

PIPE TRADES INDUSTRY HEALTH & WELFARE PLAN
NOTICE TO PLAN PARTICIPANTS

Summary of Material Modification

This Summary of Material Modification (SMM) is provided to inform you of important changes to the Pipe Trades Industry Health and Welfare Plan (the "Plan"). Please take the time to read this notice carefully and keep it with your records. The Plan document provides that the Board of Trustees has the right to amend the Plan for the best interests of the Plan participants and beneficiaries. The Trustees have made the following changes to the Plan.

Prescription Drug Benefit – Smoking Cessation

Effective June 1, 2022, prescription coverage is provided for two tobacco cessation attempts per calendar year per eligible person as a preventive service. Prescriptions for smoking cessation drugs purchased using the Pharmacy Benefit Manager's drug card are payable at the normal retail Co-Payment rate and is available to the eligible Employee and Eligible Dependents. For this purpose, covering a cessation attempt includes coverage for all Food and Drug Administration (FDA)-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider without prior authorization. Prescription coverage after two tobacco cessation attempts is subject to the Plan's prescription drug participant cost sharing provisions. There is no limitation on Physician's visits for counseling related to smoking cessation.

Prior to this change, prescriptions for smoking cessation drugs purchased using the Pharmacy Benefit Manager's drug card are payable at the normal retail Co-Payment rate up to a lifetime limit of \$500 and were only available to the eligible Employee and spouse.

LiveHealth Online Doctor Visit Benefit

As a reminder, the LiveHealth Online Benefit is available to you at no cost. LiveHealth Online is an online doctor visit benefit available 24 hours a day, 7 days a week that can be accessed at www.livehealthonline.com for medical and behavioral health services. This benefit is not meant for emergency situations but it can help in deciding whether a medical situation is an emergency. You do not have to pay any Co-Payment, Coinsurance or Deductible to use LiveHealth Online. The Plan does not cover any other online third party telehealth program.

Sincerely,

Board of Trustees

Statement Regarding Status as a Grandfathered Health Plan

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 Plan Administrator. 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. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Please keep this notice with your Summary Plan Description booklet. If you have any questions regarding this change, please contact the Fund's administrative office.

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Trustee Change:

Effective August 10, 2022, Derek Sanderson replaced Kyle Henderson as Union Trustee for Local 184 located in Paducah, Kentucky.

Minimum Age Requirement for Colonoscopy – Effective June 1, 2022, the Plan will cover one routine or non-routine sigmoidoscopy or colonoscopy received by a provider every five years beginning at age 45 under the Wellness Benefit. If a sigmoidoscopy or colonoscopy is needed more than every five years, the Plan will cover it under the Major Medical Benefit, subject to the Annual Deductible and Coinsurance.

Prior to this change, the minimum age for a sigmoidoscopy or colonoscopy to be covered under the Preventive Benefit was age 50.

Women's Health and Cancer Rights Act of 1998 (WHCRA)

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator for more information.

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