waiver, see Part I, Section Three, II.) (Counts towards Out-of-Pocket Family Maximum for Medical Benefits)
Out-of-Pocket Annual Family Maximum for Medical Benefits	\$3,400

V. PHYSICIAN SERVICES

Available to all eligible employees, non-Medicare eligible retirees, and their eligible dependents.

In-Person Physician Visit:	\$25.00 co-payment, thereafter paid at 100%. The \$25.00 co-payment does not apply towards the Major Medical \$400 family deductible but does apply towards the \$3,400 family out-of-pocket maximum.
In-Network Online or Telehealth Visit: (excluding Doctor on Demand)	\$25.00 co-payment, thereafter paid at 100%. The \$25.00 co-payment does not apply towards the Major Medical \$400 family deductible but does apply towards the \$3,400 family out-of-pocket maximum.
Doctor on Demand Telehealth Visit:	Paid at 100%

VI. WELLNESS/PREVENTIVE CARE

Available to all eligible employees, non-Medicare eligible retirees, and their eligible dependents.

Specified preventive care services: 100% coverage provided

VII. PRESCRIPTION DRUGS

Available to all eligible employees, non-Medicare eligible retirees, and their eligible dependents.

Insured Percentage: 80% coverage provided

The 20% co-insurance paid by Participants does not apply towards the Major Medical \$400 family deductible or the \$3,400 family out-of-pocket maximum but does apply towards the Annual Family Maximum for

Prescription Drug Benefits. Specialty drugs are not covered when purchased from an out-of-network provider.

Out-of-Pocket Annual Family
Maximum for Prescription
Drug Benefits \$4,500

VIII. SUPPLEMENTAL BENEFITS

Vision Benefits

Available to all eligible employees, non-Medicare eligible retirees, and their eligible dependents.

Adult Vision Benefits	\$225 paid for all optical benefits (exams, frames, lenses, contacts, Lasik surgery) once per calendar year
Pediatric Vision Benefits	One vision exam per calendar year. One frame and pair of lenses for glasses OR contact lenses every two years. Paid at 100%.

Dental Benefits

Available only to Group I, II, III, and V employees, retirees, and their dependents.

Annual Maximum per Adult Participant	\$950
Pediatric Dental Benefits	No Annual Maximum
Coverage A – Regular Diagnostic and Preventive Services	100% of the Fund’s usual and customary schedule, with limitations on how frequently the services are provided (See Part I, Section Three, VI. B.)
Coverage B – Regular and Special Restorative Services	70% of the Fund’s usual and customary schedule, after payment of a \$25.00 deductible
Coverage C – Prosthetics	70% of the Fund’s usual and customary schedule, after payment of a \$25.00 deductible
Coverage D – Orthodontics	No coverage provided

IX. MEDICARE ELIGIBLE RETIREE BENEFITS

Available only to Group V and VI retirees and their spouses.

A Medicare Supplement Plan is available to Group V and VI retirees and their spouses who are eligible for Medicare. The Fund determines eligibility for this program, but the Schedule of Benefits for medical and prescription drugs are determined by the insurer selected by the Fund. Please contact the Fund Office for details on the Medicare Supplement Plan including a booklet describing the benefits offered by the Plan.

Group V retirees and their spouses are also eligible for Dental Benefits as described under Section VII, Supplemental Benefits and Special Limited Benefits as described under Section VIII, paragraph C.

FOR A MORE COMPLETE EXPLANATION OF YOUR HEALTH BENEFITS INCLUDING ELIGIBILITY REQUIREMENTS, LIMITATIONS, AND EXCLUSIONS, YOU MUST REFER TO THE FULL BODY OF THIS SUMMARY PLAN DESCRIPTION AND PLAN DOCUMENT.

2. **Part I, Section Three – Provisions Describing Plan Benefits, IV. Major Medical Benefits, A., is amended to remove coverage of COVID-19 tests at 100% following the end of the public health emergency on May 11, 2023, and will read as follows:**

IV. MAJOR MEDICAL BENEFITS

A. In General: Certain charges are payable under the Major Medical benefit as follows:

Deductible Amount: \$400 per family per calendar year (counts towards Out-of-Pocket Annual Family Maximum for Medical Benefits).

Insured Percentage: 80%

Emergency Room
Co-payment: \$100 co-payment
(Co-payment subject to waiver, see Part I, Section Three, II., B. 5.) (counts towards Out-of-Pocket Annual Family Maximum for Medical Benefits).

Out-of-Pocket Annual
Family Maximums for
Medical Benefits: \$3,400

3. **Part I, Section Three – Provisions Describing Plan Benefits, V. Physician Services Benefits, A., is amended to remove coverage of COVID-19 tests at 100% following the end of the public health emergency on May 11, 2023, and will read as follows:**

IV. PHYSICIAN SERVICES BENEFITS

A. In General

For in-person physician services and in-network online or telehealth visits, there is a \$25.00 co-payment, thereafter the charges are paid at 100% of the usual and customary as determined by the Fund. This applies to:

1. In-patient hospital physician charges;
2. Out-patient hospital physician charges;
3. Doctor’s visits; and,
4. Emergency room physician charges.

The physician services \$25.00 co-payment is not applied towards the Major Medical \$400 annual family deductible but does count towards the \$3,400 out-of-pocket annual family maximum.

Doctor on Demand telehealth visits are covered at 100%.

4. **Part I, Section Three – Provisions Describing Plan Benefits, VIII. Supplemental Benefits, A. Vision Benefits, is amended to read as follows (*new language in italics*):**

A. Vision Benefits

Available to all eligible employees, non-Medicare eligible retirees, and their eligible dependents.