

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.

**SUMMARY OF MATERIAL MODIFICATION
AND
AMENDMENT #4
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, 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 – VOA Enhanced (the “Plan”) as follows:

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

MEDICAL SCHEDULE OF BENEFITS – VOA ENHANCED

VOA ENHANCED	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to the Maximum Allowable Expense)
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductibles, Coinsurance and Copays – combined with Prescription Drug Card)		
Individual	\$9,200	\$20,000
Family	\$18,400	\$40,000

2. *The **Calendar Year Out-of-Pocket Maximum, Retail Pharmacy: 30-day supply** and **Mandatory Specialty Pharmacy Program: 30-day supply** under the **Prescription Drug Schedule of Benefits – VOA Enhanced** are hereby deleted and replaced as follows:*

PRESCRIPTION DRUG SCHEDULE OF BENEFITS – VOA ENHANCED

BENEFIT DESCRIPTION	BENEFIT
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible and Copays – combined with major medical Out-of-Pocket)	
Single	\$9,200
Family	\$18,400
Retail Pharmacy: 30-day supply	
Generic Drug	\$15 Copay

Preferred Drug	\$30 Copay
Non-Preferred Drug	\$55 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	\$150 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.	

3. The **Sex Transformation** exclusion under **General Exclusions and Limitations** is hereby deleted and **Gender Reassignment** is 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. The following **Gene Therapy** exclusion is hereby added alphabetically under **General Exclusions and Limitations** as shown below:

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 VOA Enhanced Plan.

<u>Jeannette Calano Shoks</u>	<u>5/20/25</u>	<u>Administrator</u>
Authorized Signature	Date	Title

_____	_____	_____
Witness	Date	Title