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

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Summary of Material Modifications – Changes in Your Plan

July 2024

This notice is a Summary of Material Modifications ("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.

The Fund's Board of Trustees is pleased to announce the following benefit improvements.

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.

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.

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 benefit increases and improvements. 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.

The Trustees reserve the right to amend, modify, or terminate the Fund and any or all benefits provided thereunder.