

Tuckpointers Local 52 Health and Welfare Trust

Benefit Update

November 2025

Dear Participant:

As the Board of Trustees of the Tuckpointers Local No. 52 Health and Welfare Fund (the “Fund”), we are providing this Benefit Update to notify you of a change in your Prescription Drug Benefits.

VytlOne Now the New Pharmacy Benefit Manager (PBM)

Effective January 1, 2026, the Trustees changed PBMs from Express Scripts, Inc. (ESI) to VytlOne. A welcome kit will be sent to your home by VytlOne in December including your new ID card(s) and additional information about the change. VytlOne’s pharmacy network includes over 65,000 pharmacies across the country, go to www.vytlonemembers.com, after January 1st, to create an account and access the member portal.

Certain drugs require prior authorization (PA) to ensure you get the most effective and highest value prescription available. If a drug you are currently taking requires a PA, you will be able to continue taking your medication without a new PA for a period of 90-days, not longer than March 30, 2026.

If you have questions about the information in this notice or about your benefits generally, call the Fund Office at (630) 516-8008, or VytlOne at (800) 687.0707. Please keep this notice with your Summary Plan Description (SPD) for future reference, as it describes changes to the SPD. Only the provisions described in this notice are changing.

New Alternative Funding Program for Specialty Medications through PaydHealth

Also, effective January 1, 2026, a new mandatory program has been adopted for certain high-cost specialty drugs if you qualify through PaydHealth. If your doctor prescribes you a covered specialty medication that is determined to be eligible for alternative funding, you will be required to enroll in this program. If applicable, you will be contacted by PaydHealth. They will assist you in signing up to the program and in trying to obtain any alternative funding from manufacturers for your specialty medication. PaydHealth will coordinate obtaining any approved medications directly from the manufacturer on your behalf.

As with other drugs subject to a PA as outlined above, you will be able to continue taking your medication without a new PA for a period of 90-days, not longer than March 30, 2026. If you are not eligible for assistance, the amount you pay will be the same as it would have been without the Select Drugs and Products Program. If you are eligible for assistance, it is likely that you will pay little to nothing for your prescription. To contact PaydHealth call (877) 422-1776.

<p>This notice is a Summary of Material Modifications (SMM), within the meaning of Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. This notice describes important changes to the Plan. You may find full details in the most recent Summary Plan Description and Plan Document that establish the Plan provisions. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.</p>

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As the Board of Trustees of the Tuckpointers Local No. 52 Health and Welfare Fund (the “Fund”), we are providing this Benefit Update to notify you of a change to your Medical and Prescription Drug Benefits as follows.

Increases in Medical Individual and Family Deductibles and Out-of-Pocket (OOP) and Prescription Drug OOP Maximums

	<i>Current Plan</i>		<i>New Plan – January 1, 2026</i>	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical				
Individual Deductible	\$200	\$200	\$320	\$320
Individual OOP Max	\$800	\$800	\$1,280*	\$1,280
Family Deductible	\$500	\$500	\$800	\$800
Family OOP Max	\$2,500	No Limit	\$4,000*	No Limit
Prescription Drug				
Individual OOP Max	\$1,000	Not Covered	\$1,600	Not Covered

- The amounts paid for the Individual and Family Deductibles do not count towards your Individual and Family Out of Pocket Maximums.

Statement of Grandfathered Status

The Board of Trustees believes that the Plan of the Tuckpointers Local No. 52 Health and Welfare Fund 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 that 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 at (630) 516-8008. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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