

Summary of Material Modifications



MACRC Health Fund / STLKC Southern Region

EIN: 36-2229735

This Summary of Material Modifications (SMM) as of May 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"> • <i>Life</i> • <i>One hand, one foot or sight of one eye</i> • <i>Both hands, both feet, sight of both eyes or any combination of two or more of the above losses</i> 	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 9/1/2025: Dependent Enrollment Change

Participants are allowed 90 days from a qualifying event, such marriage, adoption, or a dependent child's birth, to enroll a new dependent under the MACRC Health Fund.

5. 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.

6. Effective 9/1/2025: Disabled Dependent Clarification

The Plan clarifies that if a Disabled Dependent has a documented developmental or cognitive disability that makes standard medical tests or treatments difficult or impossible, the treating doctor may recommend a different service, treatment, or supply. The Plan may consider this alternative medically necessary for the disabled dependent's condition. This update helps ensure the Plan can support situations where regular medical procedures are not practical for certain disabled dependents.

7. Effective 9/1/2025: Professional Chaperones

The Plan now covers the cost of a professional chaperone when needed during an office visit that includes an intimate medical exam. An intimate medical exam involves an examination of the breasts, genitals, or rectum to diagnose or monitor a medical condition.

8. Effective 1/1/2026: Clarification of Coordination of Benefits "COB" Rule

When the Plan's Coordination of Benefits (COB) rules do not determine which plan pays first, the Plan will follow the industry-standard rule that the plan that has covered the person for the longer period of time is the primary plan. The other plan will pay as secondary. This clarification ensures the Plan remains consistent with standard COB practices when no other coordination rule applies.

9. Effective 5/1/2026: Safety Enhancement Benefits

The Safety Enhancement Benefit will be moved from the STLKC Southern Region's Plan of Benefits to the Mid-America Carpenters Regional Council Apprentice and Training Center (MACTC) as of May 1. The Safety Enhancement Benefit was created in 2006 to provide mandatory approved 8-hour safety training free-of-charge to all eligible persons. This \$0.03 per hour contribution to the health fund will be paid directly to the MACTC effective May 1.

10. Effective 5/1/2026: Health Reimbursement Account

A Health Reimbursement Account (HRA) is established with an allocation of \$0.20 of the Health Fund contribution rate to fund the HRA. The HRA will provide a flexible benefit that can help offset participant out-of-pocket costs. HRA funds will be accessible after October 1, 2026.