

**SUMMARY OF MATERIAL MODIFICATION
AND
AMENDMENT #2
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, 2024** and will remain in effect until amended in writing by the Plan Administrator.

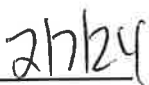
This document should be read carefully and attached to the Plan Document and Summary Plan Description. Please contact the Plan Administrator identified in the Summary Plan Description if you have any questions regarding the changes described in this Summary of Material Modification.

Board of Trustees of the United Benefit Fund (the "Plan Sponsor") is amending the United Benefit Fund – Universal B Plan (the "Plan") as follows:

*The **Prescription Drug Schedule of Benefits- Universal B Plan** 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 Universal B Plan.

 _____ Authorized Signature	 _____ Date	 _____ Title
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_____ Witness	_____ Date	_____ Title
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EXHIBIT A

PRESCRIPTION DRUG SCHEDULE OF BENEFITS – UNIVERSAL 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 \$4,000 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 \$4,000 maximum per Calendar Year then \$5 Copay plus 40%
Brand Name Drug	\$45 Copay (100% paid) up to \$4,000 maximum per Calendar Year then \$45 Copay plus 40%
Specialty Drug	Not Covered
Retail Pharmacy: 90-day supply	
Generic Drug	\$5 Copay (100% paid) up to \$4,000 maximum per Calendar Year then \$5 Copay plus 40%
Brand Name Drug	Not Covered
Mail Order Pharmacy: 90-day supply	
Generic Drug	\$10 Copay (100% paid) up to \$4,000 maximum per Calendar Year then \$10 Copay plus 40%
Brand Name Drug	\$80 Copay (100% paid) up to \$4,000 maximum per Calendar Year then \$80 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.