

**OPERATING ENGINEERS LOCAL 139**  
**HEALTH BENEFIT FUND**

---

N27 W23233 Roundy Drive • P.O. Box 160 • Pewaukee, WI 53072-0160

Phone: (262) 549-9190  
Toll Free: 1-800-242-7018

**SUMMARY OF MATERIAL MODIFICATIONS**

Date: October 2025

To: Active Participants

From: The Board of Trustees

---

As the Trustees of the Operating Engineers Local 139 Health Benefit Fund (the “Fund”), we regularly review the Plan and make changes when necessary. By way of this Summary of Material Modification (SMM), we would like to make you aware of the following Plan changes. Please read this SMM in its entirety to make sure you understand your health care coverage.

A new Summary Plan Description (SPD) book should be available later this year. Below is a summary of the changes effective January 1, 2026, unless otherwise noted.

**APPEALS**

Any lawsuit that challenges the Fund’s decision on a claim, which is filed under ERISA, the federal law governing employee benefits, must be filed no later than one year (12 months) from the date of the Fund’s written decision.

**DENTAL ORAL SURGERY**

The Health Fund will cover dental oral surgery under the dental benefit, not subject to the annual dental maximum of \$2,500. The coverage will be 90% with an Anthem in-network provider or 80% with an out-of-network provider. Certain oral surgery such as treatment related to oral cancer or related to an accident will still be covered under the medical benefits, as explain on page 46 of the SPD. Dental Oral Surgery includes surgical removal of teeth or multiple extractions, removal of impacted teeth, bone or soft tissue grafts, alveolectomy, gingivectomy, apicoectomy, torus palatines, torus mandibulous, frenectomy, excision of cysts, osteoplasty, and stomatoplasty.

The Summary of Benefit document is updated to include the following:

Dental Oral Surgery	90%, in-network; 80% of UCR, out-of-network
---------------------	---

**ELIGIBILITY FOR DEPENDENT CHILDREN AFTER AGE 26**

The Health Fund will no longer cover dependent children after the last day of the month they reach age 26, regardless of disability status.

**ORTHODONTICS (BRACES)**

Orthodontics services (braces) will include appliances used by orthodontists such as Invisalign or a similar type of appliance with a series of clear removable orthodontic trays that are designed to

straighten teeth gradually. Only one course of treatment will be covered per lifetime. Failure to adhere to treatment protocol, such as wearing the trays the required length of time per day, may result in the denial of coverage for the remainder of the treatment.

### **RETIREE OPT-OUT**

Previously the Plan only allowed a retiree to opt out of Health Fund coverage and return later if they had continuous other coverage from a group health plan, such as if their spouse was still working. That has been changed to also allow medical coverage through an Affordable Care Act (ACA) marketplace where the category of coverage is at the Silver level or higher. You may opt back into the Plan one time, and coverage begins the January 1<sup>st</sup> following at least 12 months after you opted out for ACA marketplace coverage. Coverage may begin earlier than January 1<sup>st</sup> only if you qualify for Special Enrollment Rights, as explained on page 5 of the SPD,

Within the Retiree Opt-out Plan language, a retiree that opts out of Health Fund coverage can pay a premium for Optional Ancillary Benefits. The definition of Optional Ancillary Benefits was added to the Glossary and updated through the SPD to clarify that it means dental (Preventative Care and Restorative Procedures only), vision, and death and dismemberment benefits.

### **STATEMENT OF THE PLAN'S GRANDFATHERED STATUS**

The Operating Engineers Local 139 Health Benefit Fund believes this Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, such as the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, such as the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan, and what might cause a plan to change from grandfathered health plan status, can be directed to the Plan Administrator at (262) 549-9190 or (800) 242-7018. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or via <http://www.dol.gov/ebsa/healthreform/>. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

### **FINAL NOTE**

Please share this SMM with your family members and store it with your Summary Plan Description (SPD)/Plan Document booklet for easy reference.

If you have any questions regarding this SMM or your Plan benefits, do not hesitate to contact the Fund Office at (262) 549-9190 or (800) 242-7018.

This Summary of Material Modifications provides only highlights of recent changes to the Operating Engineers Local 139 Health Benefit Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify or terminate the Plan at any time.