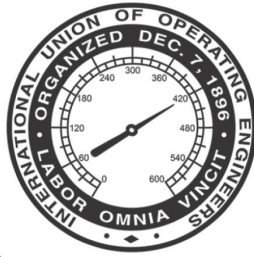


OPERATING ENGINEERS TRUST FUNDS

I.U.O.E. Local 12



Health and Welfare / Pension / Vacation / DCP

100 Corson Street, Ste 100 ♦ Pasadena, CA 91103

P.O. Box 7063 ♦ Pasadena, CA 91109

TTY: (626) 356-3582 ♦ Phone: (866) 400-5200

Instagram: @TRUSTFUNDS_IUOE_LOCAL 12

Website: www.oefi.org



5/1/2026

Important Health and Welfare Benefit Changes Effective July 1, 2026

The Board of Trustees of the Health and Welfare Fund have determined that changes to the benefits provided by the Fund are necessary to continue offering members high quality health coverage while helping to control rising health care costs.

This notice advises you of changes effective **July 1, 2026**, to the dental allowance and calendar year deductible under the Operating Engineers Health and Welfare Fund's Dental PPO Plan; and changes to weight loss / weight control medication coverage under the Operating Engineers Health and Welfare Fund's PPO prescription drug plan.

Dental Allowance

- The current dental allowance of **\$6,200 over a two-year period** will be replaced with a dental allowance of **\$3,100 per calendar year** for each eligible individual.
- This change converts the benefit allowance from a **two-year benefit** to a **one-year benefit**.

Note – *If you have used \$3,100 or more of your dental allowance prior to July 1st, there will be no further benefits available for 2026. The benefit allowance will reset to \$3,100 on January 1, 2027.*

Dental Calendar Year Deductible

- The individual calendar year deductible of **\$25** will change to **\$50**.
- The maximum calendar year deductible per family will be **\$150**.

Note – *If you have satisfied the \$25 deductible prior to July 1st, you will be responsible for an additional deductible amount of \$25 for services rendered on or after 7/1/2026.*

Weight Loss / Weight Management Medication

- Effective July 1, 2026, the Health and Welfare Fund's PPO plan will no longer cover medication for the treatment of weight loss / weight management. If you are affected by this change, we advise you to contact your medication prescribing physician(s), share this notice with them and discuss next steps. If you and your physician feel your condition requires medication that will no longer be covered under the Plan due to a medical condition such as Type II diabetes or MASH, your prescribing physician must submit a preauthorization request directly to CVS Caremark for their review and coverage consideration. CVS Caremark's preauthorization department can be reached at (833) 266-8149.

If you have any questions on these benefit changes or would like information on other dental or medical/pharmacy plan options, please contact our Member Services Department at (866) 400-5200.

Sincerely,

The Fund Office