

AMENDMENT NO. 2  
to the  
January 1, 2022 Restatement of the  
SUMMARY PLAN DESCRIPTION  
for the  
UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA  
GENERAL OFFICE AND STAFF HEALTH AND WELFARE PLAN

WHEREAS, the Board of Trustees of the United Brotherhood of Carpenters and Joiners of America General Office and Staff Health and Welfare Plan have authority to amend the Plan pursuant to Article XVI of the Plan and Section 8.5 of the Trust Agreement;

WHEREAS, at the March 12, 2026, Board meeting, the Board of Trustees voted to amend the Plan to cover IVF treatments effective January 1, 2026, and maintain the exclusion of reversals of elective sterilizations found in Section 5.05(u) of the Plan,

NOW, THEREFORE BE IT RESOLVED that the Plan is amended as follows:

**1. Effective January 1, 2026, subsection 5.05(p) of the Plan, excluding IVF from coverage is deleted, and the following subsections are renumbered accordingly, and, additionally, subsection 5.04(l) is added to read as follows:**

- (l) **IVF.** Covered Services include artificial insemination, in-vitro fertilization, GIFT (gamete intrafallopian transfer), ZIFT (Zygote intra-fallopian transfer), supplies, appliances, and Drugs administered in a Physician's office. These services are subject to Coinsurance, and the lifetime maximum of \$65,000.

Covered services also exist for diagnostic tests to find the cause of infertility, such as diagnostic laparoscopy, endometrial biopsy, and semen analysis, and services to treat the underlying medical conditions that cause Infertility (e.g., endometriosis, obstructed fallopian tubes, and hormone deficiency). These services are provided on the same basis, at the same cost shares, as any other medical condition and not subject to the above lifetime maximum.

WHEREAS, effective July 1, 2023, the annual limit of coverage for dental benefits for eligible employees, eligible retirees, and eligible dependents was increased to \$2,500, an SMM regarding the same was sent out, and the Plan has been administered per this amendment since July 1, 2023, but no amendment was executed to this effect,

NOW, THEREFORE BE IT RESOLVED that the Plan is amended as follows:

**2. Effective July 1, 2023, the part of Section 7.01 that reads, "up to a combined total of \$1,500 per person per calendar year for Actives effective April 1, 2013 and \$1040 per person for Retirees" is amended to the following: "up to a combined total of \$2,500 per person per calendar year for Actives, Retirees and eligible dependents".**

WHEREAS, the Trustees wish to clarify that for purposes of life insurance benefits, and consistent with past practice, a beneficiary may not be a witness on a form designating the individual as a beneficiary, so as to prevent a conflict of interest,

NOW, THEREFORE BE IT RESOLVED that the Plan is amended as follows:

**3. Effective January 1, 2026, Article IX, Section 9.02 of the Plan is amended by adding the underlined sentence as follows:**

**Section 9.02 Beneficiary**

Your beneficiary is the person, persons or organization that you choose to receive your life insurance benefit if you die while covered under the *Plan*. Your beneficiary can be anyone you choose and you may name more than one beneficiary. You may name or change beneficiaries at any time by completing and returning an enrollment card to the Plan Administrative Office. A form designating a beneficiary may not be witnessed by the beneficiary, so as to avoid a conflict of interest.

If you name more than one beneficiary, but do not indicate how much each is to receive, benefits will be paid in equal shares to each beneficiary. If you do not name a beneficiary, or if your beneficiary is not living at the time of your death, payment will be made to your first survivor(s) on the following list:

- (a) your spouse
- (b) your children, in equal shares
- (c) your parents, in equal shares
- (d) your brothers and sisters, in equal shares
- (e) your estate

WHEREAS, the Trustees wish to clarify the powers of the subcommittee with respect to appeals,

NOW, THEREFORE BE IT RESOLVED that the Plan is amended as follows:

**4. Effective January 1, 2026, Article XV, Section 15.06(c) is amended by adding the underlined language as follows:**

**(c) Review of Appeal**

The review of your appeal will take into account all comments, records and other information submitted by you relating to your claim, without regard to whether such information was submitted or considered in the initial benefit determination.

Your appeal will be reviewed by the *Plan's* Board of Trustees or a subcommittee of the Board of Trustees. For all appeals that come before the Board of Trustees, the Board of Trustees has the power and sole discretion to interpret, apply, construe and amend the provisions of the Plans of

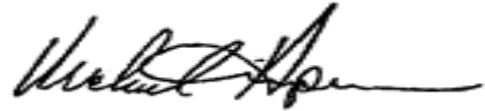
benefits including this SPD and make all factual determinations regarding the construction, interpretation, and application of the Plans including this SPD. If the appeal is reviewed by a subcommittee, the subcommittee has full discretionary authority to interpret the terms of the Plan, construe any ambiguous provisions, make all factual determinations, and determine eligibility and entitlement to Plan benefits. Decisions of the subcommittee are final and binding on all parties, subject only to judicial review under ERISA. The person(s) who review your appeal will be other than those who made the initial denial that is the subject of the appeal and will also not be subordinates of the individual(s) who made the initial denial.

If your claim was denied on the basis of medical judgment (such as a determination that the treatment or service was not medically necessary, or was investigational or experimental), a health care professional who has appropriate training and experience in the field of medicine involved will be consulted. Such professional will not be an individual who was consulted in connection with the initial determination that is the subject of the appeal, or any subordinate of such individual.

If your claim was determined to be unrelated to an Emergency Service, Non- Emergency Service provided by an out-of-network provider at an in-network facility, and/or Air Ambulance service, and you wish to appeal that determination, you may request an external review by an Independent Review Organization (“IRO”).

APPROVED BY THE BOARD OF TRUSTEES.

Signed By:



Michael Draper  
Chairman, Board of Trustees