

**VERY IMPORTANT NOTICE TO PARTICIPANTS OF THE
LOCAL UNION NO. 373 U.A. HEALTH & WELFARE FUND
Important Information Regarding Your Health Fund Benefits**

This document is a Summary of Material Modifications (“SMM”) intended to notify you of an important change made to the plan of benefits of the Local Union No. 373 U.A. Health & Welfare Fund (the “Plan”). You should take the time to read this SMM carefully and keep it with the copy of the summary plan description (“SPD”) that was previously provided to you. If you have any questions regarding these changes to the Plan, please contact the Fund Office at (845) 534-9522.

Date: April 17, 2024

To: All Participants in the Local Union No. 373 U.A. Health & Welfare Fund and their covered dependents

From: The Board of Trustees

The Board of Trustees of the Local Union No. 373 U.A. Health & Welfare Fund is pleased to announce an expansion of the eligibility criteria for retiree health coverage from the Fund effective July 1, 2023.

Section I. The Insurance Program

F. PENSIONERS

1. Eligibility. If you retire under the Local 373 U.A. Pension Plan on or after July 1, 2023, you may elect to continue the Insurance Program coverage as an eligible pensioner if the following eligibility requirements are satisfied:
 - you must have been (a) continuously available for covered employment during the seven consecutive years prior to your pension date; or (b) available for covered employment for a total of 35 years during your membership in Local 373 and covered by the Insurance Program in at least 7 of the 10 years immediately preceding your pension date. Not being available for covered employment includes, but is not limited to, a participant who has been suspended from his Union, transferred to another union, withdrawn from his Union or whose Union informs the Fund that the participant has not been available for covered employment. You will also be deemed unavailable for covered employment if you are working in other full time employment;
 - you must be covered by this Insurance Program on the effective date of your pension, and

- you must make timely premium payments to the Fund. If you fail to make timely premium payments, your coverage as an eligible pensioner will terminate and will not be reinstated.

As always, if you have any questions regarding these Plan changes, please contact the Fund Office at (845) 534-9522.

Sincerely,

THE BOARD OF TRUSTEES

Local Union No. 373 U.A. Health & Welfare Fund

This SMM is intended to provide you with an easy-to-understand description of certain changes to the Plan. While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. Except to the extent that this SMM modifies the Plan, if any conflict should arise between this summary and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases.

The Board of Trustees (or its duly authorized designee), reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason (with respect to any employee, former employee, spouse, dependent or other individual), in accordance with the applicable amendment procedures established under the Plan and the Agreement and Declaration of Trust establishing the Plan (the “Trust Agreement”). The Trust Agreement and the full Plan documents are at the Fund Office and may be inspected by you free of charge during normal business hours. No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the Plan documents, make any promises to you about benefits under the Plan, or to change any provision of the Plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Plan and decide all matters, legal and/or factual, arising under the Plan.

The Health & Welfare Fund of Local Union 373 (the “Plan”) believes the Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections that do and do not apply to grandfathered health plans.