1199SEIU BENEFIT FUNDS SUMMARY OF MATERIAL MODIFICATIONS

This Summary of Material Modifications describes changes that affect your welfare benefit plan and updates the Summary Plan Description ("SPD") that was previously distributed to you. You should keep this summary with your current SPD and SBC until the changes discussed herein expire.

Effective on or about January 1, 2022, the 1199SEIU National Benefit Fund for Health and Human Service Employees, 1199SEIU National Benefit Fund for Rochester Area Members, and 1199SEIU Greater New York Benefit Fund SBCs and SPDs shall be amended to comply with certain provisions of the No Surprises Act of the 2021 Consolidated Appropriations Act as follows:

I. Independent External Review is available to determine whether the plan's adverse determination was correct with respect to the following types of claims: (a) medical bills for Emergency Services received from Non-Participating Providers, (b) medical bills for a Non-Participating Provider's treatment at a Participating facility, and (c) air ambulance services by Non-Participating Providers. If this organization decides to overturn our decision, we will provide coverage or payment for your healthcare item or service.

II. Any reference to a time limit for visiting the Emergency Department following a medical accident, injury, or onset of a serious illness shall be omitted.

III. The following notice shall be added to each SPD: **"You are protected from balance billing by a medical provider if you have an Emergency Condition and receive Emergency Services from a Non-Participating provider or facility. You are also protected from balance billing for certain services rendered by a Non-Participating Provider while receiving care at a Participating hospital or ambulatory surgical center, including emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist or intensivist services. These providers cannot balance bill you and may not ask you to give up your protections not to be balance billed."**

IV. The following bolded underlined language shall be added to, and the strikethrough language shall be omitted from, Sections II and IX of each SPD:

SECTION II.A

If you are undergoing a course of treatment or care, or are scheduled for surgery or childbirth, when your Provider stops participating with the Fund, in some cases you will be notified of the contract termination and that you are allowed up to 90 days of continued coverage from the provider or facility at in-network cost-sharing.

SECTION II.B

EMERGENCY DEPARTMENTS ARE FOR EMERGENCIES
A hospital Emergency Department should be used only in the case of a legitimate medical Emergency **Condition**. **For Emergency Services to be covered by the Plan** ~~To be considered an Emergency~~, your Emergency Department visit must **meet the definition of Emergency Condition (see Section IX)**

SECTION II. C HOSPITAL

If you require services from a surgeon or an anesthesiologist, check to make sure they are a Participating Provider. Even when you go to a Participating Hospital, the doctors and anesthesiologists that provide services in the facility may not be Participating and may charge above the Benefit Fund's allowance. In these cases, the most those providers may bill you is your in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. It also applies to certain services provided by Non-participating providers when there is no Participating Provider at the Participating Hospital who can provide that service. These providers cannot balance bill you and may not ask you to give up your protections not to be balance billed.

If you receive other services at Participating Hospitals or other Participating facilities, Non-Participating Providers cannot balance bill you unless you give written consent and give up your protections. You're never required to give up your protections from balance billing.

SECTION II. F

Even when you go to a Participating Hospital or other Participating facility, the surgeons and anesthesiologists that provide services in the facility may not be Participating and may charge above the Benefit Fund's allowance. In these cases, the most those providers may bill you is your in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers cannot balance bill you and may not ask you to give up your protections not to be balance billed.

If you receive other services at Participating Hospitals or other Participating facilities, Non-Participating Providers cannot balance bill you unless you give written consent and give up your protections. You're never required to give up your protections from balance billing.

For the names of Participating Surgeons **and Anesthesiologists** in your area, call the Benefit Fund's Member Services Department...

SECTION IX – Definitions

Emergency **Condition**

"Emergency Condition" (or "Emergency") means a medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in: (i) placing the health of the person afflicted with such condition in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy; (ii) serious impairment to bodily functions; (iii) serious dysfunction of any bodily organ or part of such person; or (iv) serious disfigurement of such person. ~~Emergency care includes healthcare procedures, treatments or services, including psychiatric stabilization and medical detoxification from drugs or alcohol that are provided for an Emergency Condition.~~

Emergency Services

Services provided in connection with an "Emergency Condition," including screening and examination services provided to a member or his or her eligible dependent who requests medical treatment to determine if an Emergency Condition exists, **as well as such further medical examination and treatment as may be required for stabilization. Emergency care may also include post-stabilization services provided in connection with the Emergency Services visit. Emergency care includes healthcare procedures, treatments or services, including psychiatric stabilization and medical detoxification from drugs or alcohol, that are provided for an Emergency Condition.**

This summary highlights the key changes made to the 1199SEIU National Benefit Fund for Health and Human Service Employees, the 1199SEIU National Benefit Fund for Rochester Area Members, and 1199SEIU Greater New York Benefit Fund. Summaries of material modifications together with the Summary Plan Description make up your official plan descriptions; please keep them together and refer to them as necessary. If you would like to review the Plan Document or have any questions, please contact the Fund's Member Services Representatives at (646) 473-9200.

The 1199SEIU National Benefit Fund for Health and Human Service Employees and 1199SEIU National Benefit Fund for Rochester Area Members believes they are a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the "Affordable Care Act"). A grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted in 2010. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for an external review process for claims appeals. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan can be directed to the Plan Administrator at (646) 473-9200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

The Plan Sponsors reserve the right to amend or terminate the Fund, or any part of it, at any time. If you would like to review the Plan Document or have any questions, please visit ***www.1199SEIUbenefits.org****.*