

AMENDMENT NUMBER 3
GLAZING HEALTH AND WELFARE TRUST
SUMMARY PLAN DESCRIPTION
(Welfare Trust – Delta Dental Benefit Change – Effective Date February 1, 2024)

This Amendment No. 3 (“Amendment 3”) to the Glazing Health and Welfare Trust Summary Plan Description (defined therein as “Plan Document”) is approved and adopted as of the Effective Date, by the Board of Trustees of the Glazing Health and Welfare Trust (“Welfare Trust”).

Dental Benefits Delta Dental, shall be amended to add the underlined text as follows:

Calendar Year Deductible: \$50 per enrollee, up to \$150 per family.

The deductible does not apply to Diagnostic or Preventive Benefits. It also does not apply to Orthodontia Benefits.

Annual Maximum: \$1,000 per enrollee

Diagnostic and Preventive (“D&P”) benefit costs are waived towards the annual calendar year maximum. This benefit removes the use of the annual maximum for any D&P services (exams, cleanings, x-rays and sealants), leaving more of the maximum available for standard dental treatment.

Lifetime Orthodontia Maximum: \$1,000 per Dependent child

Waiting Periods: Coverage for the following services will not be provided, until you have been eligible for the amount of time specified:

Crowns and Cast Restorations:	12 months
Prosthodontic Benefits:	12 months
Orthodontic Benefits:	12 months

If you lose Eligibility and regain Eligibility within a 12-month period, you will receive credit from your original effective date toward the 12-month waiting period for Crowns, Jackets and Cast Restoration Benefits, Prosthodontic Benefits and Orthodontic Benefits. If you become eligible again for Coverage more than 12 months after Coverage is lost, you must meet a new full 12-month waiting period.


Delta Dental - Dental Benefits	
Covered Service	Percentage of Contract Allowance that Delta will pay
Diagnostic and Preventive Benefits <i>Diagnostic: procedures to aid the Dentist in choosing required dental treatment.</i> <i>Preventive: prophylaxis (cleaning; periodontal cleaning in the presence of gingival inflammation is considered to be periodontal for payment purposes); topical application of fluoride solutions; space maintainers.</i> <u><i>D&P benefits waived towards the annual calendar year maximum.</i></u>	100%
Basic Benefits <u>Oral Surgery:</u> <i>Extractions and other surgical procedures (includes pre-and post-operative care).</i> <u>General Anesthesia:</u> <i>General anesthesia given by a Dentist for a covered oral surgery procedure.</i> <u>Endodontia:</u> <i>Treatment of the tooth pulp.</i> <u>Periodontia:</u> <i>Treatment of the gums and bones supporting teeth.</i> <u>Sealant Benefits:</u> <i>Topically applied acrylic, plastic or composite materials used to seal developmental grooves and pits in molars for the purpose of preventing decay.</i>	90%
Restorative Benefits <i>Amalgam, synthetic porcelain, plastic fillings and prefabricated stainless-steel restorations for treatment of carious lesions (visible destruction of hard tooth structure).</i>	90%
Denture Repairs <i>Repair to partial or complete dentures including rebase procedures and relining.</i>	90%
Crowns, Jackets, and Cast Restorations <i>For treatment of carious lesions (visible decay of the hard tooth structure) when teeth cannot be restored with amalgam, synthetic porcelain, plastic restorations, or prefabricated stainless steel restorations.</i>	60%

Delta Dental - Dental Benefits	
Prosthodontic Benefits <i>Procedures to construct or repair fixed bridges and construction of partial or complete dentures.</i>	60%
Orthodontic Benefits (For Dependent children under age 26 only) <i>Procedures performed by a Dentist, involving the use of an active orthodontic appliance and post-treatment retentive appliances for treatment of malalignment of teeth and/or jaws which significantly interferes with their functions.</i>	50%

All other terms and conditions of the Plan Document shall remain unchanged and in full force and effect.

Dated this 30th day of January, 2024.


Chairman


Co-Chairman