## 1199SEIU LICENSED PRACTICAL NURSES WELFARE FUND SUMMARY OF MATERIAL MODIFICATIONS

This Summary of Material Modifications describes changes that affect your welfare benefit plan and updates the Summary Plan Description ("SPD") and Summary of Benefits and Coverage ("SBC") that was previously distributed to you. You should keep this summary with your current SPD and SBC until the changes discussed herein expire.

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Effective on or about January 1, 2020, the Licensed Practical Nurses Welfare Fund SBCs and SPDs and/or Plans shall be amended to include enhancements to dental, vision, and life insurance as outlined below:

- With respect to Section II. A: Vision Care, the annual reimbursement is increased to \$300, which includes coverage for an eye exam, eyeglass lenses and frame, or contact lenses. In addition, copayments for select lenses were removed, and members can now access this benefit every year instead of every two years.
- With respect to Section II. C: Dental Benefits, the annual maximum dental benefit was increased to \$3,300 and the orthodontic lifetime maximum was increased to \$4,240, which may provide coverage for two retainers (when obtained through a Participating Orthodontist).
- With respect to Section II. C: Dental Benefits, Implant coverage was added to the [Major Services] covered by the dental benefit plan.
- With respect to Section IV. A: Life Insurance for Full-Time Employees, the life insurance benefit payable to a beneficiary for full-time employee doubled to \$50,000, \$16,000 for spouses and \$8,000 for each eligible dependent child.

The SPD Overview of Your Benefits rows below have been amended, to the extent applicable, to reflect the foregoing. The underlined and bold language shall be added to the SPD and the strikethrough language shall be omitted.

## **OVERVIEW OF YOUR BENEFITS**

| Benefit Coverage LPN  | Full-time<br>LPN | Part-time<br>LPN    |
|---|------------------|---------------------|
| One eye exam every year   | Family           | nily Member<br>Only |
| A selection of eyeglass frames in the Benefit Fund's program and any prescription plastic lenses      In Linux of a serious and a serious frames are a serious frames.  |                  |                     |
| <ul> <li>In lieu of eyeglasses, one order of contact lenses every two years</li> <li>Some frames, lenses, contact lenses and related services require a co-payment (No co-pays for certain upgraded lenses, materials or coatings)</li> </ul> |                  |                     |
| The maximum reimbursement is \$300175, which includes an eye exam, eyeglass lenses and frame, or contact lenses.  |                  |                     |
| Dental Benefit  | Family           | Member              |
| Full-time LPN:  |                  | Only                |
| • Full-time employees and their eligible dependents will each be eligible for a maximum benefit of \$3,3000 per person (excluding essential oral pediatric services) per calendar year for preventive, basic and major services               |                  |                     |
| • No out-of-pocket costs using Healthplex <sup>1</sup> Liberty Preferred Provider Organization (PPO) dentists   |                  |                     |
| Part-time LPN:  |                  |                     |
| • Part-time employees will each be eligible for a maximum benefit of \$3,3000 per calendar year for preventive, basic and major services  |                  |                     |
| No out-of-pocket costs using Healthplex Liberty Preferred Provider<br>Organization (PPO) dentists   |                  |                     |

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<sup>&</sup>lt;sup>1</sup> Effective January 1, 2024, Healthplex Liberty Preferred Provider Organization became known as United Healthcare Liberty Preferred Provider Organization (PPO). Effective as of January 1, 2025, all references to UnitedHealthcare (UHC) should be replaced with Emblem Health Preferred Premier Dental Plan (see 2025 SMM).

| Life Insurance Benefit                       | Family | Family |
|--|--------|--------|
| Full-time LPN:                               |        |        |
| • \$ <del>25</del> <b>50</b> ,000 for Member |        |        |
| • \$ <del>8</del> 16,000 for Spouse          |        |        |
| • \$48,000 for Dependent Children            |        |        |
| Part-time LPN:                               |        |        |
| • \$12,500 for Member                        |        |        |
| • \$4,000 for Spouse                         |        |        |
| • \$2,000 for Dependent Children             |        |        |

Effective December 1, 2020, the 1199SEIU Licensed Practical Nurses Welfare Fund SBCs and SPDs and/or Plans shall be amended to provide the following benefit enhancements for Full Time employees:

- With respect to Section IV. A- Life Insurance Benefit: the Accidental Deaths and Dismemberment (AD&D) insurance coverage increased to \$50,000, for member only.
- With respect to Section II. B Hearing Aids: the hearing benefit increased to \$2,500 per ear/\$5,000 maximum.
- With respect to Section V. B LPN Welfare Fund Scholarship Program: the scholarship award per academic year increased to \$1,500 for each eligible dependent child who meets the scholarship program criteria (plus an additional \$1,500 per academic year for each eligible student in a specific health-care related major).
  - o Addition of a Study Incentive Awards of \$150 per term (up to \$300 per academic school year) for awarded students with a GPA of 3.0 or higher
  - Addition of the Next Generation Healthcare Program, which provides a stipend of \$2,750 to students in the clinical component of their college-based healthcare degree as well as reimbursement of up to \$500 to help pay for their licensure exam review class.

The SPD Overview of Your Benefits rows below have been amended, to the extent applicable, to reflect the foregoing. The underlined and bold language shall be added to the SPDs and the strikethrough language shall be omitted.

## **OVERVIEW OF YOUR BENEFITS**

| Benefit Coverage LPN  | Full-time<br>LPN | Part-time<br>LPN |
|---|------------------|------------------|
| HEARING AIDS  | Family           | Not Covered      |
| <ul> <li>Hearing Benefits up to \$5002,500 per ear/\$5,000</li> </ul> |                  |                  |
| maximum, total in a 48-month period                                   |                  |                  |

| Reimbursement includes purchase of the hearing aid, repair and cost of batteries |           |             |
|--|-----------|-------------|
| Device technology levels "Basic" through "Premium"                               |           |             |
| will be covered in full  |           |             |
| LPN WELFARE FUND SCHOLARSHIP PROGRAM   | Dependent | Not Covered |
| • \$7501,500 per academic year for each eligible dependent                       | Child     |             |
| child  |           |             |
| An additional \$7501,500 per academic year for each                              |           |             |
| eligible dependent child in a specific healthcare-related                        |           |             |
| major  |           |             |
| • Incentive Award: \$150 per term (up to \$300 per academic                      |           |             |
| year) for students with a 3.0 GPA or higher                                      |           |             |
| Next Generation Healthcare Program: Provides a stipend                           |           |             |
| of \$2,750 to students in the clinical component of their                        |           |             |
| degree, and reimbursement of test prep classes up to                             |           |             |
| <u>\$500</u>   |           |             |

The 1199SEIU Licensed Practical Nurses Welfare Fund SBCs and SPDs and/or Plans shall be further amended by adding the Anne Shore Sleep-Away Program, a full-tuition sleep-away camp subsidy benefit, effective beginning Summer of 2022, subject to the following eligibility criteria:

- 1. Campers must:
- a. be legal dependents of eligible Participants;
- b. be aged between 9 to 15 years at the start of camp; and
- c. satisfy other requirements and eligibility criteria of the Anne Shore Sleep-Away Camp Program.
- 2. Participants must timely submit a complete application request form to the 1199SEIU CCC during the annual enrollment period.
- 3. Participants must timely tender the required administrative fee (currently \$50, subject to change).
- 4. Participants are not eligible to receive childcare benefits while on Workers Compensation leave, Medical Leave or COBRA.

The Overview of Your Benefits section is amended to include the table below.

| Benefit Coverage LPN  | Full-time<br>LPN | Part-time<br>LPN |
|---|------------------|------------------|
| ANNE SHORE SLEEP-AWAY CAMP PROGRAM                          | Children         | Children         |
| For eligible children of LPN Welfare members (ages 9 to 15) | only             | only             |

- Summer sleep-away camp program provided at no cost to you, except administrative fee
- FICA taxes and applicable withholdings paid for by the Benefit Fund (you will be responsible for taxable earnings)

Call the Anne Shore Sleep-Away Camp Program at (212) 564-2220 for more information.

Note: The value of the Camp Benefit is considered taxable earnings. They will be included in an IRS Form W-2 that you will receive from the Benefit Fund at the end of each year.

Effective beginning the summer of 2022, the 1199SEIU Licensed Practical Nurses Welfare Fund SPD shall be further amended by adding the Youth Mentoring Program (YMP) administered by the 1199SEIU Child Care Fund for children of Full-time LPNs. The YMP offers eligible high school age students the opportunity to learn more about having a career in the healthcare field by participating in this six-week summer program at an LPN Fund institution. This program provides participants with job experience, readiness training, professional development, and career guidance. Additional participant eligibility criteria are established by the YMP. You may call the YMP at 212-564-2220 for more information about eligibility and the YMP.]

Effective as of January 1, 2024, all references to Healthplex should be replaced with UnitedHealthcare (UHC). The name of the participating provider organization (PPO) is now UnitedHealthcare Liberty Preferred Provider Organization. If you have any questions about your dental benefits, you may call UHC at (877) 816-3596. Any claims for dental service provided on or after January 1, 2024 should be submitted to UnitedHealthcare, PO Box 30567, Salt Lake City, UT 84130. Claims for any dental services provided before January 1, 2024 should be submitted to PO Box 211672, Eagan, MN 55121.<sup>2</sup>

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This summary highlights the key changes made to the 1199SEIU Licensed Practical Nurses Welfare Fund. Summaries of material modifications together with the Summary Plan Description make up your official plan descriptions; please keep them together and refer to them as necessary. If you would like to review the Plan Document or have any questions, please contact the Fund's Member Services Representatives at (646) 473-9200.

<sup>&</sup>lt;sup>2</sup> Effective as of January 1, 2025, all references to UnitedHealthcare (UHC) should be replaced with Emblem Health Preferred Premier Dental Plan (see 2025 SMM).

| The plan sponsor of the Licensed Practical Nurses Welfare Fund reserves the right | t to amend or |
|---|---------------|
| terminate the Fund, or any part of it, at any time.                               |               |
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