



**PLUMBERS LOCAL 98
FRINGE BENEFIT FUNDS**

**P.O. BOX 159
TROY, MICHIGAN 48099-0159
(248) 641-4988 (866) 646-8919**



To: Plumbers Local 98 Insurance Fund Participants
From: The Board of Trustees of the Plumbers Local 98 Insurance Fund
Re: Summary of Material Modification – KEEP WITH YOUR SUMMARY PLAN DESCRIPTION
Date: April 2026

Please read this Notice carefully as it contains important information about the Plumbers Local 98 Insurance Fund Plan document (the Plan). This document should be read carefully and attached to your Plumbers Local 98 Insurance Fund Summary Plan Document (SPD). If you have any questions about the information described in this Notice, please contact the Fund Office.

1. DENTAL BENEFITS

ACTIVE PARTICIPANTS: Effective March 1, 2026, the dental benefits provided to active Participants and their Dependents on the Full, Standard, and Basic plans, as well as active and retired Opt-Out Participants and their Dependents, will be self-insured through Delta Dental instead of under a fully-insured Delta Dental policy issued. There have been no changes in the benefits provided.

RETIRED PARTICIPANTS: Currently, retired Participants and their Dependents on the Full, Standard, and Basic plans are able to self-pay for coverage under a fully-insured DenCap DHMO dental plan. The Trustees are pleased to announce that effective July 1, 2026, the Plan has been amended to provide that retirees who have this coverage will no longer be required to self-pay to maintain this coverage, i.e. it will be provided by the Fund. The Fund will reimburse Participants who have already paid their DenCap premiums for this year.

Additionally, retirees who currently do not have dental coverage will be permitted to choose between the fully-insured DenCap benefit and the self-insured Delta Dental benefit effective July 1, 2026.

Retirees will be receiving a separate mailing regarding these changes.

OPEN ENROLLMENT: Beginning with Open Enrollment in November and December 2026, for the Plan Year beginning January 1, 2027, all Active and Retired Participants and their Dependents enrolled in the Full, Standard, or Basic plans, and all Active and Retired Opt-Out Participants and their Dependents will be able to choose between the fully-insured DenCap benefit and the self-insured Delta Dental benefit.

2. NEW BENEFIT – CRANIAL PROTHESIS

Effective February 1, 2025, the Plan has been amended to provide coverage for the cost of cranial prosthesis (i.e., wig), for hair loss caused by chemotherapy treatment for cancer. The Plan will pay a maximum benefit of \$1,000.00, once per lifetime for such cranial prosthesis. If you believe you have had a claim on or after February 1, 2025, for a cranial prosthesis denied, please contact the Fund Office so they can reprocess under this plan amendment.

3. CHANGES RELATING TO TERMINATION OF COVERAGE

The Plan contains provisions regarding termination of coverage if, among other things, a Participant works for a noncontributing employer in the plumbing and pipefitting industry or works for a noncontributing employer performing work of the type for which contributions would be required to be paid to the Fund if performed for a contributing employer under the 98 CBA.

Effective January 1, 2026, the Plan has been amended to clarify that Participants are required to promptly notify the Trustees of: (1) employment with a noncontributing employer in the plumbing and pipefitting industry; and (2) employment with a noncontributing employer performing the type of work covered by the 98 CBA. Failure to do so is considered a fraud on the Fund. Further, upon request a Participant must timely provide the Trustees information to verify his/her employment of any kind.

The Plan has further been amended effective April 1, 2026, to clarify that eligibility for an Apprentice immediately terminates when he/she is terminated as a registered apprentice under the Apprenticeship Fund.

4. RECISSION OF COVERAGE – FRAUD AND INTENTIONAL MISREPRESENTATION OF MATERIAL FACT

The Plan, like most health plans, provides that when coverage was provided as a result of fraud or an intentional misrepresentation of material fact by a Participant or Dependent, or an individual seeking coverage on behalf of such Participant or Dependent, the Plan may rescind, or retroactively cancel coverage. Effective January 1, 2026, the Plan has been amended to include additional examples of fraud or intentional misrepresentation of fact, which are failing to inform the Fund Office of: (1) a divorce or legal separation; (2) lapsed Union membership, which is required to maintain Retiree coverage; (3) that a Participant or Dependent is covered under another health plan; (4) employment with a noncontributing employer in the plumbing and pipefitting industry;

(5) employment with a noncontributing employer in the plumbing and pipefitting industry or employment with a noncontributing employer performing the type of work covered by the Collective Bargaining Agreement; (6) employment with any noncontributing employer when not available for work for a contributing employer or not on the Union's out of work list or (7) any other event which makes a Participant or a Dependent ineligible for coverage.

5. DISABILITY

ELIGIBILITY

Effective January 1, 2026, if, while eligible, an Active Employee (other than an Irrigation Plumber) suffers a Disability, his/her eligibility will be frozen, to be restored upon cessation of Disability unless otherwise exhausted as set forth below. A Disabled Active Employee will be eligible for benefits for up to 26 weeks from the first day of such continuous Disability. If he/she remains Disabled after this 26-week period of continuous Disability, he/she may apply, in writing, to the Trustees to continue eligibility for an additional 26-week period.

Once an Active Employee has had coverage under this provision for 26 weeks, or up to 52 weeks if approved by the Trustees, he/she may continue coverage by way of his/her Bank based upon the credit existing immediately prior to becoming disabled, or self-payments if eligible to do so.

After an Active Employee has had coverage under this provision for 26 weeks, or longer if approved by the Trustees, he/she will not be eligible for any further coverage under this section for the same Illness or Injury until credited with 80 or more hours of work as a plumber for a contributing Employer.

WEEKLY DISABILITY

Amount: The Trustees are pleased to announce that for claims commencing on or after December 1, 2025, and for those who had been approved for weekly disability benefits and were in pay status as of December 1, 2025, the benefit amount has been increased to \$600 for Journeyman, \$600 for Apprentices in Periods 7-10, and \$400 for Apprentices in Periods 1-6. (As a reminder, this benefit is available to Journeymen, Metal Trades Division Plumber, Apprentice Applicants, and Apprentices only.)

Weeks Payable and Subsequent Periods of Disability: The benefit is available initially up to 26 continuous weeks. If an individual receiving Weekly Disability benefits remains disabled after a 26-week period of continuous disability, he/she may apply, in writing, to the Trustees for a 13-week extension of benefits. Upon application, a second 13-week extension of eligibility may be granted. The first and second 13-week extensions will only be granted if the individual remains Disabled and presents a statement from a physician that his/her disability is not permanent, and he/she will be able to return to work as a Plumber. Notwithstanding the foregoing, any Participant awarded social security disability benefits (other than for a closed period) will be presumed permanently disabled and unable to return to work as a Plumber. After 26 consecutive weeks of payment of disability benefits, or up to 52 weeks if approved by the Trustees, an Active Employee is not eligible for any further disability payments for the same Illness or Injury until he/she has been credited with 80 or more hours of work as a plumber for a contributing Employer.

Disability Benefits During a Strike: A Journeyman or Apprentice may simultaneously receive weekly disability benefits under the Insurance Fund and from the Plumbers Local 98 Supplemental Unemployment Plan (SUB Plan). If SUB Plan benefits are not being paid due to a strike called by the Union (Strike), then effective the date the Strike begins until the earlier of the date the Active Employee is no longer entitled to Weekly Disability benefits or the date the Strike ends, the Weekly Disability under the Insurance Fund are as follows:

- (1) A Journeyman shall receive an amount equal to the current Weekly Disability benefit under the 98 Insurance Plan plus the Journeymen Benefit Level under the SUB Plan; and
- (2) An Apprentice shall receive an amount equal to the current Weekly Disability benefit under the 98 Insurance Plan plus the Apprentice Benefit Level under the SUB Plan.

6. USE OF HEALTH REIMBURSEMENT ACCOUNT (HRA) AFTER TERMINATION OF ELIGIBILITY

Participant will be able to use the HRA following termination of eligibility only as follows:

- (a) if upon termination of eligibility the Participant is working for a Contributing Employer, then the Participant may continue to use his/her HRA for so long as such work continues; or
- (b) if upon termination of eligibility on or before September 1, 2025, the Participant is working under a Collective Bargaining Agreement which does not require Contributions to the Fund, then the Participant may continue to use his/her HRA for so long as such work continues; or
- (c) if upon termination of eligibility after September 1, 2025, the Participant is working under a Collective Bargaining Agreement which does not require Contributions to the Fund, then the Participant may continue to use his/her HRA for 12 months following termination of eligibility.

7. ANNUAL HRA BENEFIT AMOUNT – OPT OUT APPRENTICES

Effective January 1, 2026, the HRA of Apprentices receiving Opt-Out coverage will be credited with \$1.50 per hour of Contributions received, in addition to the amount designated in the Collective Bargaining Agreement to be credited to an Apprentice's HRA.

8. OPT-OUT COBRA COVERAGE

- (a) COBRA Continuation Coverage, subject to the COBRA qualification rules, is offered for the following benefits for Opt-Out Qualified Beneficiaries:
 - (1) dental benefits;
 - (2) Vision Discount Card;
 - (3) Health Reimbursement Account for the year in which the Qualifying Event occurred only or, at the Qualified Beneficiary's option, for the duration of the Continuation Coverage; and
 - (4) AFLAC BenExtend Insurance.

9. DIAGNOSTIC HEARING BENEFITS

The Fund currently provides \$3,000 every three years for Hearing Aid Benefits, exclusively through TruHearing. There is no other hearing aid benefit available through the plan (although limited pediatric exceptions may apply).

The Fund provides diagnostic hearing benefits (which are not otherwise hearing aid benefits) under the same conditions as other medical benefits (i.e., subject to plan cost sharing, unless covered as preventive as required by law, or other provisions).

10. CHANGES TO HIPAA NOTICE OF PRIVACY PRACTICES TO COMPLY WITH FEDERAL LAW

Part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), known as the Privacy Rule, requires group health plans, like the Plumbers Local 98 Insurance Fund plan, to adopt a Notice of Privacy Practices. This Notice of Privacy Practices describes the uses and disclosures the plan can make of your protected health information (PHI) that is created, received, and maintained by the plan in the course of providing health benefits. In addition, the Notice of Privacy Practices explains the legal obligations of the plan and your legal rights regarding the PHI held by the Plan. The Privacy Rule also requires plans to

make available to all participants their Notice of Privacy Practices and, when material changes are made to such Notice of Privacy Practices, send a timely communication describing such materials changes.

Effective **February 16, 2026**, the Plumbers Local 98 Insurance Fund plan's Notice of Privacy Practices has been materially changed to comply with changes made by law, specifically to:

- 1. Incorporate additional protections for substance use disorder treatment records.** In relevant part, there are specific limitations on how the Fund can use or disclose records of your identity, diagnosis, prognosis, or treatment maintained in connection with the performance of any program or activity related to substance use disorder education, prevention, training, treatment, rehabilitation, or research, which was conducted, regulated, or directly or indirectly assisted by any federal department or agency (Part 2 records). Part 2 records, or testimony relaying the content of such records, will not be used or disclosed in any civil, administrative, criminal, or legislative proceeding against you unless based on specific written consent or a court order after notice and an opportunity to be heard is provided to you. A court order authorizing the use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.
- 2. Provide information regarding redisclosure.** You should be aware that information disclosed in accordance with this notice and federal law may be subject to redisclosure and no longer protected by the limitations contained in this notice and federal law.

To request a copy of the Plumbers Local 98 Insurance Fund's updated Notice of Privacy Practices, provide your name and mailing address to the plan representative identified below, and a copy will be sent to you, free of charge

Plan Representative: Darris Garoufalis (Plan Manager)
BeneSys, Inc. (Third Party Administrator)
700 Tower Drive, Suite 300
Troy, Michigan 48098
Phone Number: (248) 813-9800

The Plumbers Local 98 Insurance Fund's updated Notice of Privacy Practices is also posted on the Fund's website, accessible at <https://www.ourbenefitoffice.com/UaLocal98/Benefits/>

11. REMINDER – PREVENTIVE SERVICES

As a reminder, the Plan covers in-network preventive services without cost-sharing to the extent required under federal law. This means deductibles, co-insurance, and copayments do not apply to these benefits if provided in-network.

Please be aware that the list of preventive services required to be covered under federal law changes periodically and that federal law may limit these benefits to certain individuals by age, sex, health history or status, and impose treatment limitations such as once per lifetime, once per year, etc. For a list of items and services required to be covered under federal law as a preventive service, please contact the Fund Office, or visit the following resources:

- U.S. Preventive Services Task Force, A & B Recommendations:
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations>
- Health Resources & Services Administration Adopted Guidelines for Women
<https://www.womenspreventivehealth.org/recommendations>
- Health Resources & Services Administration Adopted Guidelines for Infants, Children, and Adolescents (the Bright Futures Periodicity Schedule):
<https://www.aap.org/en/practice-management/care-delivery-approaches/periodicity-schedule>
- Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention:
<https://www.cdc.gov/acip/vaccine-recommendations/index.html>

PLEASE CONTACT THE FUND OFFICE IF YOU HAVE ANY QUESTIONS ABOUT THE INFORMATION CONTAINED IN THIS NOTICE.