

**BUILDING TRADES WELFARE BENEFIT FUND
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SUMMARY OF MATERIAL MODIFICATIONS

The Board of Trustees of the Building Trades Welfare Benefit Fund (“Fund”) has adopted the following changes to Plan A of the Building Trades Welfare Benefit Plan (“Plan”). Please keep this document with your Summary Plan Description (“SPD”).

- 1. Effective January 1, 2026, the following new section is added on page 35 of the SPD:**

PRIMARY CARE SERVICES BENEFIT

For Participants and Dependents who have received their Annual Physical Examination, the Plan covers up to four in-network non-preventive visits with an in-network primary care physician within 12 months of the Annual Physical Examination, without any cost-sharing (Co-payment, Co-insurance).

- 2. Effective January 1, 2026, the following new sentence is added to the end of the “Annual Physical Examination” section on page 43 of the SPD:**

In the 12-month period following the Annual Physical Examination, the Fund will cover up to four in-network non-preventive visits with an in-network primary care physician without any cost-sharing (Co-payment, Co-insurance).

- 3. Effective January 1, 2024, the paragraph in the section titled “ORTHODONTIC SERVICES” on page 54 is deleted and replaced with the following paragraph (with new language in bold italics):**

The Fund will pay up to a ***maximum of \$3,872.00*** lifetime, for all approved orthodontic procedures and appliances performed on Dependent children that commence between ages eight and nineteen inclusive. These maximums do not apply to orthodontic services that are considered essential health benefits in New York (e.g., cleft palate and cleft lip; maxillary/mandibular micrognathia (underdeveloped upper or lower jaw); extreme mandibular prognathism; severe asymmetry (craniofacial anomalies); ankylosis of the temporomandibular joint; and other significant skeletal dysplasias.)

If orthodontic services are provided by an out-of-network provider, you may be required to pay the provider directly and then seek reimbursement from DDS. In that case, you must provide DDS with an itemized bill of the provider’s charges, proof of payment and a letter noting that the orthodontic plan of treatment has been completed. You will be reimbursed for covered services up to the \$3,872 lifetime maximum.

Documentation should be sent to DDS at the following address:
DDS Inc.
265 Post Avenue
Suite 340
Westbury, NY 11590

Grandfathered Status under the Patient Protection and Affordable Care Act

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Building Trades Welfare Benefit Fund at 516-833-9300. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform.