Alaska Laborers Trust Funds

Alaska Laborers-Construction Industry Health and Security Plan

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Administered by
Welfare & Pension Administration Service, Inc.

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To: All Retiree Non-Medicare and Medicare Participants and Eligible Dependents of the Alaska Laborers-Construction Industry Health and Security Fund – Retiree Plan

RE: Retiree Benefits - Vision, Audio and Dental Coverage Changes

This is a Summary of Material Modification describing changes to your health plan adopted by the Board of Trustees. Please be sure that you and your family read it carefully and keep this document with your Summary Plan Description Booklet.

Effective July 1, 2026, the Board of Trustees have added **Vision and Audio benefits at no cost and an optional buy-up dental benefit** to all Retirees, both non-Medicare and Medicare eligible, and their covered dependents.

Please note: Medicare Retirees who participate in the Retiree First program through the Trust, will access the Audio and Dental benefits directly through the Trust's Self-funded Medical Plan and the Vision benefits will be provided through Vision Services Plan (VSP).

The following is a summary of the benefits available:

Vision Benefits

The Vision benefits are administered by VSP. If you have any questions on your vision benefits, please visit www.vsp.com or call (800) 877-7195.

Effective July 1, 2026, Vision benefits will be provided for eye care when these services are provided or prescribed by an ophthalmologist or optometrist. The Plan covers only those expenses which are reasonable and customary for the services provided in the area where the expenses are incurred. You and your dependents (if dependent coverage has been selected) may use the services of a VSP member doctor or any other licensed ophthalmologist or optometrist.

SCHEDULE OF BENEFITS

Frequency	
Exam	Every 12 months from the last date of service
Lenses	Every 12 months from the last date of service
Frames	Every 24 months from the last date of service

Copay		
Exam	$10 per person	
Contact Lens Exam	$0	
Prescription Glasses	$25 per person	
Anti-reflecting coating	$35 per person	
Covered Services	VSP Doctor	Non-VSP Provider
Exam	100%	$45
Lenses		
Single	100%	$45
Lined Bifocal	100%	$65
Lined Trifocal	100%	$85
Frames	$200 allowance	$57
Contact Lenses	$200 allowance	$170

Exam

This Plan covers one complete examination or vision survey per person every 12 months, from your last date of service, according to the Schedule of Benefits.

Conventional Lenses

Prescription lenses will be covered once every 12 months, from your last date of service, if a visual analysis indicates new lenses are necessary. Lenses are covered according to the Schedule of Benefits. Lens options are provided at a discount from a VSP member doctor.

Frames

New frames will be covered whenever necessary, but not more than once every 24 months, from your last date of service, and will be covered according to the Schedule of Benefits. A 20% discount will apply on frames purchased from a VSP member doctor that exceed the frame allowance.

Contact Lenses

If contact lenses are elected instead of eyeglasses, this Plan will provide a benefit. The contact lens exam is covered in full every 12 months. This benefit will use up your lenses and frame benefit. For example, you will not be eligible again for eyeglass frames until 24 months after the date you purchased your contacts.

A patient who has received contact lenses, either Elective or Medically Necessary, would again be eligible for vision benefits as follows:

- Examination and conventional lenses, after 12 months from the last date of service;
- Frames, after 24 months from the last date of service; and
- Contact lens replacement, after 12 months from the last date of service if a change in prescription so indicates.

SERVICES NOT PAID UNDER VISION BENEFITS

- Replacement of lost or broken lenses or frames which are furnished under the Plan, except at the normal intervals when services are otherwise covered;

- Glasses secured when no prescription change is warranted;
- Sunglasses, plain or prescription;
- Photosun lenses or tinted lenses, except pink shades No. 1 and 2;
- Pano (non-prescription) lenses;
- Two pairs of glasses in lieu of bifocals;
- Any excess charge for no-line bifocals (blended type), unless the doctor certifies that the no-line bifocal (blended type) is necessary and prior approval is obtained.
- Special procedures, such as orthoptics and visual training;
- Contact lenses and subnormal vision aids, except as described in this section;
- Medical or surgical treatment of the eyes. You will be notified if an examination indicates that this type of treatment is required and, if desired, a referral will be made. However, the Vision Benefit will not pay for medical or surgical treatment, whether or not a referral is made. (See Medical Benefits section for medical and surgical coverage.);
- Services or materials which are payable under Workers' Compensation, employer liability or similar program;
- Services which are provided without cost through any government agency;
- Eye examinations required as a condition of employment, which the employer must provide by virtue of a labor agreement; and
- Eye examinations required by a government body.

VISION BENEFITS AFTER TERMINATION

Vision care benefits will be provided for up to 3 months after the date a covered individual's coverage is terminated if the services required are due to accidental injury to the eye while the individual is covered under this Plan.

Audio Benefits

Effective July 1, 2026, Vision benefits will be provided for Audio. The Audio benefits are self-insured and administered through the Trust's Third-party Administration Office. If you have any questions on your audio benefits, please contact the Administration Office at (855) 815-2323.

If you or your dependent(s) incur expenses for a hearing evaluation examination and a hearing aid device, the Plan will pay 100% of the Allowable Expense up to a maximum of $3,500 per ear in a period of 3 consecutive calendar years.

If the full allowance is not used, the Plan allows additional related charges, such as maintenance, repair or replacement up to the maximum $3,500 allowance within the 3-year period.

You must be examined by a physician before obtaining a hearing aid. A written certification from the examining physician stating that you are suffering from a hearing loss that may be lessened by the use of a hearing aid must be submitted to the Administration Office. Benefits will not be provided without this certification.

In conjunction with the purchase of a hearing aid, benefits will be provided for:

- An otologic examination by a physician.
- An audiologic examination and hearing evaluation by a certified or licensed audiologist including a follow up consultation.
- The hearing aid (monaural or binaural) prescribed as a result of such examination, which shall include:
    1. ear molds,
    2. the hearing aid instrument,

3. the initial batteries, cords and other necessary ancillary equipment,
4. a warranty, and
5. follow-up consultation within 30 days following delivery of the hearing aid.

- In the event that a participant elects to return the hearing aid before actual purchase, the Plan will pay 80% of the Allowable rental charges for use of the instrument for a period of up to, but not to exceed, 30 days.

This Audio benefit does not cover cochlear implants. Cochlear implants are a separate covered benefit under the general medical coverage through the self-insured health Plans.

Buy-up Dental Benefits

Note: This Dental benefit is an option buy-up option and must be elected. The Dental benefits are Self-insured and administered by the Trust's Third-party Administration Office. If you have any questions on your dental benefits, please contact the Administration Office at (855) 815-2323.

Beginning July 1, 2026, for participants who elect the Dental benefits, the Plan shall pay an amount equal to 80% of the Allowable Expense for preventive services and 50% of the Allowable Expense for restorative and major services. The total benefits payable under this benefit shall not exceed $2,500 for all services incurred by any covered participant during the Calendar Year, except for dependent children as required by the Affordable Care Act.

COVERED SERVICES

The dental benefit will cover the following dental service for you and your dependents.

Preventive Services – Payable at 80% of Allowable Expense

- Oral examinations, including scaling and cleaning of teeth, limited to one examination in any period of 6 consecutive months.
- Dental exams by a specialist when Medically Necessary for the diagnosis and treatment of an identified condition. Specialists may include:
  - Endodontist
  - Pediatric dentist
  - Periodontist
  - Prosthodontist
  - Oral Surgeon
- Topical application of sodium or stannous fluoride limited to one in any period of 6 consecutive months.
- Dental x-rays.
- Supplementary bitewing x-rays once in a 6-month period.
- Panoramic film once in a 6-month period.
- Complete mouth series once in a 24-month period.
- Sealants for dependent children to age 14. The application to unrestored permanent first and second molars is covered once in a 4-year period to age 14.

Restorative Services – Payable at 50% of Allowable Expense

- Extractions.
- Oral surgery, including excision of impacted teeth.
- Fillings.
- General anesthesia required in connection to covered complex oral surgery.

- Treatment of periodontal and other disease of the gums and tissues of the mouth.
- Endodontic treatment, including root canal therapy.
- Root planing and scaling is limited to once each quadrant in a 12-month period.
- Space maintainers for missing primary teeth.
- Injections of antibiotic drugs by the attending dentist.

Major Services – Payable at 50% of Allowable Expense

- Inlays, gold fillings, crowns (including precision attachments for dentures), and initial installation of fixed bridgework (including inlays and crowns to form abutments) to replace one or more natural teeth.
- Initial installation (including adjustments for the 6-month period following installation) of partial or full removable dentures to replace one or more teeth.
- Replacement of an existing partial or full removable denture or fixed bridgework by a new denture or new bridgework, or the addition of teeth to an existing partial removable denture or to bridgework to replace extracted natural teeth, but only if evidence satisfactory to the Administration Office is presented that:
    1. The replacement or addition of teeth is required to replace one or more additional natural teeth extracted after the existing denture or bridgework was installed; and
    2. The existing denture or bridgework was installed at least 5 years prior to its replacement and that the existing denture or bridgework cannot be made serviceable.
- Repair or recementing of crowns, inlays, bridgework or dentures, or relining of dentures.
- Adjustments to dentures, provided the dentures have been installed for at least 6 months.
- Dental implants, including surgery and prosthetics.

ORTHODONTIA BENEFITS

The Plan will pay up to 50% of billed orthodontic services incurred by Participants and their eligible dependents, up to the orthodontic lifetime maximum benefit of $1,000 per patient. This lifetime maximum is in addition to the overall dental plan maximum payment limit.

PRETREATMENT REVIEW OF DENTAL SERVICES OVER $400

When charges for a proposed dental service or series of services are expected to exceed $400, your dentist may submit a claim form to the Administration Office indicating pretreatment review, showing the treatment plan and fees before treatment begins. The Administration Office will then use pretreatment review to determine the benefits which will be payable for each dental service according to the terms of this dental plan and notify you and your dentist accordingly.

LIMITATIONS AND EXCLUSIONS

Dental services are not provided for:

- Dental services received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trustee or similar person or group.
- Dental services for congenital malformations.
- Services rendered by a dentist beyond the scope of his or her license. Services rendered by denturists are covered provided the services they are performing are within the scope of their licenses and are covered services under this Plan.
- Appliances or restorations solely necessary to increase vertical dimensions or restore occlusion.
- Dental services for which charges exceed that which would have been made and actually collected if no coverage existed.
- Prosthetic services or devices (including bridges and crowns) started prior to the effective date of coverage.

- In the event that the services of more than 1 dentist are used, the Plan shall be liable for not more than the amount it would have been liable for had but 1 dentist rendered the service.
- In all cases in which there are optional techniques of treatment carrying different fees, the Plan shall be liable only for treatment carrying the lesser fee.
- A temporary appliance or crown is considered to be permanent unless replaced within 12 months.
- Diagnosis, treatment or surgery for temporomandibular joint dysfunction (TMJ) or myofascial pain dysfunction (MPD).
- Analgesics (such as nitrous oxide) or euphoric drugs, injections or application of desensitizing medicines, except during oral surgery. Analgesics and calming agents will be covered for patients under age 7.
- Crowns for the primary purpose of splinting.
- Cosmetic services or supplies including personalization or characterization of dentures.
- Replacement of a lost, missing, or stolen prosthetic device.
- Oral hygiene and dietary instructions.
- Hospital or related anesthesia charges due to dental work.
- Duplicate appliances or prosthetic devices.

If the procedure performed is not addressed by any of the terms of this Plan, a procedure of equivalent gravity and severity may be used as a basis for determining the maximum amount payable. The final determination of allowances, if any, is within the sole discretion of the Trust.

DENTAL BENEFITS AFTER TERMINATION

Dental benefits will be provided for up to 60 days after termination for prosthetics including bridges and crowns which were fitted and ordered prior to the date your eligibility ended. Any benefits payable during the period of extended coverage will be subject to the maximum benefit limitation and all other provisions of the Plan.

If you have questions about this notice, please contact the Administration Office at (855) 815-2323. Please also reference the Trust website for additional notices, www.aklaborerstrust.com.

Board of Trustees
Alaska Laborers-Construction Industry Health and Security Fund

Important Reminder - You must promptly advise the Administration Office of any changes in your basic demographic data, including changes in your name, marital status, dependents, other insurance coverage available, designated beneficiary, home address, email address and telephone number. Provide information changes by completing and sending a new Enrollment Form to the Administration Office. If you have a change in dependents: divorce requires a complete filed copy of your divorce decree along with any accompanying court orders including the parenting plan. Marriage requires a copy of your marriage certificate, the parenting plan for stepchildren and their birth certificates.

Failure to update your information on file may interfere with our ability to process your benefits and provide timely communication of important Plan information.