

**An Amendment to the Plan Document and Summary Plan Description
for the Covered Employees and Dependents of**

**Sterling Care Frostburg Village
Frostburg Village Assisted Living
Healthcare Service Group**

The UniCann Basic Plan

Effective March 1, 2021

This document is intended to notify you of additional important plan provisions not stated in The UniCann Plan April 1, 2018 Summary Plan Description.

I. SHORT TERM DISABILITY
(Non-Occupational Employee Only)

Benefits payable the 1st day of an accident, 8th day of a sickness, for 26 weeks
Weeks 1-26 \$350

If, while covered under this Section, you become continuously and totally unable to perform the duties pertaining to your occupation as a result of injury or sickness and during the period of such disability are under the regular care and personal attendance of a legally qualified physician, the UFCW National Health and Welfare Fund will pay a weekly benefit in the amount specified in your Schedule of Benefits.

In the case of disability benefits where disability is determined by a physician:

- (1) If an internal rule, guideline, protocol, or other similar criterion was relied upon in making adverse determination, either the specific rule, guideline, protocol, or other similar criterion; or a statement that such rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination and that copy of the rule, guideline, protocol, or other similar criterion will be provided to you free of a charge upon request.
- (2) If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgement for the determination, applying the terms of the Plan to your medical circumstances, or a statement that such explanation will be provided to you free of charge upon request.

In addition to the Claims Review Procedure above, if your claim is for disability benefits and disability is determined by a physician, then the Claims Review Procedure provides that:

- (a) Your Claim will be reviewed without deference to the initial adverse benefit determination and the review will be conducted by an appropriate named fiduciary of the Plan who is neither the individual who made the adverse benefit determination that is the subject of the appeal, nor the subordinate of such individual.
- (b) In deciding an appeal of any adverse benefit determination that is based in whole or part on medical judgement, the appropriate named fiduciary will consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgement.
- (c) Any medical or vocational experts whose advice was obtained on behalf the of the Plan in connection with your adverse benefit determination will be identified, without regard to whether the advice was relied upon in making the benefit determination.

The health care professional engaged for purposes of a consultation under “(b)” above will be an individual who is neither an individual who was consulted in connection with the adverse benefit determination that is the subject of the appeal, nor the subordinate of any such individual.

Successive Disabilities which are separated by less than two weeks of full-time work will be considered one Disability, unless the later Disability is due to a different cause and does not begin before you return to full-time work.