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WELFARE & PENSION FUNDS

425 MERRICK AVENUE, WESTBURY, NY 11590

TEL: 516-214-1300

February 28, 2018

To All Eligible Full-Time Participants:

This notice, called a "Summary of Material Modifications" ("SMM"), is being provided to advise you of certain changes that the Board of Trustees has made to the UFCW Local 1500 Welfare Fund Full-Time Plan (the "Plan"). After you have read this SMM, please keep it with your Summary Plan Description ("SPD") booklet, so that when you refer to the SPD you will be reminded of the changes described in this SMM.

Effective May 1, 2018, covered services performed by an In-Network provider will be processed using the following deductibles and copayment:

In-Network Deductible: \$100 per individual, \$200 per family. The family deductible is calculated for all eligible payments by all covered family members. Once the annual family deductible is met, all remaining covered family members are deemed to have met their deductible for that calendar year. Once the respective annual deductible is met, the Fund will begin paying benefits.

In-Network Primary Care Physician Copayment: The copayment for the treatment of a covered illness or injury by a primary care physician is \$20 per visit, until your out-of-pocket maximum has been met. Thereafter, no further copayments are required.

If you have any questions regarding any of the information in this notice, please contact the Fund Office at 1-800-522-0456. If you have any questions regarding your benefit coverage, please contact Associated Administrators, LLC at 1-855-266-1500.

Sincerely,

The Board of Trustees