Massachusetts/MOSES Health and Welfare Trust Fund

2026 Benefits Notice

For all Open Plan benefits and Closed Plan optical benefits

effective January 1, 2026 – December 31, 2026

2027 Benefits Guide

For Closed Plan (Altus Dental) benefits and rates

effective January 1, 2027 – December 31, 2027

- Open Plan: Dental / Optical Reimbursement
- Closed Plan: Optical Reimbursement / Altus Dental Plan
- Hearing Aid Reimbursement
- Death Benefit
- Healthcare Mitigation: Out of Pocket Medical Expense Reimbursement
- COBRA Participant Information

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Dear Health and Welfare Plan Participant:

Enclosed, please find your Health and Welfare Dental/Optical/Hearing Aid reimbursement request form for calendar year 2026 expenses. If you are in the Open Plan, reimbursement levels for dental/optical expenses are 90% of the first $2,500.00 and 60% of the next $1,750.00. The maximum reimbursement in the Open Plan has been increased to $3,300.00. The maximum optical expenses covered under the formula is $2,000.00. Contact lenses, including fitting charges, are now eligible up to $500.00 per person per year. Please see the Open Plan reimbursement form for other details on allowed expenses.

For those covered by the Altus Dental Plan (also known as the Closed Plan), your optical reimbursement form for calendar year 2026 is enclosed. This plan covers the same optical expenses as the Open Plan at a reimbursement level of 75%. The maximum you can receive for optical expenses in the Closed Plan is $1,500.00. Altus now covers up to three preventative dental cleanings annually.

Effective January 1, 2026, eligible dependent children under the Trust's Open and Closed Plans now remain eligible through the end of the month in which they turn 26, regardless of student status. Full-time student status and proof of financial dependence are no longer required for this age group.

The separate hearing aid benefit remains $750.00 per hearing aid, for up to two hearing aids per year ($1,500.00 maximum reimbursement), subject to the existing GIC co-payment requirement. The $10,000.00 death benefit continues for Unit 9 employees, Unit E employees, covered MWRA employees, and COBRA retirees or former employees.

COBRA participants are responsible for keeping premiums up to date. If your premium lapses more than 60 days, your coverage under COBRA will be terminated.

In filling out your claim form, please provide **ALL** required information. Following the instructions on the claim form will help you to avoid a **$10.00 reprocessing charge** as well as a delay in receiving your reimbursement. The most common mistake people make is failing to include the name, address, and telephone number of the provider on the bills submitted. It is acceptable for you to write this information on your receipt if it is not already included on your receipt. If you are in the Open Plan and submitting orthodontic expenses, you must submit details showing the dates the claimant visited the orthodontist and what was done. Simply submitting payment amounts and dates of payment is not enough. In addition to your reimbursement form, please look over the additional information we have provided which we hope helps you make an informed choice of which plan is best for you.

Sincerely,

Michael Galvin
Co-Chair, MA/MOSES HWTF

Jessica Leger
Co-Chair, MA/MOSES HWTF

DENTAL PLAN OPEN ENROLLMENT PERIOD

Open Enrollment Ends December 11, 2026

It is time again to decide if you want to change your dental plan for next year. **If you wish to stay enrolled in your current plan, you do not need to do anything.** However, if you are in a Closed Plan Family Plan and your dependents will age out of the plan, please contact the Trust Administrator to determine your options. If you wish to change your plan, you must fill out the form below.

Each year we get questions asking which plan is best for you and your family. Although that decision is yours to make, we are providing a brief description of each plan starting on page 5. You may visit the Altus website at www.altusdental.com.

The MA/MOSES Health and Welfare Trust Fund open enrollment period extends until December 11, 2026. This is your yearly chance to change dental plans. All changes take effect January 1, 2027.

If you wish to stay enrolled in your current plan, you do not need to do anything.

If you wish to change your enrollment, you must fill out the form below and return it directly to the Trust Fund via: email (HWTAdmin@moses-ma.org), fax (617-367-9371), or by mail to the address below.

- ☐ I am currently enrolled in the Open (Reimbursement) Plan and would like to switch to the Altus Plan. Please send me the necessary enrollment information. I understand that I will be required to pay a weekly co-premium of:
  - ☐ $2.00/week for an Altus individual plan
  - ☐ $6.00/week for a 2-person Altus plan
  - ☐ $11.00/week for an Altus family plan

- ☐ I am currently enrolled in the Altus Plan (Closed Plan) and would like to switch to the Open (Reimbursement) Plan.

Name: _____ Date: _____

Email: _____ Agency: _____

Signature: _____

Mail to: **MA/MOSES HEALTH & WELFARE TRUST FUND**
P.O. Box 8099
Boston, MA 02114

Enclosed, please find information regarding the two dental plans we offer. We have also included guidance on things you should consider helping you decide which of the two dental plans may be best for you and your family.

Dependent Child Eligibility – Both Plans

Effective January 1, 2026, the same dependent age eligibility rules apply to all dental and optical benefits under both the Open and Closed Plans. Eligible dependent children are covered through the end of the month in which they turn 26, regardless of student status. The previous requirements that dependent children age 19 and older be full-time students and financially dependent on the employee have been eliminated.

Closed Plan: MA/MOSES – Altus Dental Plan

Over 5,000 dentists in Massachusetts, New Hampshire and Rhode Island accept Altus. You may also go to dentists that don't participate in Altus - however, if you do this you will not be taking advantage of the in-network discounts that Altus negotiated with participating dentists, and you may be balance billed.

Under this plan, during 2027, you pay a co-premium to the Trust of $2.00/week for an individual plan, $6.00/week for one + one and $11.00/week for a family of 3 or more. Dependent children are included until age 26 regardless of student status.

There is a yearly cap for each member of your family. The Trust recently increased this cap from $1,500.00 in 2025 to $2,000.00 in 2026. Under Altus there are no charges for exams, up to three cleanings a year, and x-rays for any member of your family provided you stay in network, but these charges are part of the cap. Each member must pay the first $50.00 for other restorative services (maximum of $150.00 per family). After that initial payment, provided you stay in-network, you pay 50% of the price that Altus has negotiated for these minor and major restorative services. This negotiated price is usually lower than the price non-plan dentists charge. Comparing bills submitted to payments made indicates a discount of approximately 30%, so even if you are paying 50% for a service it is 50% of a substantially reduced price. Bleaching and other similar cosmetic services are NOT covered. The annual cap of $2,000.00 in services is for each member of your family. Be aware that once you hit the annual cap, any additional services can be billed at prices higher than the negotiated Altus Plan prices. If a member of your family under 19 needs orthodontia, Altus pays a lifetime maximum of $1,500.00. **If you choose the Altus Dental Plan, you are not eligible for any reimbursement of out-of-pocket dental expenses.**

Go to www.altusdental.com to view a list of Altus dentists. At the website, click on 'Find a dentist' and then click on 'Considering joining Altus' and then enter a dentist's name or your zip code and the number of miles you are willing to travel. Go to the MOSES website at www.moses-ma.org to view the details of Altus Dental coverage. On the MOSES website, follow the links under MOSES benefits to MOSES Health and Welfare to Altus Dental plan.

If you choose the Altus Dental Plan, allowed optical expenses are the same as the Open Plan, however, optical reimbursements are at 75% of the amount covered and your maximum optical

reimbursement is $1,500.00 for calendar year 2026. As in the past, sports goggles, medicines, vision therapy, eye training, surgery, and non-prescription glasses are NOT covered.

You also are eligible for a separate hearing aid reimbursement. The hearing aid benefit remains $750.00 per hearing aid (limit of two hearing aids per year) for a maximum reimbursement of up to $1,500.00 per year for 2026. You also are covered by the $10,000.00 death benefit.

Open Plan: MAMOSES – Dental/Optical Reimbursement

Under this plan you and your family may go to any dentist you want, and you pay no weekly co-premium. Dental services provided in an office setting by a legally qualified dentist or orthodontist are allowed except for bleaching and similar cosmetic services. This plan does NOT cover work provided by SmileDirectClub or other offsite service providers. The Open Plan "reimbursement level" is not set until we analyze reimbursement costs for the previous year. Sometimes we can increase reimbursement levels and sometimes we cannot. If we ever must decrease reimbursement levels, our goal is to tell you in advance of enrollment so you can plan for the following year.

The Open Plan reimbursement rate for calendar year 2026 is 90% of the first $2,500.00 and 60% of the next $1,750.00 in family dental/optical expenses. The maximum reimbursement under this plan is $3,300.00. Reimbursement for employees new to the unit or for those leaving service during the calendar year will be prorated based upon the length of service in the benefit year.

Optical expenses that are part of the reimbursement formula are subject to certain limitations. For example, during calendar year 2026, the maximum optical expenses covered under the formula is $2,000.00. Eyeglasses are limited to $500.00 per pair and contact lenses, including fitting charges, are limited to $500.00 per person per year. Laser treatment during 2026 is covered up to $450.00 per person. Inter-ocular lenses added during a GIC approved cataract surgery are covered under the formula up to $450.00. Eye exams remain at $100.00 per visit. As in the past, sports goggles, medicines, vision therapy, eye training, surgery, and non-prescription glasses are NOT covered. You also are eligible for a separate hearing aid reimbursement. The hearing aid benefit remains $750.00 per hearing aid (limit of two hearing aids per year) for a maximum reimbursement of up to $1,500.00 per year for 2026. You also are covered by the $10,000.00 death benefit.

Dental savings plans, sometimes called dental discount plans or dental discount programs are membership programs that may charge a monthly or annual fee or premium. Monthly or annual fees or premiums offered by these types of programs are NOT eligible for reimbursement. Expenses for services received under these types of plans are only eligible for reimbursement if the employee provides documentation showing services actually received and the corresponding cost of each service received. If the documentation is provided, the actual cost of those services received will be eligible for reimbursement, not the cost of the premium.

Open and Closed Dental Plan Comparison

	Co-premiums	Coverage for Dependents	Covered Providers	Reimbursement Amount
Open Plan	No co-premium	Dependent children are covered until the end of month in which they turn 26 regardless of if they are students.	Under this plan you may go to any dentist you want.	**You pay all upfront costs and are reimbursed later based on a reimbursement rate formula.** The reimbursement rates are not set until we analyze reimbursement costs for the previous year. Some years we can increase reimbursement levels and sometimes we cannot. **The max combined dental/optical reimbursement amount for 2026 is $3,300** (90% of the first $2,500.00 and 60% of the next $1,750.00 in family dental/optical expenses)
Closed Plan: Altus	Co-premium deducted from your paycheck of: • $2.00 per week for an individual plan • $6.00 per week for one + one plan • $11.00 per week for a family of 3 or more.	Dependent children are covered until the end of month in which they turn 26 regardless of if they are students.	Over 5,000 dentists in Massachusetts, New Hampshire and Rhode Island accept Altus	**There is NO reimbursement for dental expenses with this plan.** **$2,000.00 cap for each family member.** No charges for exams, cleanings, and x-rays provided you stay in network, but these charges are part of the cap. Each member must pay the first $50.00 for other restorative services (maximum of $150.00/family). After that initial payment, provided you stay in network, you pay 50% of the price that Altus has negotiated for minor and major restorative services.

HEARING AID BENEFIT

All Health & Welfare Trust Plan Participants including COBRA participants are eligible for an annual hearing aid reimbursement. Individuals in both the open and closed plans are eligible. Please note, we only reimburse hearing aid expenses that are GIC co-payments. The hearing aid benefit for calendar year 2026 remains $750.00 per hearing aid (limit of two hearing aids per year) for a maximum reimbursement of up to $1,500.00 per year. Reimbursement for GIC co-payments on hearing aids is separate from the dental/optical formula and reimbursement. You may submit a reimbursement request for hearing aids on the applicable Health & Welfare Trust Reimbursement form**.** You must provide documentation of the initial payment, proof of GIC reimbursement and the unreimbursed amount.

DEATH BENEFIT

For calendar year 2027, the $10,000.00 death benefit continues for Unit 9 employees, Unit E employees, covered MWRA employees, and COBRA retirees and former employees. Please note: This benefit can only be paid to your designated beneficiary(ies) on file with the GIC. It is important to keep your beneficiary designation with the GIC up to date. For additional information regarding this benefit please contact the Trust Administrator by telephone @617-367-2727 ext. 322 or by email at: HWTAdmin@moses-ma.org.

HEALTHCARE MITIGATION (OUT OF POCKET MEDICAL EXPENSES) REIMBURSEMENT PROGRAM

All Health & Welfare Trust Plan Participants including COBRA participants are eligible to participate in the Healthcare Mitigation Program. The Healthcare Mitigation Program begins July 1 of each fiscal year and continues through June 30 of that fiscal year. The program participants may include active employees who are in MOSES represented job titles at the Commonwealth, MassDOT and MWRA and their eligible dependent(s). The program participants may also include: terminated employees; retirees; and ineligible dependent(s) under COBRA (See Termination of Coverage). This Program reimburses out-of-pocket medical expenses incurred through participation in a Health Insurance Plan by an eligible program participant when such expenses are not covered by another source.

The reimbursement rate for Fiscal Year 2026 was $750.00. The Healthcare Mitigation Reimbursement Request Forms are typically mailed to your home address on file with MOSES in April after the Trust sets the reimbursement rate for the current fiscal year.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when your coverage under the dental/optical/hearing aid/medical reimbursement plan would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should contact the Trust Administrator by telephone @617-367-2727 ext. 322 or by email at: HWTAdmin@moses-ma.org.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage. The present cost for continuation coverage is **$95.34/month** in the Open Plan. The coverage cost is greater if you are in the Closed Plan.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than their gross misconduct; or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than their gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Trust Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Trust Administrator by telephone @617-367-2727 ext. 322, by mail @ 90 North Washington St, FL 3, Boston, MA 02114 or by email at: HWTAdmin@moses-ma.org.

How is COBRA continuation coverage provided?

Once the Trust Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their former spouses, and on behalf of their previously covered children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

- **Disability extension of 18-month period of COBRA continuation coverage**

  If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. You must send a copy of the determination by Social Security within 60 days of receipt by Social Security to the Plan Administrator at the address listed below.

- **Second qualifying event extension of 18-month period of continuation coverage**

  If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee

dies, gets divorced or legally separated. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If you have questions:

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to the Plan Administrator by telephone @ 671-367-2727 ext. 322 phone, by email to HWTAdmin@moses-ma.org, or mail to:

Administrator MA/MOSES Health & Welfare Trust Fund
90 North Washington St, Suite 3
Boston, MA 02114

Keep your Plan informed of address changes

To protect your family's benefits, let the Trust Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any documents you send to the Trust Administrator.