

Duluth Building Trades Health and Welfare Fund

Administered by Wilson-McShane Corporation

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SUMMARY OF MATERIAL MODIFICATIONS – No. 7

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

1. Effective January 1, 2026, the Schedule of Benefits for Active Employees and Dependents on page 1 is amended as follows (new language underlined):

Calendar Year Deductible	\$200 per individual/\$400 per family
Plan Coinsurance For Most Covered Expenses	85%
Out-Of-Pocket Maximum for Medical Benefits (Including Deductibles)	\$1,200 per individual/\$2,400 per family
Diagnostic tests for suspected COVID-19 infection, when performed at an office visit	100% (over-the-counter COVID-19 tests for at home use are not covered)
Chiropractic Expense Benefit (Diagnostic x-ray and lab expenses in connection with chiropractic services are payable under the Comprehensive Major Medical Expense Benefit.)	Up to 15 visits per calendar year (<u>visit limit does not apply to mental health/substance use disorder claims</u>)
Online or Telehealth Visit through Doctor on Demand	100%
Online or Telehealth Visit through any other provider	Covered as any other office visit
Preventive Care, including annual exam and recommended vaccines and their administration	100%
Emergency Room Deductible (Waived, if the patient is admitted to the hospital within 24 hours of the Emergency Room visit or if Plan is secondary.)	\$50 per visit
Home Health Care Expense Benefit Maximum Lifetime Benefit	30 months (<u>limit does not apply to mental health/substance use disorder claims</u>)
Wigs	\$300 per lifetime
Rehabilitation Services (Occupational, Physical, and Speech Therapy, and Development Delay Therapy; excludes Maintenance Rehabilitation and Coma Stimulation Services) Calendar Year Limit	24 visits (<u>visit limit does not apply to mental health/substance use disorder claims</u>)

Acupuncture Treatment Calendar Year Limit	15 visits (<u>visit limit does not apply to mental health/substance use disorder claims</u>)
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2. Effective January 1, 2026, the Reduced Schedule For Self-Pay Active Employees and Dependents on page 3 is amended as follows (new language underlined):

Calendar Year Deductible	\$500 per individual/\$1,000 per family
Plan Coinsurance For Most Covered Expenses	70% In-network 65% Out-of-network
Out-Of-Pocket Maximum for Medical Benefits (Including Deductibles)	\$5,000 per individual/\$10,000 per family
Diagnostic tests for suspected COVID-19 infection, when performed at an office visit	100% (over-the-counter COVID-19 tests for at home use are not covered)
Chiropractic Services	Not covered
Acupuncture Treatment	Not covered
Online or Telehealth Visit through Doctor on Demand	100%
Online or Telehealth Visit through any other provider	Covered as any other office visit
Preventive Care, including annual exam and recommended vaccines and their administration	100%
Emergency Room Deductible (Waived if the patient is admitted to the hospital within 24 hours of the Emergency Room visit or if Plan is secondary)	\$100 per visit
Home Health Care Expense Benefit Maximum Lifetime Benefit	30 months (<u>limit does not apply to mental health/substance use disorder claims</u>)
Wigs	Not covered
Rehabilitation Services (Occupational, Physical, Speech Therapy, and Development Delay Therapy; excludes Maintenance Rehabilitation and Coma Stimulation services) Calendar Year Limit	24 visits (<u>visit limit does not apply to mental health/substance use disorder claims</u>)
Organ Transplant	50% In-network only

3. Effective January 1, 2026, the Option 1: Schedule Of Benefits For Non-Medicare Eligible Retirees, Dependents, And Surviving Spouses on page 4 is amended as follows (new language underlined):

Calendar Year Deductible	\$200 per individual/ \$400 per family
Plan Coinsurance For Most Covered Expenses	85%
Out-Of-Pocket Maximum for Medical Benefits (Including Deductibles)	\$1,200 per individual/\$2,400 per family
Diagnostic tests for suspected COVID-19 infection, when performed at an office visit	100% (over-the-counter COVID-19 tests for at home use are not covered)
Chiropractic Expense Benefit Limit (Diagnostic x-ray and lab expenses in connection with chiropractic services are payable under the Comprehensive Major Medical Expense Benefit.)	Up to 15 visits per calendar year (<u>visit limit does not apply to mental health/substance use disorder claims</u>)
Online or Telehealth Visit through Doctor on Demand	100%
Online or Telehealth Visit through any other provider	Covered as any other office visit
Preventive Care, including annual exam and recommended vaccines and their administration	100%
Emergency Room Deductible (Waived if the patient is admitted to the hospital within 24 hours of the Emergency Room visit or if Plan is secondary)	\$50 per visit
Home Health Care Expense Benefit Maximum Lifetime Benefit	30 months (<u>limit does not apply to mental health/substance use disorder claims</u>)
Wigs	\$300 per lifetime
Rehabilitation Services (Occupational, Physical, And Speech Therapy; and Development Delay Therapy; Excludes Maintenance Rehabilitation And Coma Stimulation Services) Calendar Year Limit	24 visits (<u>visit limit does not apply to mental health/substance use disorder claims</u>)
Acupuncture Treatment Calendar Year Limit	15 visits (<u>visit limit does not apply to mental health/substance use disorder claims</u>)

4. Effective January 1, 2026, the Option 2: Schedule Of Benefits For Non-Medicare Eligible Retirees, Dependents, And Surviving Spouses on page 5 is amended as follows (new language underlined):

Calendar Year Deductible	\$200 per individual/\$400 per family
Plan Coinsurance For Most Covered Expenses	85%
Out-Of-Pocket Maximum for Medical Benefits (Including Deductibles)	\$1,200 per individual/\$2,400 per family
Diagnostic tests for suspected COVID-19 infection, when performed at an office visit	100% (over-the-counter COVID-19 tests for at home use are not covered)
Chiropractic Expense Benefit Limit (Diagnostic x-ray and lab expenses in connection with chiropractic services are payable under the Comprehensive Major Medical Expense Benefit.)	15 visits per calendar year <u>visit limit does not apply to mental health/substance use disorder claims</u>
Online or Telehealth Visit through Doctor on Demand	100%
Online or Telehealth Visit through any other provider	Covered as any other office visit
Preventive Care, including annual exam and recommended vaccines and their administration	100%
Emergency Room Deductible (Waived if the patient is admitted to the hospital within 24 hours of the emergency room visit or if Plan is secondary)	\$50 per visit
Home Health Care Expense Benefit Maximum Lifetime Benefit	30 months <u>limit does not apply to mental health/substance use disorder claims</u>
Wigs	\$300 per lifetime
Rehabilitation Services (Occupational, Physical, And Speech Therapy, and Development Delay Therapy; Excludes Maintenance Rehabilitation And Coma Stimulation Services) Calendar Year Limit	24 visits <u>visit limit does not apply to mental health/substance use disorder claims</u>
Acupuncture Treatment Calendar Year Limit	15 visits <u>visit limit does not apply to mental health/substance use disorder claims</u>

5. Effective January 1, 2026, the section entitled “Covered Medical Expenses” on pages 34-38 is amended as follows:

Covered Medical Expenses

Covered medical expenses are Reasonable Charges that are Medically Necessary and actually incurred for the services and supplies listed below upon the recommendation of the attending Physician.

17. Rehabilitation Services (Occupational, Physical, and Speech Therapy, and Developmental Delay treatment) for short term, active, progressive services performed by a licensed or duly qualified therapist as ordered by a Physician. up to the limit stated in the *Schedule Of Benefits*. Maintenance rehabilitation and coma stimulation services **will not** be covered.

Upon reaching the maximum visits allowed for rehabilitation services you may submit a request to the Fund Office for coverage of additional therapy visits. You will be required to provide clinical information ~~and a treatment plan~~ to the Fund Office in order for continued visits to be approved following a medical review. The Fund will not pay for additional therapy unless the treatment is expected to make significant measurable improvement to your condition within a reasonable and predictable period of time.

6. Effective January 1, 2026, the section entitled “General Exclusions and Limitations” on pages 57-59 is amended as follows:

GENERAL EXCLUSIONS AND LIMITATIONS

Payment will **not** be made under any health benefit or Weekly Income Benefit of the Plan for the following (new language underlined):

- ~~27. Any expense or charge for treatment or counseling for behavior associated with compulsive gambling or gaming.~~

31. Loss to which a contributing cause was your being engaged in an illegal act. This exclusion does not apply to mental health or substance use disorder benefits.

35. Treatment of sexual dysfunction with the exception of the office visit and lab work required to get a prescription for medication. This exclusion does not apply to mental health or substance use disorder benefits.