

**SUMMARY OF MATERIAL MODIFICATIONS
TO THE BRICKLAYERS & ALLIED CRAFTWORKERS
LOCAL 8 NY WELFARE PLAN**

1. General. This is a summary of material modifications regarding the Bricklayers & Allied Craftworkers Local 8 NY Welfare Plan. This summary of material modification supplements the Summary Plan Description (the “SPD”) previously provided to you. You should retain this document with your copy of the SPD.

2. Sponsor Information. The legal name, address and federal employer identification number of the Sponsor are:

Board of Trustees
Bricklayers & Allied Craftworkers
Local 8 NY Welfare Fund
701 W. State St.
Ithaca, NY 14850
(607) 272 3853

EIN: 16-6058900

3. Summary Description of Modification. The Plan has been amended, effective January 1, 2025, to increase the deductibles that must be met before claims will be covered by the Health Reimbursement Arrangement (HRA) from the current \$300 per individual and \$600 per family, to \$500 and \$1,000, respectively. In addition, the percentage of the insurance out-of-pocket maximum that will be reimbursed by the HRA will decrease from 70% to 65%. The corresponding provisions of the Summary Plan Description are amended to read as follows:

What is an Out-of-Pocket Maximum?

There is an out-of-pocket maximum that each member must pay out-of-pocket (e.g., deductible, coinsurance, copayments) for covered benefits per plan year. Once this dollar amount is reached, the Medical Insurance Carrier pays your covered benefits in full for the remainder of the plan year. Each member is responsible for 35% of his or her own out-of-pocket maximum. The remaining 65% is reimbursed by the HRA.

How do I request reimbursement for a medical claim from the HRA?

When you seek care from a health care provider, they will send a claim to the Medical Insurance Carrier. Once processed that claim will automatically be sent to your HRA Administrator. Each subscriber must meet an individual deductible of \$500, or a family deductible of \$1,000, per plan year before they are eligible for HRA reimbursements. The HRA then reimburses the provider 65% of the medical carrier’s remaining in network out-of-pocket expenses. The HRA only reimburses for claims submitted to and covered by your group medical insurance.

How do I request reimbursement for a prescription from the HRA?

When you fill a prescription at a participating pharmacy, you will pay the negotiated amount. The pharmacy will send the claim to your insurance carrier. Once processed that claim will automatically be sent to your HRA Administrator. Each subscriber must meet an individual deductible of \$500, or a family deductible of \$1,000, per plan year before they are eligible for HRA reimbursements. The HRA then reimburses the member



65% of the cost of the prescription. The HRA only reimburses for claims submitted to your group medical insurance. (Note: both in and out of network claims can be reimbursed under the HRA.)

This notice constitutes your summary of material modifications as required by section 104(b) of ERISA and should be kept with your copy of the Plan's summary plan description and other important plan documents.



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