



Operating Engineers Local 825 Fund Service Facilities

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December 3, 2025

IMPORTANT NOTICE TO PARTICIPANTS OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 825 WELFARE PLAN

Please keep this letter with your Summary Plan Description

This document is a Summary of Material Modifications ("SMM") intended to notify you of important changes that have been made to the plan of benefits (the "Plan") of the Local 825 Welfare Fund. You should take the time and read this SMM carefully and keep it with the copy of the summary plan description ("SPD") that was previously provided to you. If you have any questions regarding these changes to the Plan, please contact the Fund Office.

December 3, 2025

To all Participants, Dependents, and COBRA Beneficiaries:

As you know, the Plan's pharmacy benefit manager changed to CVS Caremark, effective January 1, 2025. You previously received a Summary of Material Modifications ("SMM") outlining the changes applicable to your prescription benefits. We are writing to advise you that the SMM you previously received contained a typo. The SMM indicated that prescriptions may be filled at a Network Pharmacy for a 90-day supply. This is incorrect. Network Pharmacy and Out-of-Network pharmacy prescription benefits are available for a **30-day supply**. Prescriptions are only available for a 90-day supply if the prescription is for a maintenance medication and is filled by mail or at a CVS Pharmacy. This is consistent with the information you received from CVS Caremark in your welcome packet. We apologize for any confusion.

Accordingly, your SPD is amended as follows:

1. On page 42 of your SPD, the chart summarizing Prescription Drug benefits is replaced by the below chart:

Medication Type	Network Pharmacy 30-day supply	Home Delivery 90-day supply
Generic Medication	\$7	\$14
Preferred Brand (Formulary)	20% coinsurance \$75 maximum	20% coinsurance \$150 maximum
Non-Preferred Brand (Non-formulary)	35% coinsurance \$75 maximum	35% coinsurance \$150 maximum
Non-Preferred (Non-formulary)	50% coinsurance \$30 minimum	50% coinsurance \$60 minimum

Specialty – generic and preferred brand	\$50	\$50
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2. Page 73 of your SPD under the heading “CVS Caremark Network Pharmacy” is replaced with the following:

When you fill a prescription at a CVS Caremark network retail pharmacy, present your CVS Caremark identification card, which includes information required by a pharmacy to submit your claim for prescription drug benefits to CVS Caremark. A 30-day supply of a covered medication is covered, less the applicable copayment. To locate a CVS Caremark network retail pharmacy in your area, log in to Caremark.com

3. On page 74 of your SPD, the chart summarizing co-payments is replaced with the following:

Copayments are determined by the type of medication purchased and place of purchase.

Medication Type	Network Pharmacy 30-day supply	Home Delivery 90-day supply
Generic Medication	\$7	\$14
Preferred Brand (Formulary)	20% coinsurance \$75 maximum	20% coinsurance \$150 maximum
Non-Preferred Brand (Non-formulary)	35% coinsurance \$75 maximum	35% coinsurance \$150 maximum
Non-Preferred (Non-formulary)	50% coinsurance \$30 minimum	50% coinsurance \$60 minimum
Specialty – generic and preferred brand	\$50	\$50

If you have any questions concerning this Notice or your Welfare Fund benefits, please contact the Fund Office.

You should keep this Notice together with your Summary Plan Description at all times. The two documents should be read together for an accurate depiction of your current health plan benefits. If you have any questions, contact the Health Fund.

The Board of Trustees reserves the right, in its sole and absolute discretion, to interpret and decide all matters under the Plan. The Board also reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan or any benefits provided under the Plan (or eligibility for such benefits), in whole or in part, at any time and for any reason.

Plan Sponsor: *Board of Trustees of the Operating Engineers Local 825 Welfare Fund*

Sponsor's EIN #: 22-6033381 Plan Number: 501 Plan Year: July 1 through June 30