Warehouse Employees Union Local No. 730
Health & Welfare Trust Fund

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Summary of Material Modifications – Changes in Your Plan

This notice is a Summary of Material Modification ("SMM") to the Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund ("Fund") Summary Plan Description ("SPD") booklet. The purpose of the notice is to advise you of changes that the Fund's Board of Trustees has made to the SPD. Please keep this notice with your SPD booklet so you will have it when you need to refer to it. If there is any discrepancy between this SMM and the SPD or other Plan documents, the SPD and other Plan documents will control.

Effective January 1, 2026 – Self-pay will be limited to a lifetime maximum of ten total Calendar Work Quarters. Accordingly, the Personal Contributions ("Self-pay") section on page 20 of the SPD is revised as follows:

If you fail to earn either 300 hours in the current Calendar Work Quarter, or 600 hours in the preceding two Calendar Work Quarters, you may make personal contributions for up to 300 hours for the current Calendar Work Quarter only, for a maximum of two consecutive Calendar Work Quarters and a lifetime maximum of ten total Calendar Work Quarters regardless of how many hours you have self-paid. If you are eligible to make these personal contributions, known as the "self-pay" option, the Fund Office will notify you of the amount due. Any amount due for continuing eligibility must be paid before the Benefit Quarter begins.

Additionally, the last paragraph under the Initial Eligibility section on page 18 of the SPD is revised as follows:

If you lose your eligibility for benefits, including after a period of COBRA continuation coverage, you can earn it again only by meeting the initial eligibility requirement of 600 hours in six consecutive months of employment with the same Contributing Employer.

Effective January 1, 2026 – You must re-satisfy the initial eligibility waiting period if you return to work after a period of COBRA continuation coverage. Accordingly, the following paragraph will be added at the end of the COBRA section on page 102 of the SPD.

If you return to work after a period of COBRA continuation coverage, you must re-establish your eligibility for benefits as set forth in the eligibility rules on page 18. This means that you will need to work at least 600 hours in six consecutive months with a Contributing Employer in a position represented by the Union before you are eligible to receive benefits from the Fund. You will

become eligible for benefits on the first day of the seventh month and you will remain eligible for a maximum of three months.

Effective January 1, 2026 – The Fund may require a Medical Examiner to review your medical records for Accident and Sickness benefits after 16 weeks. Accordingly, the last paragraph of the Weekly Accident & Sickness Benefits section beginning on page 68 of the SPD is revised as follows:

To obtain these benefits, a Weekly Accident & Sickness form must be completed by you and your attending physician and must be submitted to the Fund Office after the appropriate waiting period (see chart on page 72). Contact the Fund Office at (800) 730-2241 if you need the form. Continuation of Disability forms should be filed periodically after that, as required by the Fund Office, during the time that you are away from work because of disability and while benefits remain to be paid. Additionally, if your injury or illness continues beyond 16 weeks, the Fund may require you to see, or submit your medical records to, an Independent Medical Examiner in order to verify your continuing disability. To apply for Weekly Accident & Sickness benefits, send your claim to the Fund Office:

Warehouse Employees Union Local No. 730
Health & Welfare Trust Fund
P.O. Box 1064
Sparks, Maryland 21152-1064

Effective December 1, 2025 – Gene therapy is an excluded benefit. Accordingly, the EXCLUSIONS UNDER COMPREHENSIVE MEDICAL BENEFIT section beginning on page 50 of the SPD, is revised as follows to exclude the following:

Gene therapy typically involves replacing a gene that causes a medical problem with one that does not, adding genes to help the body fight or treat disease, or inactivating genes that cause medical problems. The Fund does not cover any charges related to gene therapy, whether those therapies have received approval from the U.S. Food and Drug Administration ("FDA") or are considered experimental or investigational. Illustrative examples of gene therapy include therapies such as Kymriah and Yescarta, as well and Luxturna and Zolgensma, but new applications for gene therapies are submitted every year. The Fund does not cover any related genetic testing intended to determine whether particular genetic mutations are present and/or whether particular drug therapies might work for a particular patient before any of the above gene therapy is initiated.

Effective December 1, 2025, the Prescription Drug Benefit section of the SPD is also amended with the addition of the following to the list of Exclusions that pertain to Prescription Drug Benefits beginning on page 53 of the SPD:

Prescription Drug Benefit Exclusions/Restrictions

The following are excluded from coverage under the Plan:

Charges related to gene therapy. The Fund does not cover any charges related to gene therapy, whether those therapies have received approval from the FDA or are considered experimental or investigational, including but not limited to Chimeric Antigen Receptor T-Cell ("CAR-T") Therapies such as Kymriah and Yescarta, as well and Luxturna and Zolgensma.

Effective December 19, 2025 – <u>CareAllies – New Name (Evernorth Health Services)</u>

CareAllies will be renamed Cigna/Evernorth Health Services. The CareAllies brand name, logo, and website will no longer be used by Cigna Healthcare. You can continue to use your current ID card and there will be no changes in the phone numbers or website you need to contact for services. (800) 768-4695 or www.MyCigna.com. The name CareAllies should be replaced with Cigna/Evernorth Health Services in your Summary Plan Description.

There are no changes to your medical benefits. Cigna/Evernorth Health Services will continue to provide utilization management, case management, and select health coaching services. You and your eligible dependents must contact Cigna/Evernorth Health Services toll free at (800) 768-4695 to precertify all out-of-network non-emergency or elective hospital stays and within 48 hours after an Emergency Illness admission.

Board of Trustees – The most current Board of Trustees are shown below. Please make this change on page 9 of your SPD booklet.

Union Trustees

William Davis, Secretary
Teamsters Local 639
3100 Ames Place, NE
Washington, DC 20018

Ritchie Brooks
c/o Fund Office
911 Ridgebrook Road
Sparks, MD, 21152

Scott Clark
Teamsters Local 639
3100 Ames Place, NE
Washington, DC 20018

Employer Trustees

Jason Paradis, Chairman
Twin Circles Consulting LLC
c/o Fund Office
911 Ridgebrook Road
Sparks, MD 21152

Frank Stegman
c/o Fund Office
911 Ridgebrook Road
Sparks, MD, 21152

Mohamed Kamara
Eight O'Clock Coffee
3300 Pennsy Drive
Landover, MD 20785

Brandi Petway, Alternate
Giant Food, LLC
8580 Old Dorsey Run Road
Jessup, MD 20794

New Prescription Provider – Express Scripts

Effective January 1, 2025, the Fund will be changing prescription drug providers. Express Scripts will be replacing CIGNA as your new prescription drug provider. A letter and new prescription ID card will be mailed to you.

Did my prescription benefits change?
No, your Fund prescription benefits remain the same. Your co-payments are still $15.00 (generic), $40.00 (preferred) and $75.00 (non-preferred) per prescription and you must request generic drugs, if available. You can also use the same pharmacies as before, but remember that Wal-Mart pharmacies are not a part of the network, and prescriptions filled there are not covered.

New ID cards
Your new Express Scripts ID card should be used for prescription drug coverage only. On and after January 1, 2025, you must use your new ID card at the pharmacy. You will also be mailed a new medical ID card from Cigna. Your Cigna card should be used for medical benefits only. Effective January 1, 2025 you will have separate medical and prescription ID cards.

Where can I learn more information?
You can access the Express Scripts member website by logging onto Express-scripts.com. Here you can view information regarding your prescription drug benefits and locate local network pharmacies.

You may also contact the Express Scripts Customer Service Department toll-free at (800) 732-3623 for general prescription drug benefit information. Other benefit questions should be directed to the Fund office at (800) 730-2241.

In your SPD, in the Prescription Drug Benefits section, pages 52-54, or anywhere else in the SPD that relates to the prescription drug benefit, all references to CIGNA are replaced with Express Scripts effective January 1, 2025.

Improved Dental Benefits and Dental Network

Effective January 1, 2025, the Fund will be changing dental provider networks. Your dental benefits will now be provided through Delta Dental of Pennsylvania ("Delta Dental"). Delta Dental has over 2,300 general dentists to choose from in over 1,300 locations in our area. They also have over 1,000 specialist dentists in over 600 locations and 366 orthodontists for you to choose from.

Under the new dental benefit, the following Covered Services will still be covered at 100%, however, coverage will be subject to a $2,500 annual maximum benefit per person. The Fund

Office determined that nearly all participants incurred far less than $2,500 in dental claims each year so we anticipate that few very, if any, families will need to pay out of pocket for any of the following Covered Services:

- Routine examination and emergency examinations;
- X-rays (except for certain exclusions);
- Consultations;
- Cleaning with fluoride paste and routine plaque removal;
- Sealants on children 14 and under;
- Restorative dentistry – silver and tooth-colored fillings with local anesthesia;
- Children's restorations by a general or pediatric dentist, including nerve treatment and stainless steel crowns when needed.
- Emergency gum treatment for infection, and emergency treatment for toothaches, and oral pain not requiring hospitalization;
- Oral surgery under local or general anesthesia by a general dentist or oral surgeon to include extractions, impactions, bone reshaping for dentures, biopsies, and other surgical procedures not requiring hospitalization;
- Prosthetic procedures required to make new full and partial dentures every five years; and
- Unlimited repair and relining of dentures when necessary.

Additionally, some new benefits are being added:

- Endodontic services (root canals) will be covered at 100%; previously, there was a 25% co-payment;
- Stainless steel crowns.
- Implants will be covered with a 50% co-payment and are included in the $2,500 annual maximum; previously, implants were excluded.
- Orthodontia for children and adults will be covered with a 50% co-payment and is subject to a separate lifetime maximum of $1,500 per person; previously, orthodontia was excluded.

Finally, certain exclusions remain. These include:

- Inlays and onlays;
- Bridges;
- Space maintainers;
- Periodontia;
- Hospital dentistry;
- Plastic surgery;
- TMJ treatment;
- Any other services not listed as "Covered Services" above.

You can get more information about Delta Dental, your benefits under the Fund, and search for a participating provider near you by calling Delta Dental at (800) 932-0783 or visiting www.deltadentalins.com.

Please note these changes to page 56 - 58 of your SPD.

Reduced Deductibles and Out-of-Pocket Maximums

Through 2024, the Fund will maintain an $800 individual deductible and $1,600 family deductible, as well as a $6,250 individual and $12,500 family out-of-pocket maximum.

Effective January 1, 2025, the deductibles and out-of-pocket maximums for in-network benefits will be reduced by half:

	Deductible	**Out-of-Pocket Maximum**
Individual	$400	$3,125
Family	$800	$6,250

Please note this change to page 27 of your SPD.

Expanded Vision Benefits

Effective September 1, 2024, the frame and contact lens allowance will increase to **$150.00** every 12 months. The current allowance is $130.00 every 12 months.

When you use a participating vision provider in the Group Vision Service ("GVS") Select Network which includes many independent optometrists and ophthalmologists, as well as retail locations such as LensCrafters®, Target Optical®, and participating Pearle Vision® locations, frames and contact lenses are available, once every 12 months, up to a retail allowance of $150.00. For frames costing more than the allowance, participants will receive a 20% discount on the difference between the actual cost of the frame and the $150.00 retail allowance. You are responsible for any cost for contact lenses above $150.00.

Remember that if you choose to go to a non-network provider, you must pay the provider his or her full charge at the time of service. You may submit the claim for reimbursement for the amount indicated in the member reimbursement schedule which can be found at www.groupvisionservice.com. You can find the reimbursement claim form there as well.

Please note this change to page 59 of your SPD booklet.

Expanded Hearing Aid Benefit

Effective September 1, 2024, the Fund will provide a hearing aid benefit **once every three years** in an amount not to exceed $2,500 per ear, provided you seek treatment at an in-network provider.

Routine hearing exams and hearing aids are provided by EPIC Hearing Healthcare ("EPIC"), an affiliate of GVS. If you or your dependent need hearing aids, you can now get them every three years, instead of every five years, and the Fund will pay up to $2,500 per ear. You can get more information about this benefit by calling EPIC at 866-956-5400 or visiting www.epichearing.com.

Please note this change to page 59 of your SPD booklet.

Telehealth Office Visits

Effective January 1, 2024, telehealth office visits will be covered with the same co-pays and coinsurance applicable to in person office visits.

Please note this change to page 38 of your SPD booklet.

COVID-19 Related Coverage

Effective April 10, 2023, in accordance with the end of the National Emergency, items and services related to COVID-19 during health care provider office visits (which includes in-person visits and telehealth visits), urgent care visits, and emergency room visits will no longer be covered without cost sharing. The normal co-pays and coinsurance for regular office, urgent and emergency care visits will apply.

Please note this change to page 47 of your SPD booklet.

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If you have any questions about this notice, your health benefits or eligibility, you can contact the Fund Office at (800) 730-2241, Monday through Friday from 8:30 a.m. until 4:30 p.m. You can also find information about your benefits and participating providers, as well as the Fund's price comparison tool which allows you to compare the costs of different providers and services provided by the Fund, on the Fund's website at https://associated-admin.com.

The Trustees are pleased to be able to provide you with these benefits. The Trustees continue to monitor the financial condition of the Fund in order to provide you and your families with an excellent plan of benefits and providers.