

**SUMMARY OF MATERIAL MODIFICATION  
AND  
AMENDMENT #1  
TO THE  
UNITED BENEFIT FUND  
VOA ENHANCED  
GROUP NO. 16358**

This Summary of Material Modification and Amendment describes changes to the United Benefit Fund – VOA Enhanced effective January 1, 2022. These changes are effective as of **January 1, 2022** 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 Enhanced (the “Plan”) as follows:

1. *The **Mandatory Specialty Pharmacy Program: 30-day supply** benefit under the **Prescription Drug Schedule of Benefits – VOA Enhanced** is hereby deleted and replaced as follows:*

**PRESCRIPTION DRUG SCHEDULE OF BENEFITS – VOA ENHANCED**

| BENEFIT DESCRIPTION  | BENEFIT    |
|--|------------|
| <b>Mandatory Specialty Pharmacy Program: 30-day supply</b>   |            |
| Specialty Drug   | \$50 Copay |
| <b>NOTE:</b> Specialty Drugs MUST be obtained directly from the specialty pharmacy. Specialty Drugs are not available at retail or mail order pharmacies and there are no grace fills provided to Covered Persons. |            |

2. *The definition of “Spouse” under the **Dependent Eligibility** subsection and the **Special Enrollment Event** subsection under the **Eligibility for Participation** section are hereby deleted and replaced as follows:*

**ELIGIBILITY FOR PARTICIPATION**

**Dependent Eligibility**

The below terms have the following meanings:

“Spouse” means any person who is lawfully married to you under any state law. This shall include individuals with the legal status of domestic partner and those who are spouses by reason of common law marriage, except in those provisions of this Summary Plan Description pertaining to laws that do not apply to domestic partnerships or common law marriages. The Plan Administrator may require documentation proving a legal marital relationship.

In the case of a domestic partnership, the Plan Administrator shall require the following documentation:

- (1) Municipal or state domestic partnership registration; or
- (2) State civil union or marriage license; or
- (3) Civil union, marriage license, or domestic partnership registration issued in another country.

A domestic partner or spouse by common-law marriage will not qualify for participation as a dependent spouse unless one of the above methods of documentation is received and accepted by the Plan Administrator.

### **Special Enrollment Event**

A special enrollment event occurs when you or your Dependents suffer a loss of other health care coverage, when you become eligible for a state premium assistance subsidy or acquire a new Dependent as a result of marriage, registration of a domestic partnership, birth, adoption or placement for adoption. In these circumstances, you and/or your eligible Dependents will be considered Special Enrollees.

Each special enrollment event is more fully described below:

- (1) **Loss of Other Coverage (other than under Medicaid or SCHIP).** If you declined enrollment for yourself or your Dependents (including your Spouse) because you or your Dependents had other health coverage (including coverage under a group health plan sponsored by a governmental or educational institution, a medical care program of the Indian Health Service or of a tribal organization), you may enroll for coverage for yourself and/or your Dependents under this Plan if the other health coverage is lost as a result of one of the following:
  - (a) The other health coverage was under COBRA and the maximum continuation period available under COBRA has been exhausted;
  - (b) Loss of eligibility under the other health coverage for reasons other than non-payment of the required contribution or premium, making a fraudulent claim or intentional misrepresentation of a material fact in connection with the other plan; or
  - (c) Employer contributions cease for the other health coverage.

If you are already enrolled in a benefit option available under the Plan and your Dependent lost his or her other health coverage, you may enroll in a different benefit option available under the Plan due to the special enrollment event of your Dependent.

You must submit the appropriate election and enrollment forms to your Human Resources Department within 60 days after the date the other health coverage was lost. Coverage under the Plan will become effective on the first day of the month following the date you submit the appropriate election and enrollment forms to your Human Resources Department.

- (2) **Loss of Coverage under Medicaid or SCHIP or Eligibility for a State Premium Assistance Subsidy.** If you or your Dependents did not enroll in the Plan when initially eligible because you and/or your Dependents were covered under Medicaid or a state sponsored Children's Health Insurance Program (SCHIP) and your coverage terminates because you or your Dependents are no longer eligible for Medicaid or SCHIP or you or your Dependents become eligible for a state premium assistance subsidy under Medicaid or SCHIP, you may enroll for coverage under this Plan for yourself and your Dependents after Medicaid or SCHIP coverage terminates or after you or your Dependents' eligibility for a state assistance subsidy under Medicaid or SCHIP is determined.

You must submit the appropriate election and enrollment forms to your Human Resources Department within 60 days after coverage under Medicaid or SCHIP terminates or within 60 days after eligibility for a state premium assistance subsidy under Medicaid or SCHIP is determined. Coverage under the Plan will become effective on the first day of the month following the date you submit the appropriate election and enrollment forms to your Human Resources Department.

- (3) **Acquisition of a New Dependent.** If you acquire a new Dependent as a result of marriage, registration of a domestic partnership, birth, adoption or placement for adoption, you may be able to enroll for coverage under this Plan for yourself and your Dependents. You must submit the appropriate election and enrollment forms to your Human Resources Department within 60 days after the date you acquire such Dependent.

- (a) Coverage becomes effective for a Dependent Child who is born after the date your coverage becomes effective as of such Child's date of birth provided you complete and submit the required election and enrollment forms (including a payroll deduction authorization, if applicable) within 60 days after the Child's birth. Failure to enroll in the Plan within this 60-day period will result in no coverage under the Plan.
- (b) Coverage for a newly acquired Dependent due to marriage or registration of a domestic partnership will be effective on the first day of the month following the date of notification of marriage or registration provided you complete and submit the required election and enrollment forms (including a payroll deduction authorization, if applicable) within 60 days after your date of marriage or registration. Failure to enroll in the Plan within the 60-day period described above will result in no coverage under the Plan.
- (c) Coverage for a newly acquired Dependent due to adoption (or placement with you in anticipation of adoption) will be effective as of the date of adoption (or placement in anticipation of adoption) provided you complete and submit the required election and enrollment forms (including a payroll deduction authorization, if applicable) within 60 days after adoption or placement in anticipation of adoption, as applicable. Failure to enroll in the Plan within the 60-day period described above will result in no coverage under the Plan.

2. The **Qualified Beneficiary** subsection under the **COBRA Continuation Coverage** section is hereby deleted and replaced as follows:

### COBRA CONTINUATION COVERAGE

**Qualified Beneficiary**

In general, you, your Spouse and any Dependent Child covered under the Plan on the day before a qualifying event that causes you to lose coverage under the Plan is considered a "qualified beneficiary".

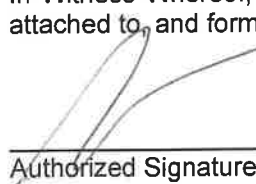
In addition, any Dependent Child who is born to or placed for adoption with you during a period of COBRA continuation coverage is considered a "qualified beneficiary".

Federal law does not recognize domestic partners or spouses by common law marriage as "qualified beneficiaries". Domestic partners and spouses by common law marriage may still be eligible for benefits if the ex-participant continues coverage and may inquire with the Plan Administrator.

Each qualified beneficiary (including a child who is born to or placed for adoption with a covered Employee during a period of COBRA continuation coverage) is offered the opportunity to make an independent election to receive COBRA continuation coverage.

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 Enhanced Plan.

  
 \_\_\_\_\_  
 Authorized Signature

5/12/23  
 \_\_\_\_\_  
 Date

Andrew Talamo  
 \_\_\_\_\_  
 Trustee

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title