

Duluth Building Trades Health Fund

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Fund Administrators

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SUMMARY OF MATERIAL MODIFICATION No. 7

February 2023

Dear Participants:

The Trustees of the Duluth Building Trades Health Fund announce the following changes to the Summary Plan Description (SPD) dated October 1, 2018:

- 1. Termination of Health Dynamics Program:** Effective January 1, 2023 the annual physical program offered through Health Dynamics will be terminated because Health Dynamics is discontinuing the program. An annual exam benefit as described in the Schedule of Benefits will continue to be offered.
- 2. Owner Operators Must Contribute a Minimum of 160-Hours Every Month:** Effective January 1, 2023 Owner Operators may participate in the Plan pursuant to a Collective Bargaining Agreement that requires a minimum of 160-hours per month. Alternatively, Owner Operators may participate in the Plan by signing an Owner Operator Participation Agreement that likewise requires a minimum of 160-hours per month.
- 3. Elimination of Exclusion for Elective Abortions:** Effective January 1, 2023 the exclusion of coverage for elective abortions has been removed. Abortions, whether elective or therapeutic, are included as a covered medical expense.
- 4. Coverage Termination Working for Non-Contributing Contractor:** Effective March 1, 2023 coverage for active employees will terminate on the date you begin working for a non-union or non-contributing contractor in the building and construction industry. A non-contributing contractor means an employer that does not contribute to the Duluth Building Trades Health Fund.

These changes amend the Summary Plan Description dated October 1, 2018, and are reflected in the enclosed pages. Please insert the enclosed pages according to their page number in your SPD and discard the pages they replace.

If you have any questions about these amendments, please contact the Fund Office at the address or telephone number shown above.

Board of Trustees
Duluth Building Trades Health Fund

The Plan's Trustees 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 external claims review. 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 Fund Office at 218-728-4231. 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.