

# Iron Workers Health Trust Fund Local No. 5 Washington D.C. Welfare Fund

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Administered by  
Welfare & Pension Administration Service, Inc.

## SUMMARY OF MATERIAL MODIFICATION

**April 18, 2025**

The Summary Plan Description (SPD) dated January 1, 2020, for the Iron Workers Health Trust Fund Local No. 5, Washington D.C. ("Plan") has been amended by the Board of Trustees to increase the benefits covered by the Plan.

Effective **January 1, 2025**, the Trustees have improved the health benefits covered by the Plan by reducing the medical deductible, maximum out-of-pocket amount, and required co-insurance. In order to reflect this coverage and to clarify the benefits offered by the Plan, the table labeled "Summary of Benefits Deductibles & Maximums" in the section entitled "Schedule of Benefits" beginning on page 16 of the SPD has been amended as follows:

SUMMARY OF BENEFITS	
DEDUCTIBLES & MAXIMUMS	
Annual Deductible, each covered person	\$200
Maximum Family Deductible	\$400
Plan Pays	90% In-Network/ 70% Out-of-Network
You Pay (unless otherwise noted)	10% In-Network/ 30% of Out-of-Network Allowed Amount plus additional amounts that may be billed directly to you by the provider
Annual Out-of-Pocket Maximum ( <b>Medical and Prescription Drug Combined</b> )	\$1,000 per Individual; \$2,000 per Family
<b>Lifetime Maximum for Benefits</b>	Unlimited
PLAN COVERAGE	
Inpatient Hospital Care Hospital Room and Board (subject to pre-certification requirements)	Average semi-private room rate
Emergency Room Care	Subject to \$150 copay
Urgent Care center	Paid at 100%, no Deductible.
Inpatient Surgery ♦	Subject to Deductible and Coinsurance, Non-emergency procedures must be pre-certified
Outpatient Surgery ♦	Subject to Deductible and Coinsurance
Maternity Management Program	Covered at 100% with no Copayment or Deductible
Maternity Care (for Participant and Spouse only)	Subject to Deductible and Coinsurance

In addition, effective **January 1, 2025**, the Trustees have improved the dental benefits covered by the Plan by increasing the dental annual maximum and the orthodontia lifetime maximum covered by the Plan. In order to reflect this coverage and to clarify the benefits offered by the Plan, the table labeled "Dental Care" in the section entitled "Schedule of Benefits" beginning on page 16 of the SPD has been amended as follows:

DENTAL CARE	
Dental Benefits Plan Pays	Up to 85% of the Allowed Amount for Participant, Spouse and Dependent Children age 19 up to 26; 100% of Allowed Amount for Dependent Children age 18 and under
Dental Maximum	\$4,000 per Family per calendar year
Orthodontic Benefits	Up to 50% of Allowed Amount for Dependent Children age 18 and under
Orthodontic Maximum	\$3,000 lifetime maximum per Individual

The Trustees have also increased the weekly disability benefits payable by the Plan effective **January 1, 2025**. In order to reflect this coverage and to clarify the benefits offered by the Plan, the table labeled "Accident and Sickness Benefits (Active Participants Only)" in the section entitled "Schedule of Benefits" beginning on page 16 of the SPD has been amended as follows:

ACCIDENT AND SICKNESS BENEFITS (Active Participants Only)	
Non-Occupational Accident	Benefits payable as of the first day of lost wages, at a rate of \$300 per week, up to a maximum of 26 weeks
Non-Occupational Illness	Benefits payable as of the eighth day of lost wages, at a rate of \$300 per week, up to a maximum of 26 weeks
Supplement to Workers' Compensation Benefits – available only for losses incurred while working in employment covered by the Iron Workers Local No. 5 jurisdiction in Maryland and Virginia	Benefits payable as of the first day of Workers' Compensation payments, at the rate of \$100 per week, up to a maximum of 52 weeks per cause.

Please keep this Summary of Material Modification with your SPD.

Should you have any questions about these changes, please contact the Fund Office.

#### Board of Trustees

**Iron Workers Health Trust Fund Local No. 5, Washington D.C.**

**Important Reminder** - You must 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.