

12/7/2022

## Summary of Material Modifications

**To: All Participants in the UFCW National Health and Welfare Fund Plan of Benefits for Red Wing Shoes, Company / UFCW Local 527**

**From: Glenn L. Di Biasi, Fund Administrator**

**Re: Deductible, Coinsurance, and Out-of-Pocket Maximum Increases**

**Date: Effective January 1, 2023**

This document is a Summary of Material Modifications (“Summary”) intended to notify you of important provisions in the UFCW National Health and Welfare Fund Plan of Benefits (“the Plan”) for Red Wing Shoes, Company / UFCW Local 527, Employer Number 8220. You should take the time to read this Summary carefully and keep it with the copy of the Summary Plan Description that was previously provided to you. If you need another copy of the Summary Plan Description or if you have any questions regarding the Plan, please contact the Fund Office during normal business hours at 66 Grand Avenue, Englewood, NJ 07631, 1-888-773-8329 or visit our website at [www.ufcwnationalfund.org](http://www.ufcwnationalfund.org).

### Plan Changes

- Increase for In-Network Deductible to \$1,500 Ind/\$3,000 Fam from \$1,000 Ind/\$2,000 Fam
- Increase for Out-of-Network Deductible to \$3,000 Ind/ \$6,000 Fam from \$1,500 Ind/ \$3,000 Fam
- Increase for In-Network Coinsurance to 30% from 20%
- Increase for Out-of-Network Coinsurance to 50% from 30%
- Increase for In-Network Out-of-Pocket Maximum to \$8,700 Ind/\$17,400 Fam from \$5,000 Ind/\$10,000 Fam
- Eliminate Out-of-Network Out-of-Pocket Maximum for Individual and Family of \$7,500 Ind/ \$15,000 Fam
- Increase for In-Network Emergency Room Copay to \$200 from \$100
- Increase for Out-of-Network Emergency Room Copay to \$200 from \$100
- Increase for In-Network Retail Prescription Generic Drug copay to \$15 from \$10
- Increase for In-Network Mail Order Prescription Generic Drug Copay to \$30 from \$15
- Increase for In-Network Specialty Up to Maximum after deductible to \$300 from \$200

Medical Plan:	In-Network	Out-of-Network
Calendar Year Deductible	\$1,500/\$3,000	\$3,000/\$6,000
Coinsurance ( <i>member pays</i> )	30%	50%
Out-of-Pocket Maximum	\$8,700 (Ind)/\$17,400 (Fam)	None

Medical Plan:	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	
Hospital Expenses	Subject to Ded & Coins	Subject to Ded & Coins
Physician Office Visits – Primary Doctor	\$20 Copay before deductible	Subject to Ded & Coins
Physician Office Visits – Specialist	\$40 Copay before deductible	Subject to Ded & Coins
Preventive Care Benefits ( <i>Routine exams, x-rays/tests, immunization, well baby care, and mammograms</i> )	No Charge	Not Covered
Urgent Care Center Services	Subject to Ded & Coins	Subject to Ded & 30% Coins
Outpatient Services	Subject to Ded & Coins	Subject to Ded & Coins
Ambulance	Subject to Ded & Coins	Subject to Ded & 30% Coins
Emergency Room ( <i>Copay waived if admitted</i> )	\$200 Copay, after deductible	\$200 Copay, after deductible
Diagnostic Tests ( <i>X-rays and blood work</i> )	Subject to Ded & Coins	Subject to Ded & Coins
Imaging Services ( <i>CT and MRI scans – Require prior authorization</i> )	Subject to Ded & Coins	Subject to Ded & Coins
Mental Health / Substance Use Disorder – Inpatient	Subject to Ded & Coins	Subject to Ded & Coins
Mental Health / Substance Use Disorder – Outpatient	\$20 Copay before deductible	Subject to Ded & Coins
Durable Medical Equipment ( <i>Total rental not to exceed purchase price</i> )	Subject to Ded & Coins	Subject to Ded & Coins
Hospice Care Expense	Subject to Ded & Coins	Subject to Ded & Coins
Skilled Nursing Facility Care ( <i>Limited to 120 days per member, per calendar year</i> )	Subject to Ded & Coins	Subject to Ded & Coins
Home Health Care ( <i>Limited to 40 visits per member, per calendar year</i> )	Subject to Ded & Coins	Subject to Ded & Coins
Chiropractic Benefits ( <i>Limited to 24 visits per calendar year</i> )	Subject to Ded & Coins	Subject to Ded & Coins
Physical and Occupational Therapies ( <i>Limited to 50 visits combined, per calendar year for physical and occupational therapies</i> )	\$40 Copay before deductible	Subject to Ded & Coins

Prescription Drug Plan	In-Network	Out-of-Network
<b>Retail (up to a 30-day supply)</b>		
Generic Drugs	\$15 Copay	Not covered
Most Brand Name and non-preferred generic drugs	20% coinsurance after deductible	Not Covered
Non-Preferred Brand Drugs	35% coinsurance after deductible	Not covered
Specialty	20% coinsurance up to \$300 maximum	Not covered

Prescription Drug Plan	In-Network	Out-of-Network
<b>Mail-Order (up to a 90-day supply)</b>		
Generic Drugs	\$30 Copay	Not covered
Most Brand Name and non-preferred generic drugs	20% coinsurance after deductible	Not covered
Non-Preferred Brand Drugs	35% coinsurance after deductible	Not covered
Specialty	20% coinsurance up to \$300 maximum	Not covered

This Summary of Material Modifications is intended to provide you with an easy-to-understand description of certain changes to the Summary Plan Description. The Summary Plan Description previously provided to you also serves as the Plan Document. While every effort has been made to make this description as complete and as accurate as possible, this Summary of Material Modifications, of course, cannot contain a full restatement of the terms and provisions of the Plan. The Board of Trustees or its duly authorized designee, reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Plan and the Agreement and Declaration of Trust establishing the Plan (the "Trust Agreement"). No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the plan documents, make any promises to you about benefits under the Plan, or to change any provision of the Plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Plan and decide all matters arising under the Plan.

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