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

(September 1, 2024)

1. General. This is a summary of material modifications regarding the Bricklayers & Allied Craftworkers Local 8 NY Health 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 Health Fund
701 W. State St.
Ithaca, NY 14850
(607) 272 3853

EIN: 16-6058900

3. Summary Description Modification. Effective September 1, 2024, the Section entitled "Paid Time Off Benefit- Wage Replacement Accounts (WRAs)" is amended to provide that the balance in your Paid Time Off Benefit – Wage Replacement Account will be forfeited both at retirement and after a 12 consecutive month period in which you fail to work any hours in Covered Employment under the Plan. The Section will now read as follows:

PAID TIME OFF BENEFIT WAGE REPLACEMENT ACCOUNT

What is this account for?

To accommodate for New York State's Paid Sick Leave Law, BAC 3 NY and the various Employer Associations have negotiated into the 2022-2025 Collective Bargaining agreement a comparable benefit of $1/hour. Your Wage Replacement Account will provide you with taxable paid time off or vacation benefits.

How is this account funded?

Employers are paying the $1.00/hour (reduced by a percentage rate for apprentices) as a pre-tax contribution to the BAC Local 3 Health & Welfare Fund.

How do I apply for payment for paid time off?

To claim Paid Time Off benefits, you must complete an application. A copy of the application can be obtained from the Fund Office or on Fund's website. The completed and signed application must be submitted to the Fund Office within 60 days after the end of the month in which your absence from work occurred. If your completed application is not received by the Fund Office within that 60-day period, you will not be entitled to the benefit and your claim will be denied. Paid Time Off benefits may only be claimed after the date of your absence from work.

How many days at a time can I request?

You may receive paid time off or vacation benefits from your Wage Replacement Account when not working for an Employer, provided you have a sufficient balance in your Wage Replacement Account. Paid Time Off must be used in increments of 4 hours (i.e., a half day) or 8 hours (i.e., a full day).

How do I know my account balance?

You can call or email the fund office during business hours to obtain the balance in your account.

How much will I be paid?

The amount of the benefit shall be equal to 8 hours of your base pay, specified in the BAC Local 3 NY Collective Bargaining Agreement, (or 4 hours of pay in the case of a half day), less applicable employee and employer Social Security, Medicare, unemployment taxes and income tax withholdings. If you apply for benefits for more than one day, you will receive one check for all days applied for assuming you have a sufficient balance in your WRA.

Can I request payment while I am collecting unemployment benefits?

No. You may not receive Paid Time Off benefits for time periods during which you are receiving unemployment benefits or after your retirement.

What happens to the unused balance of my WRA at the end of the year?

Unused contributions will remain in your account for future use until forfeited as provided below.

What happens to the unused balance when I leave the industry or retire?

Your Wage Replacement Account is intended to provide Paid Time Off Benefits from work. Therefore, the balance of your WRA will be forfeited at the end of a 12 consecutive month period in which you do not work any hours in Covered Employment or 60 days after you begin receiving a pension from the Bricklayers Local 8 Pension Plan, whichever shall first occur.

How am I taxed on the payments made to me from this account?

Social Security, Medicare, unemployment taxes and income taxes will be withheld from your reimbursement. Your reimbursement will also be reduced by (as applicable) the employer Social Security, Medicare, and unemployment taxes. The Fund Office will issue a W-2 at the end of each year for reimbursements made. Please consult your tax advisor regarding the tax implications of using this benefit.

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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.

Dated: August 2024

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.)

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

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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 April 1, 2025, to require that any self-pay premium payment be received by the Fund office no later than the 15th day of the month prior to the month for which the premium is due. This includes any payment for a Medicare plan purchased through the Fund. For example, the May premium must be received by April 15th or your insurance will be terminated.

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SUMMARY OF MATERIAL MODIFICATIONS

TO THE BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 8 NY WELFARE PLAN

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605 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, 2026, to change the insurance carrier and HRA administrator for the group medical benefits provided by the Plan from Excellus to Highmark Western and Northeastern New York, Inc. ("Highmark"). The Highmark Group Contract will control in defining the specific benefits to which you and your covered Dependents are entitled including any deductibles, co-payments, lifetime or annual caps, network providers, and any other conditions or limitations on benefits. You will be provided with an insurance benefit booklet, which provides a detailed description of your benefits directly from the insurance company and you may obtain additional copies, free of charge, from the Fund Office.

Your dental and vision HRA benefits will continue to be administered by Lifetime Benefit Solutions.

Claim contact information is set forth below.

Fully Insured Group Health Insurance Details (Active Participants and Under 65 Retiree Coverage)
Carrier: Highmark Western and Northeastern New York, Inc.
Name of Plan: BAC Local 8 NY Welfare Plan
Claims Department: 1-844-639-2441-Medical 1-866-264-4685-RX
Website: www.myhighmark.com
Customer Care: 1-844-639-2441
Group Number: 10912173 Through 10912177
Coverage Year: January 1st- December 31st

Medical Health Reimbursement Account Details (Active Participants and Under 65 Retiree Coverage) Administered by: Highmark Western and Northeastern New York, Inc.
Name of Plan: BAC Local 8 NY Welfare Plan
Claims Department: 1-844-639-2441
Website: www.myhighmark.com
Customer Care: Please Call the Fund Office at 607-272-3853
Coverage Year: January 1st- December 31st

Dental and Optical Health Reimbursement Account Details (Active Participants only)
Administered by: Lifetime Benefit Solutions
Name of Plan: BAC Local 8 NY Welfare Plan
Claims Department: Lifetime Benefit Solutions Claims Department
PO BOX 211126
Eagan, MN 55121
Website: www.lifetimebenefitsolutions.com
Customer Care: Please Call the Fund Office at 607-272-3853
Coverage Year: January 1st- December 31st

Group Life Insurance Details
Administered and Funded by: Bricklayers and Allied Craftworkers Local 8 NY Welfare Fund
website: www.bacithaca.com
Customer Care: Fund Office 607-272-3853
Coverage Year: January 1st - December 31st

Group Medicare Part C Details (Medicare Eligible Participants)
Carrier: Humana
Service Provider: RetireeFirst
Name Of Plan: BAC Local 8 NY Welfare Plan
Insurance Plan Name: Humana Medicare Advantage with Prescription Drug (MAPD) Plan
Claims Department: Call the RetireeFirst Customer Care Hotline
website: www.retireefirst.com
Customer Care: (607) 258-9158 (TTY 711) or (866) 280-5793 (TTY 711) Monday-Friday, 8am-5pm EST
Group Number: 330150

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

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605 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, 2026, to allow any active Employee to self-pay for coverage at the current hourly contribution rate after working 1,000 hours in Covered Employment in an Eligibility Year. The current Eligibility rules are as follows:

ACTIVE PARTICIPANT ELIGIBILITY AND ENROLLMENT

How do I become eligible?
You must work 1200 hours under Covered Employment during the Eligibility Year (Oct 1- Sept 31)

Self-Pay Contributions –Once eligibility requirements have been met in a prior Eligibility Year, an active Employee who has worked at least 300 hours is permitted to pay the difference between 300 hours and 1200 hours at the current hourly contribution rate. The Board of Trustees allows the Employee to make the payment in 1, 2, 4 or 12 installments, whichever fits your financial situation.

New Employee Self-Pay Options – If a newly hired Employee works at least 250 hours or more in a three-month period he/she will be eligible to self-pay for Medical only coverage at 100% of the current premium effective on the first month after they have worked 250 hours. No HRA reimbursements, dental and optical coverage will be available. Coverage under this provision will last until the end of the current Benefit Year (December 31st), at which time they will be eligible for COBRA coverage.

If a new Employee has worked less than 1200 hours in Covered Employment in an Eligibility Year but has worked at least 500 hours in an Eligibility Year, the Employee is eligible to purchase coverage at the current hourly contribution rate. HRA reimbursements, dental and optical coverage are included in this coverage. The Board of Trustees allows the Employee to make the payment in 1, 2, 4 or 12 installments, whichever fits their financial situation.

If a new Employee does not opt to self-pay or does not qualify for self-pay by the end of the first full

Eligibility Year immediately following initiation (they did not reach 500 hours), he/she must work 1200 hours during a future Eligibility Year to be eligible for coverage under the Plan.
If any Employee who has not qualified for or purchased coverage has worked less than 1200 hours in Covered Employment in an Eligibility Year but has worked at least 1,000 hours in an Eligibility Year, the Employee is eligible to purchase coverage at the current hourly contribution rate. HRA reimbursements, dental and optical coverage are included in this coverage. The Board of Trustees allows the Employee to make the payment in 1, 2, 4 or 12 installments, whichever fits their financial situation.

An employee's eligibility to participate in the Plan requires continued employment with the employer and is subject to the terms and conditions of the plan document, insurance contract, and certificate of coverage. These options are only available to new Employees. Any Employee that has had prior coverage under the Plan at any time will not be eligible.

Any self-pay premium payment must be received by the Fund office no later than the 15th day of the month prior to the month for which the premium is due. This includes any payment for a Medicare plan purchased through the Fund. For example, the May premium must be received by April 15th or your insurance will be terminated.

In addition, new Employees must notify the Fund office and complete the required paperwork to be eligible.

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EIN: 16-6058900

3. Summary Description of Modification. Effective January 31, 2026, the Plan's vision discount benefit administered by National Vision Administrators is being discontinued.

Effective January 1, 2026, if you are eligible for Highmark BCBS coverage, you will have access to the Highmark Affinity Discount Program providing discounted vision benefits through the Davis Vision network. Further details are attached. You may still use your Dental/Vision Health Reimbursement Arrangement and your Lifetime Benefit Solutions Health Spending Card to pay for covered services.

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