

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: AMENDMENT- 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.

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
Deductible				
Individual	\$2,000	\$4,000	\$750	\$3,000
Family	\$4,000	\$8,000	\$1,500	\$6,000
Out of Pocket				
Individual	\$9,200	Unlimited	\$8,000	Unlimited
Family	\$18,400	Unlimited	\$16,000	Unlimited
Coinsurance after Deductible	30%	60%	25%	50%
Office Visits				
Primary	\$50 Copay	60% coins after ded	\$35 Copay	50% coins after ded
Specialist	\$75 Copay	60% coins after ded	\$70 Copay	50% coins after ded
Diagnostic Testing				
Lab Services	30% coins after ded	60% coins after ded	25% coins after ded	50% coins after ded
Imaging Services	30% coins after ded	60% coins after ded	25% coins after ded	50% coins after ded
Ambulance Emergent	30% coins after ded	30% coins after ded	No Charge after ded	No Charge after ded
Non-Emergent	30% coins after ded	30% coins after ded	25% coins after ded	25% coins after ded
Emergency Room	\$750 Copay	\$750 Copay	No Charge	No Charge
Urgent Care	\$35 Copay	\$35 Copay	\$35 Copay	\$35 Copay
Hospital Services				
Inpatient	30% coins after ded	60% coins after ded	25% coins after ded	50% coins after ded
Outpatient	30% coins after ded	60% coins after ded	25% coins after ded	50% coins after ded
Mental and Substance Abuse				
Inpatient	30% coins after ded	60% coins after ded	25% coins after ded	50% coins after ded
Outpatient	30% coins after ded	60% coins after ded	25% coins after ded	50% coins after ded
Office Visits	\$50 Copay	60% coins after ded	\$35 Copay	50% coins after ded
Physical Medicine				
Physical Therapy	\$75 Copay	60% coins after ded	\$70 Copay	50% coins after ded
Speech and Occupational Therapy	\$75 Copay	60% coins after ded	\$70 Copay	50% coins after ded
Chiropractic Services	\$75 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
30-Day Supply				
Generic Drugs	\$15 Copay	Not Covered	\$15 Copay	Not Covered
Brand Name Drugs	\$50 Copay	Not Covered	\$40 Copay	Not Covered
Non-Preferred Brand Drugs	\$75 Copay	Not Covered	\$60 Copay	Not Covered
Mail Order 30 Day Supply				
Specialty Prescription Drug	\$300 Copay	Not Covered	\$250 Copay	Not Covered
Mail Order 90 Day Supply				
Generic Drugs	\$37.50 Copay	Not Covered	\$37.50 Copay	Not Covered
Brand Name Drugs	\$125 Copay	Not Covered	\$100 Copay	Not Covered
Non-Preferred Brand Drugs	\$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.

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