

HEAVY AND GENERAL LABORERS' FUNDS OF NEW JERSEY

Local 472 . Local 172

Joseph P. Madden Building . 700 Raymond Boulevard
Newark, New Jersey 07105
Phone: 973-589-5050 Fax: 973-589-5161

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This is an important notice that describes important benefit changes that are being made to the Heavy and General Laborers' Local Union 472 and Local Union 172 of New Jersey Welfare Fund ("Plan").

Dear Participant,

Until April 1, 2024, the Plan was considered "grandfathered" for purposes of the Patient Protection and Affordable Care Act ("ACA"). Effective April 1, 2024, the Trustees have decided to relinquish the Plan's grandfathered status. This means that the Plan will be offering certain benefit enhancements to the Plan in accordance with applicable ACA requirements. We have summarized a number of these enhancements below and will be providing additional information in the updated Summary Plan Description that will be sent in a future mailing.

Benefit Enhancements Effective April 1, 2024

Preventive Services

The Plan will now pay 100% of the costs incurred for covered preventive services and preventive prescription drugs when those services and drugs are provided by a PPO provider.

The following is a partial list of preventive services that will be provided at no cost to you when provided by a PPO provider as of April 1, 2024:

- Certain preventive services for adults such as screening tests for high blood pressure, high cholesterol, Type II diabetes, HIV and breast, cervical and colorectal cancer at specified intervals, based on a person's age and sex; screening and cessation interventions for tobacco use; and screening and counseling for alcohol misuse and obesity.
- Additional covered preventive health services for women including annual well-woman care visits to a gynecologist/obstetrician, routine mammograms, comprehensive lactation support and counseling, and screenings and counseling for gestational diabetes, HPV, STIs, HIV, interpersonal and domestic violence, and FDA-approved contraceptives.
- Certain preventive services for newborns, infants, and children to age 21 – for example, well-baby and well-child visits at specified intervals.
- Immunizations for infants, children, adolescents, and adults as recommended by the federal Centers for Disease Control and Prevention Advisory Committee on Immunization Practice (ACIP).

- Certain preventive prescriptions, including low dose or moderate dose statins for the prevention of cardiovascular disease (CVD) if a person meets certain age and risk factors, and FDA-approved contraceptives methods (including barrier methods, hormonal methods, and implanted devices, sterilization procedures and patient education and counseling for women of reproductive capacity) as prescribed by a health care provider. Most preventive prescriptions will be covered under the Plan's Prescription Drug benefits, but a few (generally, contraceptive methods that include sterilization, implanted devices and barrier methods and patient education and counseling) may be covered under the Plan's medical benefits.

A list of all current preventive services is available at www.healthcare.gov/coverage/preventive-care-benefits/.

Out-of-Pocket Maximum for Prescription Drugs

The Plan will now cap your out-of-pocket costs for prescription drug benefits in one year. That maximum will be \$8,450 per individual or \$16,900 per family, per year. Your prescription drug copays count toward your out-of-pocket maximum. Although it is unlikely that your drug copays would ever reach these new maximums, they can provide valuable protection in the unlikely event your drug copays did exceed that maximum.

Note, this is separate from the Plan's annual \$1,000 per individual or \$2,000 per family out-of-pocket maximum for medical benefits, which remains in effect.

Routine Patient Costs in Connection with Approved Clinical Trials

The Plan will now cover certain costs in connection with approved clinical trials, as required by the ACA. An "approved clinical trial" means a phase I, II, III or IV clinical trial that is a federally funded or approved trial; conducted under an investigational drug application reviewed by the federal Food and Drug Administration; or a drug trial that is exempt from having to make an investigational new drug application.

If you are eligible to participate in an approved clinical trial with respect to treatment of cancer or another life-threatening disease or condition, the Plan will not deny your participation in the trial; deny, limit or impose additional conditions on the Plan's coverage of routine patient costs for items, services or drugs otherwise covered by the Plan that are furnished in connection with participation in the trial; and will not discriminate against you because of your participation in the trial.

The Plan covers the routine patient costs for participation in an approved clinical trial and such coverage will not be subject to utilization review if the covered individual is eligible to participate in an approved clinical trial to treat either cancer or other life-threatening disease or condition; your health care provider is a participating provider; and that provider has concluded that your participation in the trial would be medically appropriate and referred you to participate. You will be required to provide medical and scientific information establishing that your participation would be medically appropriate.

Please note that the Plan does not cover the cost of investigational drugs or devices; non-health services required for you to receive the treatment; or managing the research or costs that would not be covered under the Plan for non-investigational treatments provided in the clinical trial.