

**United Food & Commercial Workers Local Union #1189
and St. Paul Food Employers Health Care Plan**

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IMPORTANT NOTICE

Summary of Material Modifications

TO: Participants and Beneficiaries of the United Food and Commercial Workers Union Local 1189 and St. Paul Food Employers Health Care Plan

FROM: The Board of Trustees

DATE: October 2023

This is a Summary of Material Modifications (“SMM”) regarding the United Food and Commercial Workers Union Local 1189 and St. Paul Food Employers Health Care Plan (the “Plan”). The Board of Trustees of the Plan has amended the Summary Plan Description and Plan Document (Amended and Restated March 1, 2021) as described below.

Amendment No. 7:

Orthodontic Benefits for Full-Time Employees

Effective March 1, 2023, the Plan has been amended to extend the Plan’s current orthodontic benefit to full-time employees.

Please update your Summary Plan Description and Plan Document booklet (dated March 1, 2021) to reflect these changes by inserting replacement and supplemental iii (Schedule of Benefits), iii (Table of Contents), and 56 into your booklet to replace and supplement the existing pages.

If you have any questions about these changes to the Plan, please contact the Plan Administrator, Wilson-McShane Corporation, at (952) 854-0795 or 1-800-535-6373.

**GRANDFATHERED STATUS UNDER THE
PATIENT PROTECTION AND AFFORDABLE CARE ACT**

The Trustees believe this Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that already was in effect when that law was enacted. Being a grandfathered health plan means that your Plan is not required to include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of Lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator, Wilson-McShane Corporation, at: United Food and Commercial Workers Union Local 1189 and St. Paul Food Employers Health Care Plan, 3001 Metro Drive, Suite 500, Bloomington, MN 55425, (952) 854-0795 or 1-800-535-6373. You also may contact the Employee Benefits Security Administration, U.S. Department of Labor at: (866) 444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

DENTAL CARE BENEFITS	Plan 1	Plan 2
Percentage payable:		
<u>Diagnostic and preventive services</u>	80%	80%
<ul style="list-style-type: none"> Covered 100% if you use a dental provider in the Delta Preferred Option Network 		
<u>Basic and special services</u>	80%	80%
<ul style="list-style-type: none"> Covered 90% if you use a dental provider in the Delta Preferred Option Network 		
<u>Special restorative services</u>	80%	80%
<u>Prosthetics</u>	80%	50%
Maximum per Calendar Year	\$1,250	\$1,000
<ul style="list-style-type: none"> Does not apply to following benefits for eligible Dependent children under age 19: routine oral examinations; sealants; dental prophylaxis; and topical fluoride treatments. 		
<u>Orthodontics</u> (for Plan 1 Employees and their Dependent children age 8 through 18 and Plan 2 Employees of any age)		
<ul style="list-style-type: none"> Percentage payable Lifetime maximum 	50% \$1,000	50% \$1,000

VISION CARE BENEFITS (Plan 1 Only)	Plan 1	Plan 2
One eye examination.		
Lenses, frames, or contact lenses up to the Aggregate Maximum.		
<ul style="list-style-type: none"> Plan's Coinsurance 	80%	N/A
Aggregate Maximum per person per Calendar Year.	\$300	N/A
<ul style="list-style-type: none"> For eligible Dependent children under age 19: the aggregate maximum does not apply to eye examinations; and after the \$300 maximum, glasses for such Dependents are covered at 50%. In lieu of all other benefits for lenses, frames, and contact lenses, laser eye surgery will be covered up to the aggregate maximum. 		

PREFERRED PROVIDER PHARMACY PRESCRIPTION DRUG BENEFITS	Plan 1	Plan 2
Participant's Copayment per prescription:		
<ul style="list-style-type: none"> Up to a 31-day supply at a retail pharmacy, or Up a 90-day supply for maintenance drugs at a retail pharmacy that participates in the Sav-Rx Walk-In Mail-Order Network. Specialty drugs limited to a 31-day supply through the Sav-Rx Specialty Program. Up to a 90-day supply for certain specialty drugs through the Sav-Rx HIA-90 Program. If a generic is available, but the pharmacy dispenses the brand name drug (other than a Physician's "dispense as written" or equivalent instructions), the Participant must pay the difference between the cost of the brand name drug and the generic drug in addition to the brand name Copayment. 	20% with a \$10 minimum Copayment and a \$50 maximum Copayment	20% of the discounted cost

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1. Crowns when the teeth cannot be restored with a filling material.
Limitation: Benefits for the replacement of a crown will be provided once each five years.
2. Filled composite resin restorations for posterior teeth.
Limitations:
 - a. Posterior teeth will have a composite restoration maximum of three surfaces; and
 - b. Coverage for replacement of a filled composite restoration, or further restoration by any other procedure, will be provided once each two years.

C. Prosthetics (Removable and Fixed)

Prosthetics includes coverage for:

1. repairs and adjustments to prosthetic appliances; and
2. bridges, partial dentures, and complete dentures for the replacement of fully extracted or missing permanent teeth.

Replacement Benefits

A given prosthetic appliance for the purpose of replacing an existing appliance will be provided once each five years, and then only in the event that the existing appliance is not, and cannot be made, satisfactory. Services which are necessary to make an appliance satisfactory will be provided.

Limitation: Coverage is not provided for replacement of misplaced, lost, or stolen dental prosthetic appliances.

D. Orthodontics (For Full-Time Employees and Dependents, and Part-Time Employees)

Benefits are payable under this section for Full-Time Employees, their eligible Dependent children ages 8 through 18 and for Part-Time Employees of any age.

Covered Expenses include treatment necessary for the prevention and correction of malocclusion of teeth and associated dental and facial disharmonies.

Limitation: Coverage is not provided for the repair or replacement of any orthodontic appliance.