

**BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL NO. 3
HEALTH AND WELFARE PLAN
(As revised July 1, 2025)**

THIRD AMENDMENT

Pursuant to the powers conferred upon them by Section 1(B) of Article V of the restated Agreement and Declaration of Trust (effective June 1, 2002) to adopt and from time to time amend, modify or otherwise change the Health and Welfare Plan, the Board of Trustees, meeting on the 12th day of May, 2026 amended the Bricklayers and Allied Craftworkers Local No. 3 Health and Welfare Plan as follows, to be effective as stated below, and authorized the Chairman and Secretary to authenticate the same by affixing their signatures hereto:

1. Effective June 1, 2026, amend Part 2, Article 10, Section 10.08 in its entirety to state as follows:

10.08 ALCOHOL AND DRUG DEPENDENCY TREATMENT

Benefits for alcohol and drug dependency detoxification and rehabilitation are provided through Beat It!

Inpatient Benefits for Rehabilitation After Detoxification

First confinement, without prior outpatient treatment under the Beat It! program:

Employee: 100% of contracted rate

Inpatient Hospital Services

When you use a PPO Provider..... 80%

When you use a Non-PPO Provider..... 60%

All Other Covered Inpatient Services

When you use a PPO Provider..... 80%

When you use a Non-PPO Provider..... 60%

Outpatient Benefits, other than Office Visits

When you use a PPO Provider..... 80%

When you use a Non-PPO Provider..... 60%

Office Visits:

When you use a PPO Provider.....\$10

When you use a Non-PPO Provider.....\$20

2. Effective June 1, 2026, amend Part 2, Article 11 in its entirety to state as follows:

11. COST CONTAINMENT RULES (UTILIZATION REVIEW)

11.01 HOSPITAL CONFINEMENT REVIEW

Review of any Hospital confinements due to any Sickness, Injury, or mental or nervous disorder (when covered by the Plan) is required if you or your dependent is confined for:

- (1) a nonemergency admission, or
- (2) childbirth, or
- (3) Inpatient Mental and Emotional Illness Treatments.

Prior Utilization Review is also required for the following services:

- (1) Inpatient Surgery
- (2) Preadmission/Post-release Testing
- (3) Skilled Nursing Facility/Inpatient Hospice Services
- (4) Home Health Care/Private Nursing/Outpatient Hospice Services
- (5) Childbirth at a Birthing Center
- (6) Jaw Joint Disorder Treatments in excess of \$300
- (7) Bariatric surgery
- (8) Gene Therapy.

Utilization Review for the admissions and services listed above is provided by Anthem Blue Cross. This is not a complete list. For the complete list, please refer to Anthem's Utilization Review department for more information. The telephone number for the Anthem Blue Cross UR Program is (800) 274-7767. See Section 11.02 for more information on how to obtain Utilization Review from Anthem Blue Cross.

The Anthem Blue Cross Utilization Review Program ("UR Program") provides preadmission review, concurrent review and discharge planning on Hospital admissions.

- (1) Preadmission Review: review is performed for admissions for scheduled procedures, prior to admission.
- (2) Concurrent Review: review is performed for Scheduled and Nonscheduled Admissions during confinement.
- (3) Discharge Planning: where necessary, arrangements are made to facilitate earliest dismissal possible which is consistent with the patient's medical condition.

Covered Medical Charges do not include charges which are not Medically Necessary.

Charges which are determined by the UR Program to be not Medically Necessary are not Covered Medical Charges, and no benefits will be paid for such charges. This could include any or all days of Inpatient Hospital confinement.

11.02 ALCOHOL AND DRUG DEPENDENCY CONFINEMENT REVIEW

Review of any outpatient confinement in a hospital or treatment center for alcohol and/or drug abuse is through the Beat-It Program. The telephone number for the Beat It! Program is 1-800-828-3939.

11.03 NOTIFICATION GUIDELINES

Scheduled Admissions

When an insured person is scheduled for admission to any Hospital, notification must be received by the Anthem Blue Cross UR Program at the appropriate UR Office prior to Hospital admission. This may be done by:

- (1) telephoning the UR Program;
- (2) completing a Preadmission Review Request Form; or
- (3) having the admitting Physician contact the UR Program.

The telephone number for the Anthem Blue Cross UR Program is (800) 274-7767.

The responsibility of notifying the UR Program lies with the covered person. Individuals are advised to contact the UR Program directly to verify that the admitting Physician or Hospital has made "notification."

The following information is necessary for notification.

- (1) Trust Fund's Name and Group Number; and
- (2) The Employee's Name/Social Security Number; and
- (3) Patient's Name and Date of Birth; and
- (4) Physician's Name/Phone Number; and
- (5) Hospital's Name/Phone Number; and
- (6) Date of Admission; and
- (7) Diagnosis/Planned Procedure.

Nonscheduled Admissions

When a covered person is admitted to any Hospital on a nonscheduled basis, the UR Program must be notified by the next Working Day following admission, or as soon thereafter as is reasonably possible prior to the date of discharge.

Admissions for Alcohol/Drug Abuse Treatment

Review of any outpatient confinement in a hospital or treatment center for alcohol and/or drug abuse is through the Beat-It Program. The telephone number for the Beat It! Program is 1-800-828-3939.

11.04 **SECOND SURGICAL OPINIONS**

Optional Second Surgical Opinion

When surgery is advised, a covered person may get a second surgical opinion to confirm that surgery is needed. Charges for the second surgical opinion will be covered under Covered Medical Charges on an Outpatient basis, but only for (1) Physician's charges, and (2) related tests.

The Physician who provides the second opinion must be one who: (1) treats the type of condition for which surgery is advised; (2) is not scheduled to do the surgery; and (3) has no business or financial relationship with the Physician recommending or performing the surgery.

If the second Physician disagrees with the first Physician, benefits will be payable for the cost of a third opinion, subject to the conditions listed above.

- 3. Effective June 1, 2026, amend Part 2, Article 14, Section 14.32 in its entirety to state as follows:

14.32 **Preferred Provider and PPO Provider** mean a Hospital, Physician or Other Provider of covered medical services who:



- (1) is participating in Anthem Blue Cross (Preferred Provider Organization); and
- (2) is shown on Anthem Blue Cross's current list of members in that program.

An updated list of Preferred Providers will be published periodically by Anthem Blue Cross. For the current list, you may contact BeneSys Administrators, or visit Anthem Blue Cross's website at www.anthem.com/ca/.

The Preferred Provider Option is administered in accord with an agreement between the Plan and Anthem Blue Cross. The Plan does not contract directly with any Preferred Provider. Anthem Blue Cross contracts with these providers, and the criteria for participation in the network are determined by Anthem Blue Cross. The Plan does not endorse any provider, including any Preferred Provider, nor does the Plan supervise, control or guarantee the health care services of any provider, including any Preferred Provider.

The Preferred Provider Organization (PPO) for alcohol and drug dependency treatment benefits is Beat It!

IN WITNESS of the adoption of this amendment, the Chairman and Secretary hereby subscribe their names, on the dates indicated.

 <hr/> Chairman	Date: <u>5/13/2026 12:54 PM EDT</u>
 <hr/> Secretary	Date: <u>5/14/2026 7:48 PM EDT</u>