



NATIONAL HEALTH AND WELFARE FUND

4/28/23

Summary of Material Modifications

To: All Participants in the UFCW National Health and Welfare Fund Plan of Benefits for Silgan Containers Manufacturing Corporation / UFCW Local 540

From: Glenn L. Di Biasi, Fund Administrator

Re: Plan Change – Summary Below

Date: Effective May 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 Silgan Containers Manufacturing Corporation / UFCW Local 540, Employer Number 8219. 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

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Annual Deductible (<i>individual/family</i>)	\$250/\$500	\$500/\$1,000
Coinsurance (<i>plan pays</i>)	20%	40%
Out-of-Pocket Maximum (<i>individual/family</i>) (<i>includes deductibles, coinsurance and copays</i>)	\$6,850/\$13,700	\$13,700/\$41,100
Lifetime Maximum	Unlimited	
PCP Office Visits	Subject to Ded & Coins	Subject to Ded & Coins
Specialist Office Visits (<i>Includes Cardiologists, Psychiatrists, etc.</i>)	Subject to Ded & Coins	Subject to Ded & Coins
Preventive Care (<i>One annual exam per calendar year including blood screening, urine tests, chest x-ray, EKG & mammography</i>)	No Charge	Subject to Ded & Coins

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Hospital (<i>Daily Hospital Room and Board, Semi Private and other allowable expense</i>)	No Charge	Subject to Ded & Coins
Inpatient Hospital Pre-Certification Penalty	50% of benefits up to a maximum of \$5,000	
Ambulatory/Outpatient Hospital Surgery (Facility)	No Charge	Subject to Ded & Coins
Ambulance	Subject to Ded & Coins	Subject to Ded & Coins
Emergency Room (<i>Copay waived if admitted</i>)	\$300 Copay & Coinsurance	\$300 Copay & 20% Coinsurance
Mental Health and Substance Use Disorder – Inpatient	No Charge	Subject to Ded & Coins
Mental Health and Substance Use Disorder – Outpatient	Subject to Ded & Coins	Subject to Ded & Coins
Home Health Care	Subject to Ded & Coins	Subject to Ded & Coins
Skilled Nursing Facility	Subject to Ded & Coins	Subject to Ded & Coins
Durable Medical Equipment (<i>Total rental not to exceed purchase price</i>)	Subject to Ded & Coins	Subject to Ded & Coins
Physical, Occupational and Speech Therapy (<i>excludes Chiropractic</i>)	Subject to Ded & Coins	Subject to Ded & Coins
Chiropractic (<i>Up to 12 visits per calendar year</i>)	Subject to Ded & Coins	Subject to Ded & Coins

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Retail 30-Day Supply:		
Generic Drugs	Subject to Ded & 15% Coins	Not Covered
Preferred Brand Name Drugs	Subject to Ded & 20% Coins	Not Covered
Non-Preferred Brand Name Drugs	Subject to Ded & 35% Coins	Not Covered

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Mail Order 90-Day Supply:		
Generic Drugs	Subject to Ded & 15% Coins	Not Covered
Preferred Brand Name Drugs	Subject to Ded & 20% Coins	Not Covered
Non-Preferred Brand Name Drugs	Subject to Ded & 35% Coins	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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