

**IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY  
RETIREE SUPPLEMENTAL BENEFIT PLAN  
(RETIRED PARTICIPANTS)  
SUMMARY OF MATERIAL MODIFICATIONS AND NOTICE TO PARTICIPANTS  
(Plan No: 502; I.D. 16-1550492)**

Dear Participant:

July 14, 2020

The following is a summary of an important change made to your Summary Plan Description (“SPD”):

I.

Effective for expenses incurred after December 31, 2019, the requirement to obtain a prescription for reimbursement of over-the-counter drugs no longer applies, and the purchase of menstrual health care products is considered a health-related expense. Section 4 (**Benefits**) is amended at the subsection titled **Health-Related Benefits**, located at SPD page 5, by deleting the second paragraph of the subsection in its entirety and replacing it with the following:

The Trustees may also authorize payment to you for reimbursement for (1) insulin, (2) over-the-counter medicines and drugs, (3) over-the-counter medical devices and supplies, such as crutches, bandages, and blood sugar test kits, and (4) menstrual care products. You must provide itemized receipts evidencing the purchase of drugs, medicine, medical care items, or menstrual care products.

II.

Effective as implemented, Section 5 (**Claims and Appeals Procedures**) is amended by adding the following at the end of that Section:

COVID-19 Pandemic

Notwithstanding anything to the contrary in this SPD, the Plan will disregard the time-period from March 1, 2020, until sixty (60) days after the announced end date of the COVID-19 National Emergency (or such other date announced by the Internal Revenue Service and U.S. Department of Labor) (“Tolling Period”) in determining whether you have met the following deadlines:

1. The 30-day deadline to request special enrollment in the Plan due to a loss of other coverage, your marriage, or the birth, adoption, or placement for adoption, with you of a new dependent.
2. The deadline to request special enrollment due to the loss of Medicaid or CHIP coverage.
3. The 60-day period to elect COBRA continuation coverage, the initial 45-day COBRA premium payment deadline, and the subsequent 30-day deadlines for making COBRA premium payments for each month thereafter.
4. The deadline for individuals to notify the Plan of a qualifying event or determination of disability for purposes of COBRA.
5. The deadline to file an initial benefit claim under the Plan's claims procedures.
6. The deadline to file an appeal of an adverse benefit determination under the Plan's appeals procedures.

The Plan's deadline to provide a COBRA election notice is also subject to the above Tolling Period.

Please place this information with your Summary Plan Description for permanent reference. Contact the Fund Office at (585) 424-3510 if you have any questions.

Sincerely,

BOARD OF TRUSTEES OF THE IRON WORKERS DISTRICT COUNCIL OF  
WESTERN NEW YORK AND VICINITY SUPPLEMENTAL BENEFIT PLAN