Duluth Building Trades Health Fund

2002 London Road – Suite 300 Duluth, MN 55812 Wilson-McShane Corporation Fund Administrators Telephone: (218) 728-4231 Fax: (218) 728-4773 Toll Free: (800) 570-1012

March 2024

SUMMARY OF MATERIAL MODIFICATIONS - NO. 2

The Summary Plan Description for the Duluth Building Trades Health Fund dated September 1, 2023, is hereby amended as follows:

Effective January 1, 2024, the Schedule of Benefits for Active Employees and Dependents (pages 1 and 2), Option 2 for Non-Medicare Eligible Retirees, Dependents, and Surviving Spouses (pages 5-6) and Option 2 for Medicare Eligible Retirees, Dependents and Surviving Spouses (page 7) is revised to increase the Vision Care Expense Benefit, as follows:

SCHEDULE OF BENEFITS

Schedule Of Benefits For Active Employees And Dependents

Vision Care Expense Benefit (For Dependent Children Up to	Coverage
Age 19)	
Exams and Refractions	100%
Frames	\$500 Every Two-Year Period (beginning with even years)
Lenses for Glasses and Contact Lenses	100% (limited to one pair of lenses for glasses or one order of contact lenses every calendar year)
Vision Care Expense Benefit for Adults	Coverage
Maximum Benefit Every Two Calendar Years	\$500
(Beginning with even years)	

Option 2: Schedule Of Benefits For Non-Medicare Eligible Retirees, Dependents, And Surviving Spouses

Vision Care Expense Benefit (For Dependent Children Up to Age 19)	Coverage
Exams and Refractions	100%
Frames	\$500 Every Two-Year Period (beginning with even years)
Lenses for Glasses and Contact Lenses	100% (limited to one pair of lenses for glasses or one order of contact lenses every calendar year)
Vision Care Expense Benefit for Adults	Coverage
Maximum Benefit Every Two Calendar Years	\$500
(Beginning with even years)	

Option 2: Schedule Of Benefits For Medicare Eligible Retirees, Dependents, And Surviving Spouses

Vision Care Expense Benefit (For Dependent Children Up to Age 19)	Coverage
Exams and Refractions	100%
Frames	\$500 Every Two-Year Period (beginning with even years)
Lenses for Glasses and Contact Lenses	100% (limited to one pair of lenses for glasses or one order of contact lenses every calendar year)
Vision Care Expense Benefit for Adults	Coverage
Maximum Benefit Every Two Calendar Years	\$500
(Beginning with even years)	
