

**SUMMARY OF MATERIAL MODIFICATION
AND
AMENDMENT #3
TO THE
UNITED BENEFIT FUND
VOA BASE
GROUP NO. A6358**

This Summary of Material Modification and Amendment describes changes to the United Benefit Fund – VOA Base effective January 1, 2022. These changes are effective as of **January 1, 2024** and will remain in effect until amended in writing by the Plan Administrator.

This document should be read carefully and attached to the Plan Document and Summary Plan Description. Please contact the Plan Administrator identified in the Summary Plan Description if you have any questions regarding the changes described in this Summary of Material Modification.

Board of Trustees of the United Benefit Fund (the "Plan Sponsor") is amending the United Benefit Fund – VOA Base (the "Plan") as follows:

In the Medical Schedule of Benefits – VOA Base, the Diagnostic Testing, X-Ray and Lab Services (Outpatient), Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges) and Physician's Services benefits are hereby deleted and replaced as follows; in addition, the Surgery (Outpatient) benefit is hereby added alphabetically as shown below:

MEDICAL SCHEDULE OF BENEFITS – VOA BASE

| VOA BASE | PARTICIPATING PROVIDERS | NON-PARTICIPATING PROVIDERS (Subject to the Maximum Allowable Expense) |
|--|--|---|
| MEDICAL BENEFITS | | |
| Diagnostic Testing, X-Ray and Lab Services (Outpatient) | \$25 Copay per visit then 100%, Deductible waived | 60% after Deductible |
| Advanced Imaging (MRI*, MRA, CT and PET Scans, Bone Density, Scintimammography, Capsule Endoscopy, Nuclear Medicine) | \$100 Copay per scan, then 100%, Deductible waived | 60% after Deductible |
| *MRI's must be performed by a Participating Provider on an outpatient basis unless it is Medically Necessary to perform the procedure in a Hospital or the procedure is deemed Medically Necessary and performed while the Covered Person is otherwise hospitalized. | | |
| Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges) | | |
| Inpatient | \$300 Copay then 100%, Deductible waived | 60% after Deductible |
| Room and Board Allowance* | Semi-Private Room Rate* | Semi-Private Room Rate* |
| Intensive Care Unit | ICU/CCU Room Rate | ICU/CCU Room Rate |
| Miscellaneous Services & Supplies | 100% after Deductible | 60% after Deductible |
| Outpatient | 100% after Deductible | 60% after Deductible |

| VOA BASE | PARTICIPATING PROVIDERS | NON-PARTICIPATING PROVIDERS (Subject to the Maximum Allowable Expense) |
|--|---|---|
| * A private room will be considered eligible when Medically Necessary. Charges made by a Hospital having only single or private rooms will be considered at the least expensive rate for a single or private room. | | |
| Physician's Services | | |
| Inpatient/Outpatient Services | 100% after Deductible | 60% after Deductible |
| Office Visits/Telemedicine: Primary Care Physician | \$15 Copay* then 100%, Deductible waived | 60% after Deductible |
| Specialist | \$30 Copay* then 100%, Deductible waived | 60% after Deductible |
| Physician Office Surgery: Primary Care Physician | \$15 Copay* then 100%, Deductible waived | 60% after Deductible |
| Specialist | \$30 Copay* then 100%, Deductible waived | 60% after Deductible |
| *Copay applies per visit regardless of what services are rendered. | | |
| Surgery (Outpatient) (does not include Surgery in the Physician's office) | \$150 Copay then 100%, Deductible waived | 60% after Deductible |

All other provisions of this Plan shall remain unchanged.

In Witness Whereof, Board of Trustees of the United Benefit Fund has caused this Amendment to take effect, be attached to, and form a part of their VOA Base Plan.



 Authorized Signature

2/7/24

 Date



 Title

 Witness

 Date

 Title