

**SUMMARY OF MATERIAL MODIFICATION
AND
AMENDMENT #4
TO THE
UNITED BENEFIT FUND
CAMBRIDGE B PLAN
GROUP NO. 16358**

This Summary of Material Modification and Amendment describes changes to the United Benefit Fund – Cambridge B Plan 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 – Cambridge B Plan (the "Plan") as follows:

1. *The **Prescription Drug Schedule of Benefits-Cambridge B Plan** is hereby deleted and replaced as shown in **Exhibit A**.*
2. *The **Sex Transformation** 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.

3. *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.



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.

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 Cambridge B Plan.

Giuseppa Calamo 12/10/24
Authorized Signature Date

Administrator
Title

Witness Date

Title

EXHIBIT A

PRESCRIPTION DRUG SCHEDULE OF BENEFITS – CAMBRIDGE B PLAN

BENEFIT DESCRIPTION	BENEFIT
NOTE: There is no coverage under the Plan for Prescription Drugs obtained from a Non-Participating Provider. Once the Plan has spent \$7,000 on an Employee or the Employee's family within a Calendar Year, in addition to Copays, an additional Coinsurance will apply (as specified below) above this maximum.	
Retail Pharmacy: 30-day supply	
Generic Drug	\$5 Copay (100% paid) up to \$7,000 maximum per Calendar Year then \$5 Copay plus 40%
Brand Name Drug	\$30 Copay (100% paid) up to \$7,000 maximum per Calendar Year then \$30 Copay plus 40%
Specialty Drug	Not Covered
Retail Pharmacy (CVS, Walgreens or Duane Reade): 30-day supply	
Generic Drug	\$10 Copay (100% paid) up to \$7,000 maximum per Calendar Year then \$10 Copay plus 40%
Brand Name Drug	\$35 Copay (100% paid) up to \$7,000 maximum per Calendar Year then \$35 Copay plus 40%
Specialty Drug	Not Covered
Retail Pharmacy: 90-day supply	
Generic Drug	\$10 Copay (100% paid) up to \$7,000 maximum per Calendar Year then \$10 Copay plus 40%
Brand Name Drug	Not Covered
Retail Pharmacy (CVS, Walgreens or Duane Reade): 90-day supply	
Generic Drug	\$15 Copay (100% paid) up to \$7,000 maximum per Calendar Year then \$15 Copay plus 40%
Brand Name Drug	Not Covered
Mail Order Pharmacy: 90-day supply	
Generic Drug	\$10 Copay (100% paid) up to \$7,000 maximum per Calendar Year then \$10 Copay plus 40%
Brand Name Drug	\$50 Copay (100% paid) up to \$7,000 maximum per Calendar Year then \$50 Copay plus 40%
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.

Specialty Drugs

Expenses for Specialty Drugs or injectable specialty medications will not be considered eligible through the Prescription Drug Card Program. Non-specialty injectable medications such as insulin are a covered benefit.

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.

