

Ohio Bricklayers' Fringe Benefit Funds

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IMPORTANT NOTICE ABOUT CHANGES TO THE OHIO BRICKLAYERS HEALTH & WELFARE SUMMARY PLAN DESCRIPTION

May 2026

This Notice clarifies and explains important changes that were made to the Summary Plan Description of the Ohio Bricklayers Health and Welfare Plan. You are urged to carefully review this Notice and address any questions to the Benefit Office. Please keep these documents with your records of Plan activities.

TELEHEALTH VISIT BENEFIT

The Health and Welfare Fund has offered Telehealth Services through the Anthem Blue Cross and Blue Shield provider called LiveHealth Online since 2019. This service requires the payment of a \$10.00 co-payment and is NOT subject to deductible. All other telehealth services were not covered.

To use the LiveHealth Online telehealth services, you need to set up an account by following these steps:

1. Log into LiveHealthonline.com or download the LiveHealth Online mobile app
2. Once you log in select "therapy" to schedule an appointment with a licensed therapist;
3. Next select the Therapist you would like to see to schedule the appointment
4. You will see the \$10.00 co-payment cost before the visit starts

Additionally, starting June 1, 2026, the Trustees have added telehealth services with **In-Network** Providers at \$10.00 co-payment along with the option to use LiveHealth Online. This means that if your In-Network provider offers you the option for a Telehealth visit, you will be required to pay \$10.00. The remainder of the billed charges will be paid by the Fund at 100%. You do not need to satisfy your Deductible to receive this benefit. This \$10.00 co-payment will be applied toward your Out-of-Pocket maximum. If you use an **Non-Network** provider, this telehealth visit will not be covered and you will be responsible for the entire cost.

DOLLAR BANK DONATION PROGRAM

If you or a member of your family experiences a serious illness or injury that has put you at risk of losing health coverage under the Plan, you may qualify for Dollar Bank donation from other participants. The Trustees have relaxed some of the limitations under this program so **effective May 1, 2026**, the requirements for Dollar Bank donation are now:

Donor

- You must be an active Participant in the Plan and have at least six months of time accumulated in your Dollar Bank;
- You must sign an Acknowledgement that a Dollar Bank donation is irrevocable; and

- You must also acknowledge that you did not receive any payment or incentive to make a Dollar Bank donation.

Recipient

- You must sign a Certification that a serious illness or injury related to yourself or a member of your family has caused an inability to work a full-time schedule sufficient to sustain health coverage under the Plan; and
- You must provide adequate proof of the serious illness or injury, such as a letter from your physician (acceptance of proof as adequate will be at the full discretion of the Board of Trustees).

The Board of Trustees will not solicit nor advocate for the donation of Dollar Bank funds on behalf of any individual. There is no promise you will receive a Dollar Bank donation. The Administrator will conduct a preliminary review of the documentation regarding the serious illness or injury and issue approval or disapproval subject to the Board of Trustees’ review and final determination. The Board of Trustees reserves the right to monitor and discontinue the Dollar Bank donation program at any time.

DENTAL CARE BENEFITS

The Board of Trustees have hired Delta Dental of Ohio (Delta Dental) to provide a new Dental benefit to Active Employees, Non-Medicare Retirees and their covered Dependents receiving dental benefits under the Plan. Medicare Eligible Retirees and Non-Bargained Employees do not currently have dental benefits, so they will not be impacted by this benefit change.

The benefits provided by Delta Dental provider will be greater than the benefits provided if you get your dental care exams from a provider that does not participate in the Delta Dental PPO and Premier Networks. To find a Delta Dental Network provider, you can log onto www.deltadentaloh.com. Please refer to the Member Portal Flyer enclosed for step by step instructions on how to use the Portal.

Effective June 1, 2026, all eligible Participants and their covered Dependents will receive the following dental benefits offered by the Plan once every 12 months instead of the prior \$200.00 per year per calendar year benefit.

SCHEDULE OF BENEFITS

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic and Preventive Services – exams and cleanings	100%	100%	100%
Palliative Treatment – to temporarily relieve pain	100%	100%	100%

*When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's. Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges. Refer to the enclosed flyer on Choosing a Dental provider for more information.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- Periodontal maintenance procedures and full mouth debridement are not Covered Services.

- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are not Covered Services.
- Space maintainers are not Covered Services.
- Caries risk assessment is not a Covered Service.
- Sealants are not a Covered Service.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Biologic materials to aid in tissue regeneration are not Covered Services.
- Full and complete dentures, and services related to dentures are not Covered Services.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- Occlusal guards are not Covered Services.

Maximum Payment – \$250 per covered person total per Benefit Year on all services.

Deductible – None.

Waiting Period – None- you are eligible as soon as you are covered under the Plan

Your Spouse and your Children who are enrolled in the Plan are also eligible for this Dental Benefit.

HOW TO USE THIS BENEFIT

When you are ready to schedule dental services, contact any network provider for an appointment. If you need to locate a participating dentist use your directory of dental providers, usually found online at the Delta Dental's website. No claim forms are required if you use a participating dentist. All you will need to do is provide your ID Card or Group Number. As long as you utilize a participating dentist, you will receive the higher in-network dental benefits.

You and your eligible family members may use any dentist of your choosing for services and treatment. However, using one of the participating dentists might result with lower out-of-pocket expense. The Plan pays based on the "Schedule of Benefits" up to the **\$250 annual maximum per individual**. Additionally, using a Delta Dental Network Provider for your services will result in discounted savings even after you exhaust your annual maximum.

BENEFIT LIMITATIONS

The Plan will cover preventative benefits. However, Delta Dental will follow its general payment policies and guidelines. The specific limitations and exclusions will be found in the Summary Plan Description. If you have questions prior to obtaining a service, please contact Delta Dental to confirm coverage. See the enclosed brochures for additional information on how to use the Delta Dentist portal and finding a dentist.

Thank you for your participation in the Plan and please feel free to contact the Benefit Office with any questions.

Sincerely,
Board of Trustees