

# Summary of Material Modifications

**To: All Participants in the UFCW National Health and Welfare Fund Plan of Benefits for Mountaineer Park/UFCW Local 1776KST.**

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

**Re: Medical and Prescription Drugs plan changes**

**Date: Effective October 1, 2025**

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 Mountaineer Park/UFCW Local 1776KS, Employer Number 2058. 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 8:30 am to 4:30 pm Eastern Time at 66 Grand Avenue, Englewood, NJ 07631, 201-569-8801 or visit our website at [www.ufcws.com](http://www.ufcws.com).

Summary of Benefits	CORE PLAN		BUY UP PLAN	
	NEW PLAN EFF 10/1/25		NEW PLAN EFF 10/1/2025	
	In-Network	Out of Network	In-Network	Out of Network
<b>Deductible</b>				
<b>Individual</b>	\$2,000	\$4,000	\$750	\$3,000
<b>Family</b>	\$4,000	\$8,000	\$1,500	\$6,000
<b>Out of Pocket</b>				
<b>Individual</b>	\$10,600	Unlimited	\$8,000	Unlimited
<b>Family</b>	\$21,200	Unlimited	\$16,000	Unlimited
<b>Coinsurance after Deductible</b>	30%	60%	25%	50%
<b>Office Visits</b>				
<b>Primary</b>	\$50 Copay	60% coins after ded	\$35 Copay	50% coins after ded
<b>Specialist</b>	\$75 Copay	60% coins after ded	\$70 Copay	50% coins after ded
<b>Diagnostic Testing</b>				
<b>Lab Services</b>	30% coins after ded	60% coins after ded	25% coins after ded	50% coins after ded
<b>Imaging Services</b>	30% coins after ded	60% coins after ded	25% coins after ded	50% coins after ded
<b>Ambulance Emergent</b>	30% coins after ded	30% coins after ded	No Charge after ded	No Charge after ded
<b>Non-Emergent</b>	30% coins after ded	30% coins after ded	25% coins after ded	25% coins after ded
<b>Emergency Room</b>	\$750 Copay	\$750 Copay	No Charge	No Charge
<b>Urgent Care</b>	\$35 Copay	\$35 Copay	\$35 Copay	\$35 Copay
<b>Hospital Services</b>				
<b>Inpatient</b>	30% coins after ded	60% coins after ded	25% coins after ded	50% coins after ded
<b>Inpatient</b>	30% coins after ded	60% coins after ded	25% coins after ded	50% coins after ded
<b>Outpatient</b>				
<b>Hospital Services</b>	30% coins after ded	60% coins after ded	25% coins after ded	50% coins after ded
<b>Office Visits</b>	\$70 Copay	60% coins after ded	25% coins after ded	50% coins after ded
<b>Physical Medicine</b>				
<b>Physical Therapy</b>	\$70 Copay	60% coins after ded	\$70 Copay	50% coins after ded
<b>Speech and Occupational Therapy</b>	\$70 Copay	60% coins after ded	\$70 Copay	50% coins after ded
<b>Chiropractic Services</b>	\$70 Copay	60% coins after ded	\$70 Copay	50% coins after ded

Prescription Drugs Plans	CORE PLAN		BUY UP PLAN	
	NEW PLAN EFF 10/1/25		NEW PLAN EFF 10/1/2025	
	In-Network	Out of Network	In-Network	Out of Network
<b>30-Day Supply</b>				
<b>Generic Drugs</b>	\$15 Copay	Not Covered	\$15 Copay	Not Covered
<b>Brand Name Drugs</b>	\$50 Copay	Not Covered	\$40 Copay	Not Covered
<b>Non-Preferred Brand Drugs</b>	\$75 Copay	Not Covered	\$60 Copay	Not Covered
<b>Mail Order 30 Day Supply</b>				
<b>Specialty Prescription Drug</b>	\$300 Copay	Not Covered	\$250 Copay	Not Covered
<b>Mail Order 90 Day Supply</b>				
<b>Generic Drugs</b>	\$37.50 Copay	Not Covered	\$37.50 Copay	Not Covered
<b>Brand Name Drugs</b>	\$125 Copay	Not Covered	\$100 Copay	Not Covered
<b>Non-Preferred Brand Drugs</b>	\$187.50 Copay	Not Covered	\$150 Copay	Not Covered

This Summary of Material Modifications is intended to provide an easy-to-understand description of certain changes to the Summary Plan Description. The Summary Plan Description previously provided 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.

SMM\_MountaineerPark.EN2058.UFCWLocal1776KS\_PlnMods\_V1.1\_100125.091925.doc