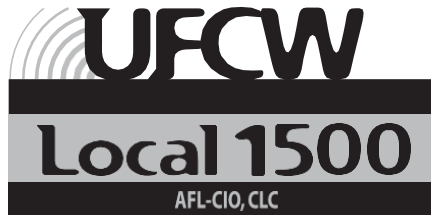


Employee Trustees

Robert W. Newell, Jr., *Plan Manager*
Joseph D. Waddy
Paul Santarpia



Employer Trustees

Patrick J. Durning
Robert Spinella
Carolann Maroney

WELFARE FUND

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

October 31, 2024

To All Full-Time, Special Part-Time and PT ACA 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. The notice also provides a clarification of benefits for the treatment of Autism Spectrum Disorder. 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.

CHANGE FROM HEALTHLINK TO ANTHEM FOR UTILIZATION REVIEW & CLAIM PROCESSING SERVICES, EFFECTIVE JANUARY 1, 2025

Effective January 1, 2025 – In an effort to streamline the Fund's administrative services and to assist you with your pre-authorization services and claim processing needs, Anthem will provide precertification/pre-authorization and case management services and process all hospital and medical claims incurred for services rendered on or after January 1, 2025. HealthLink, the Fund's current organization that performs pre-certification/pre-authorization and case management for the Fund will be terminated on December 31, 2024.

All requests for prior authorization and/or pre-certification of hospital and medical services after January 1, 2025 and the submission of all hospital and medical claims for services rendered on or after January 1, 2025 must be sent to Anthem.

It is important to note that there is no change to your network providers with the change in pre-certification reviews or claim processing. However, as always, you are urged to confirm with your provider that they are still "participating" in the Anthem network at the time you make the appointment and again when you go to your appointment. To verify if a provider participates with Anthem or to locate a provider near you, visit the Anthem website, anthem.com.

Anthem will be sending new identification cards establishing your eligibility for benefits under the Fund. This card will indicate a new “Group Number”, which identifies your coverage under the UFCW Local 1500 Welfare Fund for benefits on or after January 1, 2025. When you receive your ID card, please review it for accuracy. If you have any questions or issues with the information contained on the card, please contact Anthem at the number on the back of your card.

You must present this new card to all providers on or after January 1, 2025. You must also let your current providers know of the change in your Identification Card. It’s most important that you be sure to give them a copy at your next visit. Failure to do so may result in a delay in receipt of benefit.

Please be advised that Associated Administrators, LLC will still be processing claims for services rendered prior to January 1, 2025. Additionally, all requests for pre-certification/prior authorization prior to January 1, 2025 must still be sent to HealthLink for review.

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.

**CLARIFICATION OF BENEFITS FOR THE TREATMENT OF AUTISM
APPLIED BEHAVIOR ANALYSIS ("ABA") THERAPY**

The Fund provides benefits for the treatment of Autism Spectrum Disorder. These treatments can range from Occupational Therapy, Speech Therapy and other therapies. The processing of each type of therapy is dependent on the services performed and the coding submitted on the claim by the provider rendering service. For example, Occupational Therapy and Speech Therapy are processed under the Fund's Habilitation Therapy category. Currently, the Fund provides benefits for 30 visits per calendar year for Habilitation Services. Where applicable, this 30 visit maximum is for In and Out-of-Network services combined. Applied Behavioral Analysis (ABA) Therapy is not processed under the Fund's Habilitation Therapy category. ABA therapy is covered under its own benefit category. As of January 1, 2025, the Fund will provide up to 480 hours for ABA therapy per calendar year. This 480 hour maximum is for In and Out-of-Network services combined, where applicable.

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