

**BUILDING TRADES  
HEALTH AND WELFARE FUND**

1718 Heilmandale Road Lebanon, PA 17046  
717-273-3800

**SUMMARY OF MATERIAL MODIFICATIONS**

**October 3, 2016**

*This Notice contains important information concerning your Health and Welfare Fund. It should be read and retained for future reference.*

The Board of Trustees of the Building Trades Health and Welfare Fund (“Fund” or “Plan”) is required to provide each Participant with a notification of important changes to the Plan. This notification is called a Summary of Material Modifications and is intended to update the Summary Plan Description (“SPD”) that you received when you became eligible for benefits under the Plan. Please keep this notice with your SPD to have a current description of the Plan and its benefits.

The Summary of the Modifications to the SPD and SPD Amendments are as follows:

The Trustees of the Plan voted on February 24, 2016 to amend the Summary Plan Description Article VI, Section (B), which deals with the responsibilities of participants who enter into subrogation agreements with the Plan. The changes included the following:

<b>CURRENT PLAN</b>	<b>AMENDMENT</b>
<p><b>B. Your Responsibilities</b></p> <p>If it is possible that another individual or organization should be the one to pay for your, or your dependent's, medical care then you, or your dependent, will be required to assign your rights of recovery, for the amount that the Fund has paid, to the Fund. You must do this by signing, and delivering, an Accident Form and/or an Assignment Form to the Plan Administrator. You cannot do anything that would injure the Fund's assignment or its right to recover what it has paid. The Fund is entitled to recover the</p>	<p><b>B. Your Responsibilities</b></p> <p>If the Fund enters into a subrogation agreement with you, you and/or your attorney will be required to keep the Fund updated regarding the status of the litigation and the Fund will require that you or your attorney provide information to the Fund regarding the amount of any settlement and/or judgment prior to the proceeds from the settlement or judgment being dispersed. If you receive money from a settlement or judgment, the Fund asserts a lien against all of the proceeds from the settlement or judgment. The total amount of medical</p>

<p>amount that it has paid for services that were provided to you or to your dependent when those services should have been paid by someone else.</p>	<p>benefits paid by the Fund must be segregated from the settlement and may not be dispersed without consent from the Fund.</p> <p>If it is possible that another individual or organization should be the one to pay for your, or your dependent's, medical care and you do not hire an attorney and/or pursue a claim or lawsuit against that individual or organization then you, or your dependent, may be required to assign your rights of recovery, for the amount that the Fund has paid, to the Fund. You must do this by signing, and delivering, an Accident Form and/or an Assignment Form to the Plan Administrator. You cannot do anything that would injure the Fund's assignment or its right to recover what it has paid. The Fund is entitled to recover the amount that it has paid for services that were provided to you or to your dependent when those services should have been paid by someone else.</p> <p>If you believe that a third party should be responsible for the payment of benefits and/or services that you have received or require as a result of an accident or injury, you are required to contact the Fund office at (717) 273-3800 within sixty (60) days of the illness, accident or injury and provide the information required.</p>
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The Trustees of the Plan voted on August 31, 2016 to amend the Summary Plan Description Article IV, to include a new Section (D) (3), which deals with the responsibilities of participants who receive Loss of Time Benefits and who are later found to be eligible for Social Security Disability benefits, to repay Loss of Time Benefits for any period for which they also received Social Security Disability benefits. The changes included the following:

<b>CURRENT PLAN</b>	<b>AMENDMENT</b>
<p data-bbox="201 279 789 317"><b>D. Disability (Loss of Time) Benefits</b></p> <p data-bbox="253 357 745 394"><b>1. Occupational Accident or Illness</b></p> <p data-bbox="201 432 789 827">This benefit is available only to Covered Employees, and is not available to a spouse or beneficiary. If you are a Covered Employee who is totally disabled as the result of an occupational accident or illness, you will receive four hundred dollars (\$400.00) (minus withholding) for the first week that you are totally disabled unless you are paid for the first week of disability under a state Workers' Compensation or Occupational Disease law.</p> <p data-bbox="243 867 781 905"><b>2. Non-occupational Accident or Illness</b></p> <p data-bbox="201 942 789 1669">This benefit is available only to Covered Employees who have a balance in their Dollar Bank at the time the disability began, and is not available to a spouse, beneficiary, or retiree. If you are a Covered Employee and are totally disabled as the result of a non-occupational accident or illness, that is not an excluded claim under the Plan, you will receive four hundred dollars (\$400.00) per week (minus withholding), for up to twenty-six (26) weeks, for each period of total disability within a one (1) year period. The one (1) year period begins on the date you receive your first disability payment from the Plan. If you suffer another disability after the one (1) year period, you may receive up to an additional twenty-six (26) weeks of disability payments, however you may not receive more than fifty-two (52) weeks of disability payments within a three (3) year period.</p> <p data-bbox="201 1709 789 1923">In the case of disability due to accident, benefits are payable from the first day of disability. In the case of disability due to illness, benefits become payable on the eighth day of total disability; however, if the total disability resulting from illness</p>	<p data-bbox="812 279 1399 317"><b>D. Disability (Loss of Time) Benefits</b></p> <p data-bbox="863 357 1356 394"><b>1. Occupational Accident or Illness</b></p> <p data-bbox="812 432 1399 793">This benefit is available only to Covered Employees, and is not available to a spouse or beneficiary. If you are a Covered Employee who is totally disabled as the result of an occupational accident or illness, you will receive four hundred dollars (\$400.00) (minus withholding) for the first week that you are totally disabled unless you are paid for the first week of disability under a state Workers' Compensation or Occupational Disease law.</p> <p data-bbox="857 833 1411 871"><b>2. Non-occupational Accident or Illness</b></p> <p data-bbox="812 909 1399 1635">This benefit is available only to Covered Employees who have a balance in their Dollar Bank at the time the disability began, and is not available to a spouse, beneficiary, or retiree. If you are a Covered Employee and are totally disabled as the result of a non-occupational accident or illness, that is not an excluded claim under the Plan, you will receive four hundred dollars (\$400.00) per week (minus withholding), for up to twenty-six (26) weeks, for each period of total disability within a one (1) year period. The one (1) year period begins on the date you receive your first disability payment from the Plan. If you suffer another disability after the one (1) year period, you may receive up to an additional twenty-six (26) weeks of disability payments, however you may not receive more than fifty-two (52) weeks of disability payments within a three (3) year period.</p> <p data-bbox="812 1675 1399 1923">In the case of disability due to accident, benefits are payable from the first day of disability. In the case of disability due to illness, benefits become payable on the eighth day of total disability; however, if the total disability resulting from illness continues for at least three weeks, benefits for the first week of</p>

<p>continues for at least three weeks, benefits for the first week of disability shall be paid.</p>	<p>disability shall be paid.</p> <p><b>3.</b> If a Covered Employee is found to be eligible for Disability (Loss of Time) Benefits and that Covered Employee is subsequently found to be eligible for Social Security Disability (SSDI) or Supplement Security Income (SSI) benefits and the Covered Employee receives a lump sum payment from the Social Security Administration covering a retroactive period during which time the Covered Employee also received Disability (Loss of Time) Benefits paid by this Fund, the Fund shall recover those benefits paid consistent with its Subrogation Policy as set forth in Section VI.</p>
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The Trustees of the Plan voted on August 31, 2016 to amend the Summary Plan Description Article XX, to include a new Section (F), which deals with the Plan’s Non Discrimination Policy. The changes included the following:

<b>CURRENT PLAN</b>	<b>AMENDMENT</b>
<p>No Language in the Plan</p>	<p><b>F. Non Discrimination Notice</b></p> <p>The Building Trades Health and Welfare Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Building Trades Health and Welfare Fund does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.</p> <p>The Building Trades Health and Welfare Fund provides free aids and services to people with disabilities to communicate effectively with us, such as:</p> <ul style="list-style-type: none"> <li>○ Qualified sign language interpreters</li> <li>○ Written information in other formats (large print, audio, accessible electronic formats, other formats)</li> </ul>

The Building Trades Health and Welfare Fund provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other

languages

If you need these services, contact The Building Trades Health and Welfare Fund Administrator's office at (717) 273-3800.

If you believe that The Building Trades Health and Welfare Fund has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: The Fund Administrator of the Building Trades Health and Welfare Fund, 1718 Heilmandale Road, Lebanon, PA 17046, or contact us by phone (717-273-3800), fax (717-273-6200) or email [dschaeffer@bthwf.com](mailto:dschaeffer@bthwf.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Building Trades Health and Welfare Fund Administrator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-717-273-3800.

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-717-273-3800.

**注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-717-273-3800。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-717-273-3800

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-717-273-3800 번으로 전화해 주십시오.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-717-273-3800.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-717-273-3800.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-717-273-3800 (رقم هاتف الصم والبكم: x)

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-717-273-3800.

	<p>ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-717-273-3800.</p> <p>ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-717-273-3800.</p> <p>UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-717-273-3800.</p> <p>ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-717-273-3800.</p> <p>ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-717-273-3800.</p> <p>注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-717-273-3800 まで、お電話にてご連絡ください。</p> <p>AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-717-273-3800.</p> <p>Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-717-273-3800.</p>
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The Trustees of the Plan voted on August 31, 2016 to amend the Summary Plan Description Article IV, Section (F), effective for the Plan Year beginning 1/1/17 which deals with the Prescription Benefits. The changes included the following:

<b>CURRENT PLAN</b>	<b>AMENDMENT</b>
<p data-bbox="201 279 589 317"><b>F. Prescription Benefits</b></p> <p data-bbox="201 359 787 1266">Your prescription benefit coverage is currently provided through an ASO arrangement with Express Scripts. At the time you were enrolled in the Prescription Plan you were given a plan booklet and other information provided by Express Scripts. The booklet and information that was provided to you describes the benefits and coverage available under the prescription program. You should refer to that booklet and information for a description of any benefits provided, deductibles, co-payments, maximums, limitations on any benefits, procedures you must follow, and any other information related to your prescription coverage. If you have any questions regarding your coverage for specific benefits or claims, you must first contact Express Scripts or the current prescription provider at the telephone numbers or addresses listed in the prescription program booklet. If you are unable to obtain an answer to your question from Express Scripts or the current prescription provider, you may contact the Fund Office for assistance.</p>	<p data-bbox="812 279 1243 317"><b>F. Prescription Benefits</b></p> <p data-bbox="812 359 1409 1740">Your prescription benefit coverage is currently provided through an ASO arrangement with Express Scripts. At the time you were enrolled in the Prescription Plan you were given a plan booklet and other information provided by Express Scripts. The booklet and information that was provided to you describes the benefits and coverage available under the prescription program. In addition, the Fund provides annual summaries of the Plan Designs prior to the open enrollment period. You should refer to the Express Scripts booklet and annual summaries from the Fund for a description of any benefits provided, deductibles, co-payments, maximums, limitations on any benefits, procedures you must follow, and any other information related to your prescription coverage. Notwithstanding the information provided by Express Scripts your copays for certain specialty medications may be set to the max of the current plan design or any available manufacturer-funded copay assistance. Furthermore, any patient financial assistance received through a program that provides assistance with copays will not be considered as true out of pocket for members and will not apply to deductible and out of pocket maximums. If you have any questions regarding your coverage for specific benefits or claims, you must first contact Express Scripts or the current prescription provider at the telephone numbers or addresses listed in the prescription program booklet. If you are unable to obtain an answer to your question from Express Scripts or the current prescription provider, you may contact the Fund Office for assistance.</p>