

**SUMMARY OF MATERIAL MODIFICATIONS – NO. 8
ELECTRICAL WORKERS HEALTH AND WELFARE FUND**

The Summary Plan Description for the Electrical Workers Health and Welfare Fund dated January 1, 2021 is hereby amended effective September 1, 2023 as follows:

- 1. Part I, Health Benefits, Section Two, Eligibility Provisions, II. A. 4, Continued Coverage by Self Contributions is amended as follows:**

**SECTION TWO
ELIGIBILITY PROVISIONS**

- II. Eligibility for Participation and Commencement of Benefit Coverage.**

- 4. Continued Coverage by Self Contribution:** Your Plan coverage is lost when your Employer no longer makes contributions on your behalf to the Fund. You may continue coverage by drawing on your Hours Bank the required number of hours needed to be covered under the Plan, provided your Hours Bank is not exhausted.

Only after your Hours Bank is exhausted may you continue coverage by making self-contributions to the Fund at rates established by the Trustees. It is your responsibility to notify the Fund Office when you are not working and to verify when self-contributions must start. You will lose eligibility if you do not make timely self-contributions; the Fund does not accept retroactive or late contributions to the Fund.

If you are a Group I employee receiving the Pregnancy Leave Benefit, the Fund will pay for health and welfare coverage for you and your dependents for up to twenty-six (26) weeks. If after your Pregnancy Leave Benefits end you are eligible to make self-contributions to the Fund you will be charged the self-payment rate that typically applies after six months of self-contributions.

In order to make self-contributions for a duration longer than established by COBRA, you must be signed and available for work as defined by your Local Union rules.

2. **Part I, Health Benefits, Section Three, Provisions Describing Plan Benefits, III. Pregnancy Leave Benefit is amended as follows:**

**SECTION THREE
PROVISIONS DESCRIBING PLAN BENEFITS**

III. PREGNANCY LEAVE BENEFIT

A. Benefit Amount

Benefit Amount: Twenty-six (26) weeks at 50% of base wages up to a maximum of \$675, but not less than \$400 per week. Benefits for each day of a partial week is one-seventh of the weekly benefit.

- Base pay is determined by multiplying the employee's straight time hourly rate in effect under the applicable collective bargaining agreement at the time the benefits commence by 40 hours per week.
- Pregnancy Leave Benefits cease as of the date eligibility is lost or the employee returns to work.
- Pregnancy Leave Benefits are taxable to the participant.

B. Eligibility:

- A covered, active employee is entitled to Pregnancy Leave Benefits provided the employee is pregnant.
- Only group 1 employees are eligible for Pregnancy Leave Benefits. This benefit is not available for office employees, retirees and dependents.

C. Miscellaneous:

- Benefits may begin up to thirteen (13) weeks prior to your verified expected due date for delivery and continue for up to twenty-six (26) weeks after you first begin receiving Pregnancy Leave Benefits.
- The maximum number of weeks provided under this benefit is twenty-six (26).

- The Pregnancy Leave Benefits are in lieu of the weekly disability benefit if you qualify for both benefits, but if the total disability continues after the Pregnancy Leave Benefit ends, you are eligible for the weekly disability benefit or the extended disability benefit subject to the eligibility provisions of those separate benefits.
- The Pregnancy Leave Benefit ends the earlier of the date the employee returns to work, the date the benefit is exhausted, or twenty-six weeks after your delivery.
- The Trustees may require written proof of the expected due date for delivery and the birth of the child.

3. **Part I, Health Benefits, Section Three, Provisions Describing Plan Benefits, VI. Wellness/Preventive Care Benefits, paragraph B, subsections 4 and 5, are amended as follows:**

**SECTION THREE
PROVISIONS DESCRIBING PLAN BENEFITS**

VI. Wellness/Preventive Care Benefit

4. **Covered Preventive Services For Children** (adding one (1) covered service)
- Alcohol, tobacco, and drug use assessments for adolescents
 - Anemia risk assessment or screening, as appropriate
 - Anxiety screening in children and adolescents aged 8 to 18 years
 - Autism screening for children at 18 and 24 months
 - Behavioral/social/emotional assessments throughout childhood
 - Bilirubin concentration screening for newborns
 - Blood pressure screening throughout childhood
 - Blood screening for newborns
 - Cervical dysplasia screening for sexually active females
 - Depression and suicide risk screening for adolescents beginning routinely at age 12
 - Developmental screening throughout childhood

- Dyslipidemia screening for children at higher risk of lipid disorders
- Annual preventive eye exam
- Fluoride varnish for all infants and children as soon as teeth are present and thereafter every 3 to 6 months based on risk
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing and vision screening for all children
- Height, weight and body mass index (BMI) measurements throughout childhood
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for children at high risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- Lead screening for children at risk of exposure
- Maternal depression screening for mothers of infants at 1, 2, 4, and 6-month visits
- Obesity screening in children age 6 and older and up to three office visits a year for counseling and behavioral interventions
- Oral fluoride supplements for children without fluoride in their water source
- Phenylketonuria (PKU) screening for newborns
- Sexually transmitted infection (STI) prevention counseling for sexually active adolescents
- Skin cancer prevention behavioral counseling for adolescents
- Sudden cardiac arrest risk assessment for children aged 11 and older
- Tobacco use interventions, including education and brief counseling, to prevent initiation of tobacco use (including e-cigarette products, *i.e.*, vaping)
- Tuberculin testing for children at higher risk of tuberculosis
- Vision screening for children under age 5 to detect amblyopia or its risk factors

5. Covered Preventive Immunizations

Immunization vaccines, according to the recommended schedule:	Adults	Children
• Diphtheria, Tetanus, Pertussis (Whooping cough)	X	X
• Haemophiles Influenza Type B (Hib)		X
• Hepatitis A	X	X
• Hepatitis B	X	X
• Herpes Zoster (Shingles)	X	
• Human Papillomavirus (HPV)	X	X
• Inactivated Poliovirus		X
• Influenza (Flu shot)	X	X
• Measles, Mumps, Rubella	X	X
• Meningococcal	X	X
• Pneumococcal	X	X
• Rotavirus		X
• Varicella (Chickenpox)	X	X
• COVID-19	X	X
• <u>Respiratory Syncytial Virus (RSV)</u>	<u>X</u>	<u>X</u>