

December 19, 2022

Summary of Material Modifications

To: All Participants in the UFCW National Health and Welfare Fund Plan of Benefits for Ventura Foods, LLC./UFCW Local 1155 EN9106

From: Glenn L. DiBiasi, Fund Administrator

Re: Change in Annual Deductible and Out of Pocket Maximum

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 the employees of Ventura Foods, LLC/UFCW Local 1155 EN9106, and their eligible dependents. 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 ufcwnationalfund.org

- Dental Basic Plan - Increase of Calendar Year Maximum to \$1,000 from \$600
- Added Basic VSP Vision plan
- Added alternate Buy-UP Delta Dental Buy-up Dental Plan
- Added alternate Buy-Up VSP Vision Plan
- See included Overviews for Benefits
- Medical Benefits remain the same

BASIC DENTAL PLAN



UFCW NATIONAL HEALTH & WELFARE FUND

Group # 03747-00001

Delta Dental PPO™ plus Premier®

Preventive & Diagnostic	100%
* Exams, Cleanings & Bitewing X-rays (each twice per calendar year)	
* Fluoride Treatment (once per calendar year, children to age 19)	
Remaining Basic	60%
* Fillings, Extractions	
* Endodontics (root canal)	
* Periodontics, Oral Surgery	
* Sealants	
Crowns & Prosthodontics	60%
* Crowns, Gold Restorations (over natural teeth)	
* Bridgework	
* Full & Partial Dentures	
Calendar Year Maximum (per patient)	\$1,000
Calendar Year Deductible (waived on Preventive & Diagnostic)	
* Per Person	
* Family Aggregate Deductible	

Delta Dental's *Oral Health Enhancement Option* enables you to receive up to four dental cleanings and/or periodontal maintenance procedures in any combination per benefit period if you have been treated for periodontal (gum) disease in the past. For the additional dental cleaning and/or periodontal maintenance procedures to be covered, you must have had periodontal surgery or periodontal scaling and planing in the past. Details on how to qualify can be found in your benefit booklet.

Over 300,000 participating dental offices nationwide participate with the national Delta Dental system, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract.

Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the subscriber. **Maximum benefit may be derived by utilizing the services of a participating dentist.**

Where the eligible patient is treated by a Delta Dental PPOSM dentist, the fee for the covered service(s) will not exceed the Delta Dental PPO maximum allowable charge(s). Where the eligible patient is treated by a Delta Dental Premier[®] dentist who does not participate in Delta Dental PPO or by a *Participating Specialist*, the dentist has agreed not to charge eligible patients more than the dentist's filed fee or Delta Dental's established maximum plan allowance, and Delta Dental will pay such dentists based on the least of the actual fee, the filed fee, or Delta Dental's established maximum plan allowance for the procedure(s). Claims for services provided by dentists who are neither Delta Dental Premier, Delta Dental PPO dentists, or *Participating Specialists* are paid based on the lesser of the dentist's actual charge or the prevailing fee.

BASIC VISION PLAN

VSP Choice Plan®

Created for UFCW National H&W Fund



The VSP Choice Plan is a full-service plan that offers choice, flexibility, and maximum value through a VSP Network Provider.

 Save up to \$3,000	 Get up to \$200 back	 \$1,000 savings on LASIK
<p>With Exclusive Member Extras, members can save more than \$3,000 with special offers and rebates through VSP and other leading industry brands.</p>	<p>Members can save big with VSP exclusive mail-in rebates on eligible popular contact lens brands from Bausch + Lomb and Cooper Vision.</p>	<p>Members can save up to \$1,000 on LASIK at LasikPlus, NVISION Eye Center, TLC Laser Eye Centers and The LASIK Vision Institute.</p>

[LEARN MORE. VISIT VSP.COM/OFFERS.](http://VSP.COM/OFFERS)

BENEFITS THROUGH A VSP NETWORK PROVIDER

- | | |
|--------------------------|--|
| Exam Services | <ul style="list-style-type: none"> • Comprehensive WellVision Exam® covered in full* • Routine retinal screening covered after a no more than \$39 copay |
| Lenses | <ul style="list-style-type: none"> • Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full* |
| Lens Enhancements | <ul style="list-style-type: none"> • Most popular lens enhancements are covered after a copay, saving our members an average of 30% |

<i>Lens Enhancement</i>	<i>Single Vision</i>	<i>Multifocal</i>
Anti-reflective coating	\$41	\$41
Polycarbonate - Adult	\$31	\$35
Polycarbonate - Children	Covered	Covered
Progressive	N/A	Covered
Photochromic	\$75	\$75
Scratch-resistant coating	\$17	\$17

Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost

- | | |
|--------------|---|
| Frame | <ul style="list-style-type: none"> • Frames covered in full* up to the retail allowance of \$150. • Members who select a featured frame brand, including bebe, Calvin Klein, Cole Haan, Dragon®, Flexon®, Longchamp, Nike and more, will receive an extra \$20 toward their frame allowance.
<small>Featured frame brands subject to change.</small> • 20% off any amount above the retail allowance • Members can choose from virtually any frame on the market |
|--------------|---|

VSP Choice Plan®

Additional Pairs of Glasses

- Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor

Elective Contact Lenses

- Contact lens exam (fitting and evaluation): Member receives 15% off contact lens services.
- Prescription contact lens materials and services are covered in full up to the retail allowance of \$150 (in lieu of frame & lenses)
- Members can choose from any available prescription contact lens materials

VSP Laser VisionCareSM Program

- \$250 Per Eye Lifetime Maximum
- Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, Custom PRK, LASIK, and Custom LASIK

Discounts are only available from VSP-contracted facilities. Also custom LASIK coverage only available using wavefront technology, other LASIK procedures may be performed at an additional cost to the member.

Low Vision

- Pre-approved low vision supplemental testing covered every two years
- 75% coverage for approved low vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years

Out-of-Network Schedule

We offer a generous reimbursement schedule for services from other providers

Exam	\$ 45
Lenses:	
Single vision	\$ 30
Lined bifocal	\$ 50
Lined trifocal	\$ 65
Frame	\$ 70
Elective contact lenses (in lieu of lenses and frame)	\$ 105

Monthly Rates: Self Insured—ASP Rates (Administrative Fee + Projected Monthly Claim Cost)

Frequency

12/24/24

Exam/Lens/Frame Copay

\$10 Exam, \$20 Lens/Frame

BUY UP DENTAL PLAN



UFCW NATIONAL HEALTH & WELFARE FUND (BUY-UP)

Group # 03747-00002

Delta Dental PPO™ plus Premier[®]

Preventive & Diagnostic	100%	
* Exams, Cleanings & Bitewing X-rays (each twice per calendar year)		
* Fluoride Treatment (once per calendar year, children to age 19)		
Remaining Basic	60%	
* Fillings, Extractions		
* Endodontics (root canal)		
* Periodontics, Oral Surgery		
* Sealants		
Crowns & Prosthodontics	60%	
* Crowns, Gold Restorations (over natural teeth)		
* Bridgework		
* Full & Partial Dentures		
Calendar Year Maximum (per patient)	\$2,000	
Calendar Year Deductible (waived on Preventive & Diagnostic)		
* Per Person		\$50
* Family Aggregate Deductible		\$100

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Get up to \$200 back

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\$1,000 savings on LASIK

Members can save up to \$1,000 on LASIK at LasikPlus, NVISION Eye Center, TLC Laser Eye Centers and The LASIK Vision Institute.

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Lenses

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Lens Enhancements

- Most popular lens enhancements are covered after a copay, saving our members an average of 30%

<i>Lens Enhancement</i>	<i>Single Vision</i>	<i>Multifocal</i>
Anti-reflective coating	Covered	Covered
Polycarbonate - Adult	\$31	\$35
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Photochromic	\$75	\$75
Scratch-resistant coating	\$17	\$17

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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.