

PLEASE KEEP THIS WITH YOUR SUMMARY PLAN DESCRIPTION

**METROPOLITAN D.C. PAVING INDUSTRY
EMPLOYEES HEALTH AND WELFARE FUND**

7130 Columbia Gateway Drive, Suite A
Columbia, Maryland 21046
(410) 872-9541

January 2024

SUMMARY OF MATERIAL MODIFICATIONS #2

Dear Participant:

The Board of Trustees of the Metropolitan D.C. Paving Industry Employees Health and Welfare Fund ("Fund") has issued this Summary of Material Modifications in accordance with applicable law to keep you apprised of material changes made to the Plan document. Please review this information carefully and keep it with your new Summary Plan Description so that you may refer to it if you have any questions in the future. If you have any questions, please call the Fund office at 410-872-9541.

The Board of Trustees has amended the Summary Plan Description ("SPD"), dated October 1, 2022, to make the following changes:

1. The subsection titled "Non-Covered Medical Expenses" beginning on page 33 of the SPD under the section "Major Medical Expense Benefits" is amended to provide as follows:

Payment will NOT be made for the following Medical Expenses under either the Basic Benefit or the Major Medical Expense Benefit:

- A. Charges not prescribed as medically necessary by a legally qualified Provider;
- B. Charges incurred for confinement in a hospital owned or operated by the Federal government;

- C. Charges that you are not required to pay;
- D. Charges incurred for services performed on or to the teeth, except as required because of accidental injury to natural teeth, including replacement of teeth, treatment of fractured jaw and related X-rays (may be covered under dental benefit-see below);
- E. Cosmetic surgery, except as required because of accidental injury;
- F. Acupuncture;
- G. Bariatric surgery or weight loss programs;
- H. Habilitation services;
- I. Hospice services;
- J. Infertility treatment;
- K. Long-term care;
- L. Non-emergency care when traveling outside the U.S.;
- M. Eye refractions, eye glasses or their fittings (may be covered under vision care benefit– see below);
- N. Hearing aids or their fittings (may be covered under hearing aid benefit-see below);
- O. Transportation, except local ambulance service;
- P. Injury as a result of war, declared or undeclared, including armed aggression;
- Q. Accidental bodily injury or disease arising out of and in the course of your employment;
- R. Injury arising out of and in the course of committing a crime, unless the injury occurred as the result of a mental health condition or due to a substance abuse disorder;
- S. Charges for education, training and bed and board while you or your dependent are confined in an institution which is primarily a school or other institution for training, a place of rest, a place for the aged or a nursing home;
- T. Services, treatment, drugs and supplies which are experimental or investigational in nature, including any services, treatment, drugs or supplies which are not recognized as acceptable medical practice as determined by the American Medical Association or any items requiring governmental approval which approval was not granted or in existence at the time the services were rendered, are excluded and not covered by the Plan;

- U. Prescription drugs (may be covered under prescription benefit-see below);
- V. Charges for skilled nursing care, private duty nursing, or home health care;
- W. Charges of a podiatrist for office visits only;
- X. Charges of a chiropractor for office visits only.

2. The subsection titled “Covered Prescription Drug Expenses” under the section “Prescription Drug Card Program” on page 36 of the SPD is amended to provide as follows:

Benefits are payable for any *Medically Necessary* FDA-approved generic drug prescribed by a licensed Provider. FDA-approved means that the Federal Drug Administration (FDA) has approved the drug as safe and effective treatment for certain illnesses or conditions.

Benefits are only available for drugs for which a prescription is required. Medication that you buy “over-the-counter” such as aspirin or antacids, are not covered under the prescription drug program, subject to the exceptions provided in this booklet.

Benefits are payable for medications prescribed for nervous/mental health conditions or substance use disorder to the same extent as medications prescribed for medical conditions.

3. After “Covered Prescription Drug Expenses” on page 36 of the SPD, a new section titled “Coverage of Over-the-Counter Naloxone Medications” is added:

The Fund will cover the cost of over-the-counter Narcan and all other naloxone products approved for over-the-counter use by the FDA. Coverage will be provided under the prescription drug benefit.

4. Item A under “Prescription Drug Expenses that are NOT COVERED” on page 38 of the SPD is amended as follows:

- A. Non-legend (“over-the-counter”) drugs even if prescribed by a Provider, subject to the exceptions provided in this booklet;

Sincerely,

BOARD OF TRUSTEES

NOTICE OF GRANDFATHERED STATUS

The Board of Trustees believes that the Fund is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that the Fund may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at BeneSys, Inc. at 1-410-872-9541. You may also contact the Employee Benefits Security Administration of the U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.