

AMENDMENT NO. 7
TO THE OPERATING ENGINEERS LOCAL 501 SECURITY FUND
(SOUTHERN CALIFORNIA)
SUMMARY PLAN DESCRIPTION AND PLAN DOCUMENT
(Effective January 1, 2023)

This is to certify that the Board of Trustees of the Operating Engineers Local 501 Security Fund or “Fund”, have adopted the following Amendment to the Summary Plan Description and Plan Document. Specifically, the Fund has amended the Indemnity PPO Dental Plan to increase the orthodontia lifetime maximum from \$1,500 to \$2,500 and add coverage for adults effective January 1, 2025 and to remove the prosthodontic waiting period of twelve (12) months effective April 1, 2025. In addition, the HRA benefit amount has been amended to increase the benefit amount to \$2,000 effective October 1, 2025.

Accordingly, the following changes have been made:

Effective January 1, 2025, in the section entitled Indemnity PPO Dental Plan beginning on page 82, sub-section **Orthodontic Treatment**, the Orthodontics section of the Dental PPO Plan benefit summary chart, Point 2 of the **Covered Services** section, and Point 6 of the **Orthodontic Exclusions (6)** section have the following revisions:

Orthodontic Treatment is covered under the Dental PPO plan at 60% of the PPO contract rate. Under the non-PPO plan, orthodontic treatment is covered at 60% of the Cover Charges, up to the PPO contract rate. Both PPO and non-PPO treatment have a combined lifetime maximum of ~~\$1,500~~ \$2,500 per adult and Dependent under age 26. **Adult orthodontia is not covered under the Dental PPO plan.** Below is a benefit summary under the Delta Dental PPO Plan:

ORTHODONTICS		
Treatment for Children to age 26 Per Individual	60% of PPO contract rate	60% of Covered Charges, up to PPO contract rate
Lifetime Maximum	\$1,500 \$2,500	\$1,500 \$2,500

Covered Services

2. The Trust Fund will cover 60% of the contract rate for the total cost of Orthodontic Care a certified in the form acceptable to the Trust Fund Administrative Office, but not to exceed \$1,500 in any individual case. The lifetime maximum of ~~\$1,500~~ \$2,500 per person applies to the charge that will be paid by this Plan.

Orthodontic Exclusions

~~6. Orthodontic coverage is limited to eligible Dependent children.~~

Effective April 1, 2025, in the section entitled Indemnity PPO Dental Plan beginning on page 82, the following language of the Major Services section of the Dental PPO Plan benefit summary chart has been removed:

~~Prosthodontic Benefits under Delta Dental Plan are available only after 12 months of continuous coverage.~~

Effective October 1, 2025, in the section entitled Health Reimbursement Arrangement beginning on page 35, the following revisions have been made:

HRA Benefit: Your HRA benefit is the amount of contributions made to your HRA, less HRA benefits you have already used. Your HRA has been set up for bookkeeping purposes only-

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(CONTINUED)

it is NOT a vested account and is subject to amendment or termination at any time and at the sole discretion of the Board of Trustees.

Your HRA will be funded in the amount of ~~\$1,500~~ \$2,000 per Plan Year effective ~~October 1, 2024,~~ October 1, 2025, and each year thereafter effective October 1st. The Trustees will determine at the beginning of each Plan Year the amount to fund the HRA benefits. You must use the HRA Benefit received at the start of a Plan Year during that Plan Year, which is October 1st through September 30th. Any HRA Benefits not used by the end of the Plan Year (September 30th) are forfeited. If you have any remaining HRA Benefit at the end of the Plan Year, the amount does not roll over to the new Plan Year and is instead forfeited.



Chairman

12/17/2025 | 3:43 PM EST

Date



Secretary

12/22/2025 | 11:40 AM EST

Date