

Employee Trustees

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WELFARE FUND

425 MERRICK AVENUE, WESTBURY, NY 11590
TEL: 516-214-1300

October 31, 2024

To All Part-Time Group Benefit Plan Participants:

This notice, called a "Summary of Material Modifications" ("SMM"), is being provided to advise you of changes that the Board of Trustees have made to your Plan of Benefits under the UFCW Local 1500 Welfare Fund ("Fund"), effective January 1, 2025. After you have read this SMM, please keep it with your Summary Plan Description ("SPD") so you will be reminded of this change.

IMPORTANT NOTE: All other rules that apply to your respective Plan, including but not limited to eligibility, medical necessity, fee schedule allowances, annual maximums, etc., remain in effect.

APPOINTMENT OF DDS, INC. AS THE FUND'S DENTAL & ORTHODONTIC CLAIM ADMINISTRATOR, EFFECTIVE JANUARY 1, 2025

Effective January 1, 2025 – Effective January 1, 2025, DDS, Inc. (hereinafter "DDS") has been retained to process all eligible dental and orthodontic claims. Accordingly, all eligible dental and orthodontic claims for services rendered must be submitted to DDS for processing.

Mail completed claim forms to:

DDS, Inc.
265 Post Avenue
Suite 340
Westbury, NY 11590

DDS will be sending you identification cards for dental and orthodontic benefits under the Fund. When you receive your card, please review it for accuracy. If you have any questions or issues with the information contained on the card, please contact DDS at (800) 255-5681.

You may still choose an Integrated Dental Administrators (IDA) participating provider and/or a dentist of your choice. The retention of DDS to process claims does not in any way affect your ability to utilize its network of providers, an IDA participating provider or a dentist of your choice. Please note, in certain circumstances, if you choose to utilize a non-network provider, you may be billed for charges over and above the Fund's payment.

**APPOINTMENT OF VISION SCREENING, INC. AS THE FUND'S VISION CLAIM
ADMINISTRATOR, EFFECTIVE JANUARY 1, 2025**

Effective January 1, 2025 –Effective January 1, 2025, Vision Screening, Inc. (hereinafter “Vision Screening”) has been retained to process all eligible vision claims. Accordingly, all eligible claims for services rendered must be submitted to Vision Screening for processing.

Mail completed claim form with COPY of original receipt to:

Vision Screening
1919 Middle Country Road
Suite 304
Centereach, NY 11720

If you have any questions, contact Vision Screening at 800-652-0063.

You may still choose a Vision Screening, CPS and/or GVS participating provider and/or an optician of your choice to obtain vision services. The retention of Vision Screening to process vision claims does not in any way affect your ability to utilize one of its providers, a participating provider from the other Fund networks or an optician of your choice. Please note, in certain circumstances, if you choose to utilize a non-network provider, you may be billed for charges over and above the Fund's payment.

If you have any questions regarding any of the information in this notice, please contact the Fund Office at 1-800-522-0456 or info@ufcw1500.org.

Sincerely,

The Board of Trustees