

**SUMMARY OF MATERIAL MODIFICATION
AND
AMENDMENT #1
TO THE
UNITED BENEFIT FUND
UNIVERSAL B PLAN
GROUP NO. 16358**

This Summary of Material Modification and Amendment describes changes to the United Benefit Fund – Universal B Plan effective January 1, 2022. These changes are effective as of **January 1, 2023** 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 – Universal B Plan (the “Plan”) as follows:

1. *In the **Medical Management Program** section of the Plan, the **Disease Management** subsection is hereby added as shown below:*

MEDICAL MANAGEMENT PROGRAM

Disease Management

Meritain Health Disease Management is aimed at reducing the health risks of Covered Persons with chronic conditions by utilizing evidence-based guidelines to identify and positively impact the health of participants.

Meritain Health Disease Management participation is limited to Covered Persons enrolled in the Plan. Disease Management candidates are identified through self-referral and by using predictive modeling that is based on medical and prescription claims data (when available). On-site biometric screenings and online health risk assessments may also be used. Examples of medical conditions that could benefit from Disease Management are:

- (1) Asthma (pediatric and adult);
- (2) Chronic kidney disease;
- (3) Chronic Obstructive Pulmonary Disease (COPD);
- (4) Chronic pain (from osteoarthritis, rheumatoid arthritis, or low-back pain);
- (5) Congestive Heart Failure (CHF);
- (6) Coronary Artery Disease (CAD);
- (7) Diabetes (pediatric and adult);
- (8) Hyperlipidemia (high cholesterol);
- (9) Hypertension (high blood pressure).

Participants in the Meritain Health Disease Management program are assigned a dedicated nurse coach who:

- (1) Helps members set healthcare targets and goals;
- (2) Motivates members and elevates their self-confidence in managing chronic disease;

- (3) Educates members on warning signs and symptoms and what to do if they occur;
- (4) Provides educational resources specific to the interaction and needs of members;
- (5) Identifies ways for members to stay healthy.

A Covered Person may contact the Meritain Health Disease Management 24 hour Nurse Line 7 days a week at (888) 610-0089 to discuss current illnesses, health issues, treatments, lifestyle choices and self-care strategies.

2. The **Institutes of Quality (IOQ) Program** and **Minute Clinic** benefits are hereby added alphabetically to the **Medical Schedule of Benefits – Universal B Plan** as follows:

MEDICAL SCHEDULE OF BENEFITS – UNIVERSAL B PLAN

UNIVERSAL B PLAN	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to the Maximum Allowable Expense)
MEDICAL BENEFITS		
Institutes of Quality (IOQ) Program		
Cardiac Care	100% (Aetna IOQ Program)* \$1,000 Copay per admission (\$50,000 maximum per Calendar Year) then 60% (All Other Network Providers – facility charges) 100% (\$50,000 maximum per Calendar Year) then 60% (All Other Network Providers – professional fees)	\$1,000 Copay per admission (\$50,000 maximum per Calendar Year) then 60% (facility charges) 100% (\$50,000 maximum per Calendar Year) then 60% (professional fees)
Orthopedic Care	100% (Aetna IOQ Program)* \$1,000 Copay per admission (\$50,000 maximum per Calendar Year) then 60% (All Other Network Providers – facility charges) 100% (\$50,000 maximum per Calendar Year) then 60% (All Other Network Providers – professional fees)	\$1,000 Copay per admission (\$50,000 maximum per Calendar Year) then 60% (facility charges) 100% (\$50,000 maximum per Calendar Year) then 60% (professional fees)
* Please refer to the Aetna Institutes of Quality (IOQ) Program section of this Plan for a more detailed description of this benefit. If a provider is in the Aetna Network but not part of the IOQ Program, that facility will be paid as "All Other Network Providers" as shown above.		
MinuteClinic	100%	Not Applicable

3. In the **Eligible Medical Expenses** section of the Plan, **Minute Clinic** is hereby added alphabetically as follows:

ELIGIBLE MEDICAL EXPENSES

- (#) **MinuteClinic:** Walk-in clinic health services provided at a MinuteClinic for:

- (a) Scheduled and unscheduled visits for minor illnesses and injuries;
- (b) Routine vaccinations and immunizations administered within the scope of the clinic's license; and
- (c) Screening and monitoring services.

Expenses for health examinations needed to go to a school, camp, or sporting event, or to join in a sport or other recreational activity will not be covered under the MinuteClinic benefit but may be payable under other provisions of the Plan.

Eligible expenses will be payable as shown in the Medical Schedule of Benefits.

4. The **AETNA Institutes of Quality (IOQ) Program** section is hereby added as shown in **Exhibit A**.
5. The following exclusion is hereby added alphabetically to the **General Exclusions and Limitations** section of the Plan:

GENERAL EXCLUSIONS AND LIMITATIONS

- (#) **Services Not Permitted Under Applicable State or Local Laws:** Some state or local laws restrict the scope of health care services that a provider may render. In such cases, the Plan will not cover such health care services.
6. The address to which an appeal is submitted as shown under the **Internal Review of Initial Adverse Benefit Determination** and the **External Review of Adverse Benefit Determinations** sections under **Claim Procedures** are hereby deleted and replaced with the following:

CLAIM PROCEDURES

Internal Review of Initial Adverse Benefit Determination

Meritain Health, Inc.
Appeals Department
P.O. Box 660908
Dallas, TX 75266-0908

External Review of Adverse Benefit Determinations

Meritain Health, Inc.
Appeals Department
P.O. Box 660908
Dallas, TX 75266-0908

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 Universal B Plan.



Authorized Signature



Date



Title

Witness

Date

Title

EXHIBIT A

AETNA INSTITUTES OF QUALITY (IOQ) PROGRAM

Aetna Institutes of Quality (IOQ) Program is a network of publicly recognized, high-quality, high-value health care providers. These providers offer access to a quality and efficient Network for specific procedures. The Institutes have met extensive quality, as well as cost-effectiveness criteria. The Institutes of Quality Program (IOQ) applies to Covered Persons age 18 and includes the facility charges and professional fees.

The IOQs are Aetna facilities participating under standard Aetna contracts and are designated through a targeted Request for Information (RFI) process. Designation is valid for 2 years provided that the facility maintains compliance with the IOQ Program requirements.

Institute of Quality (IOQ) – Cardiac Care

Services for the following Surgeries:

- CABG – Coronary Artery Bypass Graft
- Valve repair/replacement

Institute of Quality (IOQ) – Orthopedic Care

Services for the following Surgeries:

- Musculoskeletal
- Spinal Fusion
- Hip Replacement
- Knee Replacement