

SUMMARY OF MATERIAL MODIFICATIONS (NO. 7)

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 as follows:

1. **Effective May 1, 2023, Part I, Section Two, II. “Eligibility for Participation and Commencement of Benefit Coverage,” paragraph A. 4 is amended as follows (new language is underlined):**

4. **Continued Coverage by Self Contribution:** Your Plan coverage is lost when your Employer no longer makes contributions on your behalf to the Fund. You may continue coverage by drawing on your Hours Bank the required number of hours needed to be covered under the Plan, provided your Hours Bank is not exhausted.

Only after your Hours Bank is exhausted may you continue coverage by making self-contributions to the Fund at rates established by the Trustees. It is your responsibility to notify the Fund Office when you are not working and to verify when self-contributions must start. You will lose eligibility if you do not make timely self-contributions; the Fund does not accept retroactive or late contributions to the Fund.

In order to make self-contributions for a duration longer than established by COBRA, you must be signed and available for work as defined by your Local Union rules. Effective February 1, 2023, in no event may you self-pay for a period longer than 36 months, and self-pay periods prior to February 1, 2023, count towards the 36 month limit. To again self-pay under a new 36-month period you must return to work and establish Initial Eligibility as described in Section II.A.1. set forth above. Notwithstanding the above, you may continue to self-pay for longer than 36 months if you have at least 25 vesting credits with the Electrical Workers Pension Plan Part A, you are currently a full-time caretaker for your disabled spouse, and proof of your status as a full-time caretaker is provided to the Fund Office.

2. **Effective September 1, 2023, the Schedule of Benefits, Section VII. “Prescription Drugs,” is amended as follows (new language is underlined):**

VII. PRESCRIPTION DRUGS

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

Insured Percentage: 80% coverage provided, except Specialty Drugs included in the Flex Access program will have co-payments between \$0 - \$35.

The 20% co-insurance or any co-payment 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

3. Effective September 1, 2023, Part I, Section Three, VII. “Prescription Drugs,” paragraph F is deleted in its entirety and replaced with the following language:

F. Specialty Drugs: The Fund participates in Prime Therapeutic’s Flex Access Specialty Drug program. This program allows the Fund and Participants to maximize the value of co-payment assistance programs that drug manufacturers offer for certain high-cost specialty drugs. For certain specialty drugs that qualify for the Flex Access program, you won’t pay co-insurance but instead you will have a co-payment and your co-payment amount will be between \$0.00 - \$35.00, as determined by Prime Therapeutics.

Prime Therapeutics will contact any participant or dependent taking a drug that is part of this program to assist them with accessing the benefits of the Flex Access Specialty Drug program. If you are unable to participate in, or do not qualify for, the Flex Access Specialty Drug program, your co-insurance for the specialty drug will be as set forth in the Schedule of Benefits. The list of specialty drugs eligible for the Flex Access Specialty Drug program, and the amount of your co-payment under this program, is subject to change.