

**SUMMARY OF MATERIAL MODIFICATION
AND
AMENDMENT #2
TO THE
UNITED BENEFIT FUND
AETNA POS
GROUP NO. A6358**

This Summary of Material Modification and Amendment describes changes to the United Benefit Fund – Aetna POS effective January 1, 2024. These changes are effective as of **January 1, 2025** 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 – Aetna POS (the “Plan”) as follows:

1. *The **Calendar Year Out-of-Pocket Maximum** in the **Medical Schedule of Benefits – Aetna POS** is hereby deleted and replaced as follows:*

MEDICAL SCHEDULE OF BENEFITS – AETNA POS

BENEFIT DESCRIPTION	PARTICIPATING PROVIDERS ONLY
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductibles, Coinsurance and Copays – combined with Prescription Drug Card)	
Single	\$9,200
Family	\$18,400

2. *The **Calendar Year Out-of-Pocket Maximum** in the **Prescription Drug Schedule of Benefits – Aetna POS** is hereby deleted and replaced as follows:*

PRESCRIPTION DRUG SCHEDULE OF BENEFITS – AETNA POS

BENEFIT DESCRIPTION	BENEFIT
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes and Copays – combined with major medical Out-of-Pocket)	
Single	\$9,200
Family	\$18,400

Gene Therapy Exception Form on File

Attached, please find your recent plan document request. Your current plan design excludes coverage for certain gene therapies, drugs and/or medical injectables and related services. Our records indicate that you have a signed Gene Therapy Exception form on file. This form has been incorporated into the terms of your Administrative Services Agreement ("Agreement") and is subject to the provisions in the Agreement, include any applicable indemnification provision.

As a reminder, it is your responsibility to communicate plan design terms and changes in a manner that satisfies any legal requirements, including, if applicable, the Employee Retirement Income Security Act of 1974 (ERISA).

Thank you.

3. The **Gender Reassignment** exclusion under **General Exclusions and Limitations** is hereby deleted and added alphabetically under **Eligible Medical Expenses**:

ELIGIBLE MEDICAL EXPENSES

Gender Reassignment Services: Services and supplies provided in connection with gender transition when you have been diagnosed with gender identity disorder or gender dysphoria by a Physician. This coverage is provided according to the terms and conditions of the Plan that apply to all other covered medical conditions, including Medical Necessity requirements, Medical Management, Prescription Drug programs, and exclusions for Cosmetic services (except as allowed per guidelines). Additional guidelines or requirements may need to be satisfied before benefits are paid under the Plan. Coverage includes, but is not limited to, Medically Necessary services related to gender transition such as gender reassignment (sex change) Surgery, breast removal, gonadectomy, breast implants, hormone therapy, and psychotherapy.

Services that are excluded on the basis that they are Cosmetic include, but are not limited to: abdominoplasty; blepharoplasty; body contouring (liposuction of waist); brow lift; calf implants; cheek/malar implants; chin/nose implants; collagen injections; construction of a clitoral hood; drugs for hair loss or growth; face lifting; facial bone reduction; facial feminization and masculinization Surgery; feminization of torso; forehead lift; jaw reduction (jaw contouring); hair removal (e.g., electrolysis, laser hair removal; exception: a limited number of electrolysis or laser hair removal sessions are considered Medically Necessary for skin graft preparation for genital Surgery); hair transplantation; lip enhancement; lip reduction; liposuction; masculinization of torso; mastopexy; neck tightening; nipple reconstruction; nose implants; pectoral implants; pitch-raising Surgery; removal of redundant skin; rhinoplasty; skin resurfacing (dermabrasion/chemical peel); tracheal shave (reduction thyroid chondroplasty); voice modification Surgery (laryngoplasty, cricothyroid approximation or shortening of the vocal cords); and voice therapy/voice lessons.

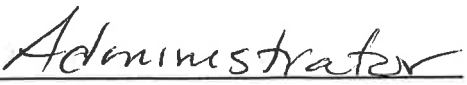
4. Number (7) under the **More Than One Transplant Occurrence** subsection under the **Aetna Institute of Excellence (IOE) Program** section is hereby deleted in its entirety and not replaced.
5. The **Gene Therapy** benefit under **Eligible Medical Expenses** is hereby deleted and added alphabetically under **General Exclusions and Limitations**:

GENERAL EXCLUSIONS AND LIMITATIONS

Gene Therapy: Expenses for services or supplies related to gene therapy will not be considered eligible.

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 Aetna POS.

	12/10/24	
Authorized Signature	Date	Title

_____	_____	_____
Witness	Date	Title

