1199SEIU NATIONAL BENEFIT FUND FOR ROCHESTER AREA MEMBERS SUMMARY OF MATERIAL MODIFICATIONS

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

Effective immediately, the 1199SEIU National Benefit Fund for Rochester Area Members SBC and SPD and/or Plan shall be amended to include coverage for doula services, and clarify certain language regarding newborns and provider qualifications. The following underlined and bold language shall be added to the SPD and the strikethrough language shall be omitted:

SECTION II. C HOSPITAL AND OTHER FACILITY SERVICES

BENEFIT BRIEF

Hospital Care

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• Maternity care in the hospital is covered and hospital care for your **eligible and enrolled** newborn is also covered

SECTION II. F

MEDICAL AND OTHER HEALTH SERVICES

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Outpatient Services

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Well-woman care

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Doula Services. Reimbursement of expenses for up to eight prenatal and postnatal Doula visits and Doula support during labor and delivery, in accordance with the Benefit Fund's Schedule of Allowances. In order to be reimbursed, you will need to submit a claim form to MVP Health Care, along with the bill from your doula showing the amounts you paid. You may request or download claim forms by visiting MVP's website at www.MVPHealthCare.com or calling (800) 767-1678.

You may be responsible for any charges over and above the Benefit Fund's allowance.

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SECTION VII.D
WHAT IS NOT COVERED

• Treatment provided by an unlicensed Provider where licensure to perform such services is available under state law

• Treatment provided without the proper training, licensure, certification, and/or permits required to provide such treatment lawfully under state and federal law

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SECTION IX DEFINITIONS

Doula

<u>Birth/postpartum doulas with certification from an organization approved by the Plan</u> Administrator.

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Maternity Care

Includes prenatal and postnatal <u>clinical</u> care, as well as care required by childbirth and miscarriages, <u>and limited reimbursement of Doula Care expenses</u>.

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This summary highlights the key changes made to the 1199SEIU National Benefit Fund for Rochester Area Members. The 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 Rochester Area Members believes it is 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 sponsor of the 1199SEIU National Benefit Fund for Health and Human Service Employees reserves the right to amend or terminate the Fund, or any part of it, at any time.