SUMMARY OF MATERIAL MODIFICATION
AND
AMENDMENT #3
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, 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 Enhanced (the "Plan") as follows:

1. *In the **Medical Schedule of Benefits – VOA Enhanced**, 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 ENHANCED

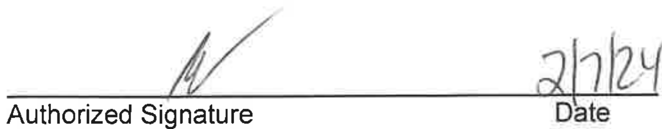
VOA ENHANCED	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to the Maximum Allowable Expense)
MEDICAL BENEFITS		
Diagnostic Testing, X-Ray and Lab Services (Outpatient)	$25 Copay per visit then 100%, Deductible waived	60% after Deductible
Advanced Imaging (MRI*, MRA, CT and PET Scans, Bone 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
* 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.		

VOA ENHANCED	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to the Maximum Allowable Expense)
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

2. *The **Prescription Drug Schedule of Benefits – VOA Enhanced** is hereby deleted and replaced as shown in **Exhibit A**.*

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.



Trustee

Authorized Signature Date Title

Witness Date Title

EXHIBIT A

PRESCRIPTION DRUG SCHEDULE OF BENEFITS – VOA ENHANCED

BENEFIT DESCRIPTION	BENEFIT
NOTE: There is no coverage under the Plan for Prescription Drugs obtained from a Non-Participating Provider.	
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes and Copays – combined with major medical Out-of-Pocket)	
Single	$7,550
Family	$15,100
Retail Pharmacy: 30-day supply	
Generic Drug	$10 Copay
Preferred Drug	$25 Copay
Non-Preferred Drug	$50 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	$0 Copay (100% paid)
Mandatory Specialty Pharmacy Program: 30-day supply	
Specialty Drug	$125 Copay
NOTE: 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.	
Retail Pharmacy: 90-day supply	
Generic Drug	$25 Copay (100% paid)
Preferred Drug	$62.50 Copay
Non-Preferred Drug	$125 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	$0 Copay (100% paid)
Mail Order Pharmacy: 90-day supply	
Generic Drug	$25 Copay (100% paid)
Preferred Drug	$62.50 Copay
Non-Preferred Drug	$125 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	$0 Copay (100% paid)
Sexual dysfunction/impotence medication is limited to Sildenafil Citrate 20 mg.	

NOTE: Certain Prescription Drug classes are subject to Step Therapy. (See the Prescription Drug Card Program section for further details regarding Step Therapy.)

NOTE: Injectable medication is limited to $1,000 per Calendar Year under the major medical benefits of this Plan, except for chemotherapy drugs. Injectable medication (other than chemotherapy drugs) in excess of $1,000 Incurred within the same Calendar Year is covered under the Prescription Drug Card Program.

Mandatory Generic Program
The Plan requires that pharmacies dispense Generic Drugs when available. Should a Covered Person choose a Brand Name Drug rather than the Generic equivalent, the Covered Person will also be responsible for the cost difference between the Generic and Brand Name Drug, even if a DAW (Dispense As Written) is written by the prescribing Physician. The cost difference is not covered by the Plan and will not accumulate toward your Out-of-Pocket Maximum.

Mandatory Specialty Pharmacy Program
Self-administered Specialty Drugs that do not require administration under the direct supervision of a Physician must be obtained directly from the specialty pharmacy program. For additional information, please contact the Prescription Drug Card Program Administrator.

Specialty Drugs that must be administered in a Physician's office, infusion center or other clinical setting, or the Covered Person's home by a third party, will be considered under the Medical Benefits section of the Plan. Those drugs that can be self-administered and do not require the direct supervision of a Physician are only eligible under the Prescription Drug Program.

Preventive Drug means items which have been identified by the U.S. Department of Health and Human Services (HHS) as a preventive service. You may view the guidelines established by HHS by visiting the following website:

https://www.healthcare.gov/what-are-my-preventive-care-benefits

For a list of Preventive Drugs, contact the Prescription Drug Card Program Administrator identified in the General Plan Information section of this Plan.