

SUMMARY OF MATERIAL MODIFICATIONS

To All Participants of the

ITPEU HEALTH & WELFARE PLAN

NOTICE OF CHANGE IN BENEFITS

This notice, called a “summary of material modifications,” advises you of changes in the information presented in your summary plan description (sometimes called an “SPD” or “descriptive booklet”) with respect to the ITPEU Health and Welfare Plan (the “Plan”). Please do two things with this notice: (1) Read it and, if you have any questions, contact the Plan Administrator and (2) keep this notice with your SPD.

This Notice is a summary of important changes to the Plan that will be effective January 1, 2020.

Modifications of Medical Benefits Effective January 1, 2020

1. Modifications for Class III and IV Participants

- a. Deductibles
 - i. The amount of the Annual Calendar Year Deductible for Class III and IV Participants with Contribution Rates of \$4.80/hour or higher shall be \$500.00 (Single) and \$1,000.00 (Family);
 - ii. The amount of the Annual Calendar Year Deductible for Class III and IV Participants with Contribution Rates between \$4.40/hour and \$4.79/hour shall be \$600.00 (Single) and \$1,200.00 (Family);
 - iii. The amount of the Annual Calendar Year Deductible for Class III and IV Participants with Contribution Rates between \$4.00/hour and \$4.39/hour shall be \$650.00 (Single) and \$1,300.00 (Family);
- b. Maximum Out-of-Pocket Per Calendar Year
 - i. The Maximum Out-of-Pocket, plus deductible, for Class III and IV Participants with Contribution Rates of \$4.80/hour or over shall be \$4,000.00 (Single) and \$8,000.00 (Family);
 - ii. The Maximum Out-of-Pocket, plus deductible, for Class III and IV Participants with Contribution Rates between \$4.40/hour and \$4.79/hour shall be \$4,500.00 (Single) and \$9,000.00 (Family);
 - iii. The Maximum Out-of-Pocket, plus deductible, for Class III and IV Participants with Contribution Rates between \$4.00/hour and \$4.39/hour shall be \$4,800.00 (Single) and \$9,600.00 (Family);

2. Modifications for Class I and II Participants

- a. Deductibles
 - i. The amount of the Annual Calendar Year Deductible for Class I and II Participants with Contribution Rates of \$4.80/hour or higher shall be \$550.00 (Single) and \$1,100.00 (Family);
 - ii. The amount of the Annual Calendar Year Deductible for Class I and II Participants with Contribution Rates between \$4.40/hour and \$4.79/hour shall be \$650.00 (Single) and \$1,300.00 (Family);
 - iii. The amount of the Annual Calendar Year Deductible for Class I and II Participants with Contribution Rates between \$4.00/hour and \$4.39/hour shall be \$700.00 (Single) and \$1,400.00 (Family);
- b. Maximum Out-of-Pocket Per Calendar Year
 - i. The Maximum Out-of-Pocket, plus deductible, for Class I and II Participants with Contribution Rates of \$4.80/hour or over shall be \$4,000.00 (Single) and \$8,000.00 (Family);
 - ii. The Maximum Out-of-Pocket, plus deductible, for Class I and II Participants with Contribution Rates between \$4.40/hour and \$4.79/hour shall be \$4,500.00 (Single) and \$9,000.00 (Family);
 - iii. The Maximum Out-of-Pocket, plus deductible, for Class I and II Participants with Contribution Rates between \$4.00/hour and \$4.39/hour shall be at \$4,800.00 (Single) and \$9,600.00 (Family);

Modifications of Prescription Drug Plan Effective January 1, 2020

1. Modifications for Class III and IV Participants

a. Maximum Out-of-Pocket Per Calendar Year

- i. The Maximum Out-of-Pocket, plus deductible, for Class III and IV Participants with Contribution Rates of \$4.80/hour or over shall be \$2,000.00 (Single) and \$4,000.00 (Family);

2. Modifications for Class I and II Participants

a. Maximum Out-of-Pocket Per Calendar Year

- i. The Maximum Out-of-Pocket, plus deductible, for Class I and II Participants with Contribution Rates of \$4.80/hour or over shall be \$2,000.00 (Single) and \$4,000.00 (Family);

Modifications of Dental Benefits Effective January 1, 2020

Dental Benefits:

a. Deductibles or Dental Benefits:

The amount of the Dental Benefit Deductible for Participants with Contribution Rates of \$4.80/hour or higher shall be as follows:

<u>Class IV</u>	\$75.00
<u>Class III</u>	\$100.00
<u>Class II</u>	\$125.00
<u>Class I</u>	\$150.00

The amount of the Dental Benefit Deductible for Participants with Contribution Rates between \$4.40/hour and \$4.79/hour shall be as follows:

<u>Class IV</u>	\$100.00
<u>Class III</u>	\$125.00
<u>Class II</u>	\$150.00
<u>Class I</u>	\$175.00

The amount of the Dental Benefit Deductible for Participants with Contribution Rates between \$4.00/hour and \$4.39/hour shall be as follows:

<u>Class IV</u>	\$125.00
<u>Class III</u>	\$150.00
<u>Class II</u>	\$175.00
<u>Class I</u>	\$200.00

b. Maximum Dental Benefit per Calendar Year

The Maximum Dental Benefit, plus deductible for Participants with Contribution Rates of \$4.80/hour or higher shall be as follows:

	<u>Employee</u>	<u>Dependent</u>
<u>Class IV</u>	\$1,200.00	\$600.00
<u>Class III</u>	\$1,000.00	\$500.00
<u>Class II</u>	\$ 800.00	\$400.00
<u>Class I</u>	\$ 600.00	\$300.00

The Maximum Dental Benefit, plus deductible for Participants with Contribution Rates between \$4.40/hour and \$4.79/hour shall be as follows:

	<u>Employee</u>	<u>Dependent</u>
<u>Class IV</u>	\$1,000.00	\$500.00
<u>Class III</u>	\$ 800.00	\$400.00
<u>Class II</u>	\$ 600.00	\$300.00
<u>Class I</u>	\$ 400.00	\$200.00

The Maximum Dental Benefit, plus deductible for Participants with Contribution Rates between \$4.00/hour and \$4.39/hour shall be as follows:

	<u>Employee</u>	<u>Dependent</u>
<u>Class IV</u>	\$ 850.00	\$425.00
<u>Class III</u>	\$ 650.00	\$325.00
<u>Class II</u>	\$ 450.00	\$225.00
<u>Class I</u>	\$ 350.00	\$175.00

Modifications of Vision Plan Effective January 1, 2020

1. Effective January 1, 2020, the Vision Plan will include **Family Members** (Dependent Coverage) for Participants with Contribution Rates of \$4.80/hour or higher and for Participants with Contribution Rates between \$4.40/hour and \$4.79/hour. There is no Dependent coverage for Participants with Contribution Rates between \$4.00/hour and \$4.39/hour. The Vision Plan does not pay more than the maximum benefit amount for any Employee or Dependent in any twenty-four (24) month period.

2. Maximum Benefit Amount

The Maximum Vision Plan Benefit Amount, with Contribution Rates of \$4.80/hour or higher shall be as follows:

	<u>Hours Per Week</u>	<u>Employee</u>	<u>Dependent</u>
<u>Class IV</u>	35+	\$350.00	\$175.00
<u>Class III</u>	25-34	\$300.00	\$150.00
<u>Class II</u>	15-24	\$250.00	\$125.00
<u>Class I</u>	0-14	\$200.00	\$100.00

The Maximum Vision Plan Benefit Amount, with Contribution Rates between \$4.40/hour and \$4.79/hour shall be as follows:

	<u>Hours Per Week</u>	<u>Employee</u>	<u>Dependent</u>
<u>Class IV</u>	35+	\$300.00	\$150.00
<u>Class III</u>	25-34	\$250.00	\$125.00
<u>Class II</u>	15-24	\$200.00	\$100.00
<u>Class I</u>	0-14	\$150.00	\$ 75.00

The Maximum Vision Plan Benefit Amount, with Contribution Rates between \$4.00/hour and \$4.39/hour shall be as follows:

	<u>Hours Per Week</u>	<u>Employee</u>
<u>Class IV</u>	35+	\$250.00
<u>Class III</u>	25-34	\$200.00
<u>Class II</u>	15-24	\$150.00
<u>Class I</u>	0-14	\$100.00