

Summary of Material Modifications

MACRC Health Fund / STLKC Southern Region

EIN: 36-2229735



This Summary of Material Modifications (SMM) as of January 1, 2026, updates the Summary Plan Description (SPD)/Plan Document booklet effective July 1, 2025. This summary should be kept with your current booklet until an updated booklet is distributed to you.

The SMM is required to explain important changes to the Plan and cannot modify the terms of the formal Plan document. This summary is a general description of the changes that have been made to the Plan. If there are inconsistencies between the SMM and the Plan document, the Plan document prevails. The Trustees reserve the right to amend, modify, or terminate the Plan at any time. Receipt of this SMM does not guarantee eligibility.

1. Effective 7/1/2025: Maternity Leave Benefit clarification

The Plan provides a Maternity Leave benefit for actively working, female employee participants, except for Non-Bargained Office and In-House Employees. Pregnant employee participants are eligible to receive weekly payments for up to 26 weeks, and up to 40 health fund and 28 pension contribution hours per week, as certified by their doctor. **Benefits can begin up to 13 weeks before expected delivery and continue 13 weeks after delivery, except in cases of early delivery.**

To receive benefits, the participant and her doctor must submit completed application forms before the leave begins as is required by the Plan.

| BENEFIT | AMOUNT <i>Plan Pays</i> | CONTRIBUTIONS <i>Plan Pays</i> |
|------------------------------------|----------------------------|---|
| Maternity Leave (weekly indemnity) | \$800 per week | Health Fund: 40 hours/week Pension fund: 28 hours/week |

2. Effective 8/1/2025: Life and Accidental Death and Dismemberment (AD&D) Benefit

The life insurance and AD&D benefits are updated as defined in the below table.

| BENEFIT | AMOUNT <i>Plan Pays</i> |
|---|---------------------------------------|
| Insurance on Life of Active Participant | \$50,000 |
| Insurance on Life of Pre-65 Retiree | \$25,000 |
| Insurance on Life of eligible Dependent | \$2,500 |
| AD&D death benefit (Members only) <ul style="list-style-type: none">LifeOne hand, one foot or sight of one eyeBoth hands, both feet, sight of both eyes or any combination of two or more of the above losses | Up to \$50,000 100% 50% 100% |

3. Effective 6/1/2025: Change to Life Insurance Beneficiary Designations

If you are divorced, any beneficiary designation naming your former spouse will no longer be valid. If you still want your former spouse to be your beneficiary, you must complete a new Beneficiary Form after your divorce is finalized. This change applies only to former spouses. All other beneficiary designations remain in effect.

4. Effective 1/1/2026: Premium Plan Vision Plan Updates

The Premium Plan Vision Plan Schedule of Benefits is updated effective January 1, 2026. The tables below replace the Vision Plan Schedule of Benefits under the St. Louis Wellness Center and the Premium Plan as of January 1.

Vision Schedule of Benefits Carpenters Wellness Center-St. Louis

| VISION | |
|--|--|
| Comprehensive Eye Exam <i>Every calendar year</i> | \$0 |
| Pre-Testing and Retinal Imaging | \$0 |
| Frames <i>Every other calendar year</i> | Up to \$25 Materials (frames/lenses) Copay <i>You pay 20% of balance > \$200 Or > \$220 Featured Frame Brand</i> |
| Lenses <i>Every calendar year</i> | Up to \$25 Materials (frames/lenses) Copay |
| Lens Enhancements <i>Every calendar year</i> Standard Progressive Premium Progressive Custom Progressive | <i>You pay balance</i> Plan pays 100% Plan pays \$95-105 Plan pays \$150-175 |
| Contacts instead of glasses, medically necessary <i>Every calendar year</i> | \$25 |
| Contacts instead of glasses, elective <i>Every calendar year</i> | <i>You pay balance</i> Plan pays \$150 |
| Safety frames, standard lenses included <i>Participant only benefit, every other calendar year</i> | \$25 Copay Plan covers Protec Collection; Plan pays \$65 allowance for safety frame outside of Protec. You pay balance |

Vision Schedule of Benefits – Premium Plan

The Vision Benefit uses the Vision Service Plan (VSP) Network. Covered Persons may receive services from In-Network or Non-Network Providers, but benefits are generally higher when using In-Network Providers. In-Network vision Providers are named and updated on the VSP website at www.vsp.com.

| VISION SERVICE OR SUPPLY | Frequency | Description | VSP Provider* Participant Pays | Non-VSP Provider Maximum Benefit |
|---|----------------------------------|---|---|---|
| Routine Eye Examination | <i>Every calendar year</i> | Focuses on overall eye wellness | \$10 copay | \$10 Copay \$45 Max Plan Reimbursement |
| Retinal Screening | <i>Every calendar year</i> | Screening for potential signs of eye disease | Up to \$39 | Not covered |
| Essential Medical Eye Care | <i>Available as needed</i> | Retinal imaging for diabetes; Additional exams and services beyond routine care | Plan pays 100% Coord w/ medical may apply \$20 per exam | Not covered |
| PRESCRIPTION GLASSES | | | | |
| Frames | <i>Every other calendar year</i> | Included in Prescription Glasses | Up to \$25 Materials Copay Plan pays \$220 Featured Frame Brands allowance Plan pays \$200 frame allowance Participant pays 20% after Plan | \$25 Copay toward frames/lenses \$70 Max Plan Reimbursement |
| Lenses | <i>Every calendar year</i> | Single Vision | Up to \$25 Materials Copay Plan pays 100% | \$25 Copay toward frames/lenses \$30 Max Plan Reimbursement |
| | | Lined bifocal | Up to \$25 Materials Copay Plan pays 100% | \$25 Copay toward frames/lenses \$50 Max Plan Reimbursement |
| | | Lined trifocal | Up to \$25 Materials Copay Plan pays 100% | \$25 Copay toward frames/lenses \$65 Max Plan Reimbursement |
| | | Lenticular | Up to \$25 Materials Copay Plan pays 100% | \$25 Copay toward frames/lenses \$100 Max Plan Reimbursement |
| Lens Enhancements | <i>Every calendar year</i> | Standard progressive | Plan pays 100% | \$25 Copay toward frames/lenses \$50 Max Plan Reimbursement |
| | | Premium progressive | Participant pays \$95 - \$105 Plan provides avg 30% discount | \$25 Copay toward frames/lenses \$50 Max Plan Reimbursement |
| | | Custom progressive | Participant pays \$150 - \$175 Plan provides avg 30% discount | \$25 Copay toward frames/lenses \$50 Max Plan Reimbursement |
| Contacts Instead of glasses | <i>Every calendar year</i> | Medically necessary; prior authorization | \$25 Copay | \$210 Max Plan Reimbursement |
| Contacts Instead of glasses | <i>Every calendar year</i> | Elective | Plan Pays \$150 allowance Participant pays balance \$40 Copay for contact lens exam | \$105 Max Plan Reimbursement |
| PROTEC SAFETY® (Active Participant-Only Coverage) with VSP Provider Only | | | | |
| Frames | <i>Every other calendar year</i> | VSP doctor's ProTec Eyewear® collection Certified according to the ANSI guidelines for impact protection | \$25 Copay Plan covers Protec Collection; Plan pays \$65 allowance for safety frame outside of Protec. Participant pays balance | Not covered |
| Lenses | <i>Every other calendar year</i> | Single Vision Lined bifocal Lined trifocal Certified according to the ANSI guidelines | Included with Frames | Not covered |

*The services and supplies listed in the Vision schedule are covered only if performed by a licensed optometrist, ophthalmologist, or dispensing optician. Covered eye exams include an evaluation of visual function and prescription corrective lenses, if needed.