

November 1, 2019

**SUMMARY OF MATERIAL MODIFICATION  
TO THE  
SUMMARY PLAN DESCRIPTION  
OF THE  
INTERNATIONAL ASSOCIATION OF HEAT  
AND FROST INSULATORS AND ALLIED WORKERS  
LOCAL NO. 26 WELFARE PLAN**

This Summary of Material Modification to the Summary Plan Description of the International Association of Heat and Frost Insulators and Allied Workers Local No. 26 Welfare Plan (the “Plan”) reflects changes to the “Applicable Premiums” and the amounts employees and retirees must pay for Health Coverage in 2020.

The Plan pays the difference between: (i) the total Applicable Premium; and (ii) the percentage of the Applicable Premium that must be paid by an Employee (or Retiree), his Spouse (or Domestic Partner) or Children. The Health Coverage available under the Plan to eligible Employees and to eligible Retirees under age 65 is “four tier” Excellus SimplyBlue Plus Gold 5 coverage or “four tier” Excellus SimplyBlue Plus Gold 17 coverage. “Four tier” means coverage offered at the following levels: (i) single - i.e., Employee (or Retiree) only; (ii) two-person - i.e., Employee (or Retiree) and Spouse (or Domestic Partner) only; (iii) family with no Spouse (or Domestic Partner) - i.e., Employee (or Retiree) and Children only; and (iv) family with Spouse (or Domestic Partner) - i.e., Employee (or Retiree), Spouse (or Domestic Partner) and Children.

MVP Preferred Gold HMO-POS Medicare supplemental coverage is the only Health Coverage available to an eligible Retiree age 65 or older. Please note that you must live in the MVP Preferred Gold HMO-POS Medicare supplemental coverage area to enroll in that coverage.

Full descriptions of the benefits provided with each type of Health Coverage are in booklets and other materials issued by the Insurers and available from the Insurers or the Local No. 26 Benefit Funds Office. Excellus (d/b/a BlueCross BlueShield) guarantees benefits and is responsible for processing all claims under Excellus SimplyBlue Plus Gold 5 and Excellus SimplyBlue Plus Gold 17 Health Coverage. MVP Health Care guarantees benefits and is responsible for processing all claims under MVP Preferred Gold HMO-POS Medicare coverage. Their addresses are:

BlueCross BlueShield  
165 Court Street  
Rochester, NY 14647

MVP Health Care  
259 Monroe Avenue  
Rochester, NY 14607

After reading this Summary of Material Modification, you should attach it to your copy of the current Summary Plan Description (reflecting the terms of the Plan as of May 1, 2019). Contact the Local 26 Funds Office if you do not have a copy of the current Summary Plan Description. Keep in mind that this is only a summary and if there is any ambiguity in the Summary Plan Description or a Summary of Material Modification (including the applicable Policy), or any

inconsistency between the Summary Plan Description or a Summary of Material Modification and the actual Plan document, your rights and benefits will be controlled by the Plan document. Copies of the Plan document and other documents pertaining to the Plan are available for inspection in the Local 26 Funds Office during regular business hours. Any questions concerning the Plan should be directed to the Funds Office.

Effective January 1, 2020, the Applicable Premium Schedule at the end of the Summary Plan Description is replaced with the following:

**APPLICABLE PREMIUM AND EMPLOYEE COST SCHEDULE FOR  
REGULAR HEALTH COVERAGE (Effective 1/1/2020)**

**Excellus SimplyBlue Plus Gold 5 Coverage:**

*For Single coverage*

Applicable Premium: \$620.14 per month

Employee Cost: \$93.02 per month

*For Two-person coverage - i.e., Employee and Spouse (or Domestic Partner)*

Applicable Premium: \$1,240.29 per month

Employee Cost: \$186.04 per month

*For Family with no Spouse (and no Domestic Partner)*

Applicable Premium: \$1,054.20 per month

Employee Cost: \$158.14 per month

*For Family with Spouse (or Domestic Partner)*

Applicable Premium: \$1,767.41 per month

Employee Cost: \$265.11 per month

**Excellus SimplyBlue Plus Gold 17 Coverage**

*For Single coverage*

Applicable Premium: \$619.30 per month

Employee Cost: \$92.90 per month

*For Two-person coverage - i.e., Employee and Spouse (or Domestic Partner)*

Applicable Premium: \$1,238.60 per month

Employee Cost: \$185.79 per month

*For Family with no Spouse (and no Domestic Partner)*

Applicable Premium: \$1,052.82 per month

Employee Cost: \$157.92 per month

*For Family with Spouse (or Domestic Partner)*  
Applicable Premium: \$1,765.01 per month  
Employee Cost: \$264.75 per month

***See page 11 of the current Summary Plan Description for a special rule that may lower an Employee's cost when he fails to complete the minimum number of Hours of Service required to continue Regular Health Coverage during a Contribution Period.***

***Employee's COBRA Continuation Coverage cost is normally 102% of Applicable Premium, but see page 17 of the current Summary Plan Description for a special rule that may lower an Employee's cost when he fails to complete the minimum number of Hours of Service required to continue Regular Health Coverage because he is totally disabled. Also see page 17 for a special rule that may lower the cost for a Spouse or Child when they are eligible for COBRA Continuation Coverage because of the Employee's death.***

**MVP Preferred Gold HMO-POS Medicare supplemental coverage (individuals age 65 or older)**

Applicable Premium: \$362.45 per month per individual

***See page 17 of the current Summary Plan Description for the cost of Retiree Health Coverage (i.e., when an Employee qualifies for normal or early pension benefits under the Union Pension Plan).***

**THE APPLICABLE PREMIUM, EMPLOYEE COST AND RETIRE COST ARE SUBJECT TO CHANGE**