

Office and Professional Employees Locals 30 & 537 Health & Welfare and Retirement Trust Funds

Administered By: Benefit Programs Administration

Telephone • (800) 386-4350 • (562) 463-5065 • Facsimile (562) 908-7568 • www.opeiufunds.org

To: All Participants

From: Board of Trustees

Summary of Material Modifications

October 2025

PARTICIPANT NOTICE

This participant notice advises you of a certain material modification (plan change) that has been made to the OPEIU Locals 30 & 537 Health and Welfare Fund (the "Plan"). This information is **very important**. Please take the time to read it carefully.

NEW enhancement to your Dental Benefits

The Board of Trustees of the Plan is pleased to announce an enhancement to your dental benefits.

Effective January 1, 2026, all participants currently enrolled in the Basic Dental Plan will be automatically moved to the Delta Dental PPO/Premier PPO Plan beginning January 1, 2026.

This transition will occur without an open enrollment period, and no action is required on your part. Your dental coverage will continue seamlessly under the new Delta Dental PPO/Premier PPO Plan beginning January 1, 2026.

Additional details about the new plan's benefits, coverage levels, and provider network are being provided on the attached Benefit Highlights Sheet. Please review this information carefully to familiarize yourself with the new plan features.

This is a summary of material modifications regarding the OPEIU Locals 30 & 537 Health and Welfare Fund. It supplements and modifies the Plan's Summary Plan Description ("SPD"), which is the booklet that describes the Plan's rules. In the event of a discrepancy between the new Plan amendment and this summary of material modifications, the Plan amendment is controlling. The Board of Trustees reserves the right to modify or terminate the Plan and the Plan's rules and benefits at any time. You should retain a copy of this notice with your SPD.

If you have questions, please contact the Trust Office at the number below or the website at:

Benefit Programs Administration
1200 Wilshire Blvd, Fifth Floor
Los Angeles, CA 90017-1906
(562) 463-5065 or toll free at (800) 386-4350
<https://bpabenefits.com/>

Sincerely,

THE BOARD OF TRUSTEES

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications (SMM) to the Plan. Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding these Plan changes, contact the Administrative Office.

Keep smiling

Delta Dental PPO™



Stay in network to save

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

If you can't find a PPO dentist, consider a Delta Dental Premier® dentist. These dentists have agreed to set fees and offer another opportunity to save.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need to

provide your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.⁴ Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁵, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a PPO dentist



PPO



PREMIER



NON-DELTA DENTAL

¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

⁵ Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

West Virginia: Learn about our commitment to providing access to a quality dentist network at deltadentalins.com/about/legal/index-enrollee.html.

Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: O.P.E.I.U. Locals 30 and 537 Health and Welfare Fund
Group Number: 23618

Effective Date: 1/1/2026

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member / per family each <calendar/contract>	\$50/ \$150	\$50/ \$150	\$50/ \$150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Deductibles waived for Orthodontics?	Yes, for all Dentists		
Maximums Per member each calendar year (Up to age 19)	Unlimited	Unlimited	Unlimited
Per member each calendar year (19+)	\$2,200	\$2,200	\$2,200
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	90%	90%	90%
Basic Services Fillings, Simple Extractions, Posterior Composites and Denture Reline/Repair/Rebase	80%	80%	80%
Endodontics Root Canals	80%	80%	80%
Periodontics Surgical and Non-Surgical Periodontics	80%	80%	80%
Oral Surgery	80%	80%	80%
Major Services Crowns, Inlays, Onlays and Cast Restorations	80%	80%	80%
Prosthodontics Bridges and Dentures	80%	80%	80%
Implants Implant Services	80%	80%	80%
Orthodontic Services Adults and Dependent Children	80%	80%	80%
Orthodontic Maximums	\$2,200 Lifetime	\$2,200 Lifetime	\$2,200 Lifetime

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

* Limitations may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

Delta Dental of California 560 Mission St., Suite 1300 San Francisco, CA 94105	Customer Service 888-335-8227 deltadentalins.com	Claims Address P.O. Box 997330 Sacramento, CA 95899-7330
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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.