

PLEASE KEEP THIS IN YOUR FUND BOOKLET

WASHINGTON, DC CEMENT MASONS WELFARE FUND

7130 Columbia Gateway Drive, Suite A
Columbia, MD 21046

**Summary of Material Modification #1
January 2018**

To: All Participants under the Washington, DC Cement Masons Welfare Fund (“the Plan”)

From: Board of Trustees

This Notice, called a “Summary of Material Modification”, SMM, advises you of changes in the information presented in the Plan’s Summary Plan Description (“SPD”) that was previously provided to you. Please read this Notice. If you have any questions, contact the Fund Office at (410) 872-9500.

ITEM I. TWO-TIER BENEFIT PLAN – EFFECTIVE APRIL 1, 2018

Effective April 1, 2018, the Washington, DC Cement Masons Welfare Fund will establish a two-tier benefit plan. The existing coverage will become Tier One and a new tier - Tier Two - will be added. The new plan structure will be effective for dates of service and coverage on or after April 1, 2018.

Whether you will remain in the Tier One, move to Tier Two, or lose coverage entirely beginning April 1, 2018 will depend on the amount your employer agrees to contribute to the Plan. Specifically:

Tier One Plan Eligibility	Tier Two Plan Eligibility	No Coverage or Benefits
Contribution rate of \$3.78 or more per hour.	Contribution rate of \$2.45 to \$3.77 per hour.	Contribution rate of <i>less than</i> \$2.45 per hour.

Contact your current employer to determine if you will have coverage in Tier One or Tier Two. If you change participating employers, you should ask your new employer what Tier coverage you will receive if any. You can also contact the Fund Office at (410) 872-9500 to determine your coverage Tier and/or if you have coverage.

PLEASE NOTE: Participants working for employers with contribution rates of less than \$2.45 per hour will not be eligible to participate in a benefit plan. If you work for an employer that contributes less than \$2.45 per hour, **THEN YOUR COVERAGE WILL END AT 11:59 P.M. ON MARCH 31, 2018.** The Fund is not required to offer COBRA continuation coverage in these circumstances, but has elected to provide continuation coverage on terms similar to COBRA due to these unique circumstances.

Regardless of your Tier, any cost sharing you have paid since January 1, 2018 will continue to count toward your applicable deductibles and out-of-pocket maximums from January 1, 2018 through December 31, 2018.

The differences between the Tiers are as follows:

MEDICAL BENEFITS

Comprehensive Major Medical Benefits (Employees and Dependents in Tier One)*

Percentage of Covered Expenses Paid by Plan	70%
Percentage of Covered Expenses Paid by Employee/Dependent	30% (after deductible)
Percentage of Covered Expenses Paid by Plan – Preventive Services (In Network)	100%
Percentage of Covered Expenses Paid by Plan – Preventive Services (Out-of-Network)	0%
Individual Deductible (includes prescription costs)	\$500
Family Deductible (includes prescription costs)	\$1,000
Individual Out-of-Pocket Expense Maximum for Medical	\$4,500
Family Out-of-Pocket Maximum for Medical	\$9,000 (for family coverage, each individual in the family must pay 100% until either (a) the individual has paid \$7,150 (medical and/or prescription), or (b) the family's total covered costs reach the family out-of-pocket max)
Maximum Benefit Paid by Plan (Per Individual)	The Plan does not have a monetary limit on essential health benefits, as defined under the ACA.**

Comprehensive Major Medical Benefits (Employees and Dependents in Tier Two)*

Percentage of Covered Expenses Paid by Plan	65%
Percentage of Covered Expenses Paid by Employee/Dependent	35% (after deductible)
Percentage of Covered Expenses Paid by Plan – Preventive Services (In Network)	100%
Percentage of Covered Expenses Paid by Plan – Preventive Services (Out-of-Network)	0%
Individual Deductible (includes prescription costs)	\$750
Family Deductible (includes prescription costs)	\$1,500
Individual Out-of-Pocket Expense Maximum for Medical	\$5,500
Family Out-of-Pocket Maximum for Medical	\$10,500 (for family coverage, each

individual in the family must pay 100% until either (a) the individual has paid \$7,150 (medical and/or prescription), or (b) the family's total covered costs reach the family out-of-pocket max)

Maximum Benefit Paid by Plan (Per Individual)

The Plan does not have a monetary limit on essential health benefits, as defined under the ACA. **

*In Network and Out of Network Benefits, unless otherwise specified

**Determined in accordance with applicable guidance from the Department of Health and Human Services.

PRESCRIPTION BENEFITS

Prescription Drug Benefits (Employees and Dependents in Tier One)

Individual Deductible (includes medical costs)	\$500
Family Deductible (includes medical costs)	\$1,000
Individual Out-of-Pocket Expense Maximum for Prescription	\$1,600
Family Out-of-Pocket Maximum for Prescription	\$3,200
Maximum Benefit Paid by Plan (Per Individual)	

The Plan does not have a monetary limit on essential health benefits, as defined under the ACA.

Type of Drug	Retail (30 days)	Mail Order or CVS Pharmacy (90 days)
Generics (<i>except Preferred Preventive</i>)	\$10	\$20
Preferred Brands (<i>when there is no generic</i>)	30% Copay (\$50 maximum)	30% Copay (\$100 maximum)
Preferred Preventive* (<i>Affordable Care Act</i>)	No Cost	No Cost
Non-Preferred Brands (<i>with prior authorization</i>)	30% Copay (\$100 maximum)	30% Copay (\$200 maximum)
Specialty drugs	Not Covered	Not Covered

Prescription Drug Benefits (Employees and Dependents in Tier Two)

Individual Deductible (includes medical costs)	\$750
Family Deductible (includes medical costs)	\$1,500
Individual Out-of-Pocket Expense Maximum for Prescription	\$1,850
Family Out-of-Pocket Maximum for Prescription	\$4,200
Maximum Benefit Paid by Plan (Per Individual)	

The Plan does not have a monetary limit on essential health benefits, as defined under the ACA.

Type of Drug	Retail (30 days)	Mail Order or CVS Pharmacy (90 days)
Generics (<i>except Preferred Preventive</i>)	\$15	\$25
Preferred Brands (<i>when there is no generic</i>)	35% Copay (\$60 maximum)	35% Copay (\$125 maximum)
Preferred Preventive* (<i>Affordable Care Act</i>)	No Cost	No Cost
Non-Preferred Brands (<i>with prior authorization</i>)	35% Copay (\$125 maximum)	35% Copay (\$250 maximum)
Specialty drugs	Not Covered	Not Covered

OTHER BENEFITS

Weekly Accident & Sickness Benefit (Employees Only – Tier One)

Benefit Paid by Plan	\$200 per week
Maximum Payment Schedule	26 weeks per disability

Weekly Accident & Sickness Benefit (Employees Only – Tier Two)

Benefit Paid by Plan	\$150 per week for disabilities occurring 4/1/2018 and after
Maximum Payment Schedule	26 weeks per disability

ITEM II. BOARD OF TRUSTEES

The Trustees for the Washington, DC Cement Masons Welfare Fund are:

UNION TRUSTEES

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Cherie Pleasant
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3033 Wilson Blvd, Suite 700
Arlington, VA 22201

Sincerely,
BOARD OF TRUSTEES

SMM #1 / SPD - November 2017