THE NELSON TRUST

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2018 Summary of Material Modifications

The Nelson Trust Active Participant Plan Summary Plan Description

Please keep this Summary of Material Modifications ("SMM") with your Summary Plan Description ("SPD"). Together, these documents inform you of your rights and benefits under The Nelson Trust Active Participant Plan

The Board of Trustees has made changes to Active Participant Plan starting January 1, 2018. These changes are summarized on the attached Summary of Benefit and Coverage (commonly called a "SBC"). You should carefully review the SBC, which may replace and/or change SPD provisions. You should also review this information with any enrolled spouse and/or dependent(s).

1. Medical Plan Changes.

Changes starting January 1, 2018: calendar year medical deductibles increase to $500 per participant and $1,000 per family. For 2017, calendar year medical deductibles were $300 per participant and $600 per family.

2. Dental Plan Changes.

Major Services (for example, crowns, bridges and dentures)

Change starting January 1, 2018: the dental Plan pays 60% after participant meets the calendar year deductible. Dental Plan deductibles remain at $50 per participant and $100 per family. For 2017, the dental Plan paid 65% for major dental services.

Dental Annual Maximum

Change starting January 1, 2018: the annual maximum benefit under the dental Plan per participant is $1,500. For 2017, the annual maximum benefit was $2,000.

Space Maintainers

Change starting January 1, 2018: space maintainers are covered once per space for primary anterior teeth or missing permanent teeth for a participant under age 14.

3. Pharmacy Plan Change.

Change starting March 1, 2018: After the first 2 fills of a medicine at a retail pharmacy, participants will be required to fill long-term prescriptions (up to a 90-day supply) using either ESI Home Delivery or any retail Walgreens pharmacy. If you have not switched after the first 2 fills, you will pay the full cost of the medicine. Additional information on this change will be sent in early 2018.

4. Questions and Plan Information.

You should refer to the attached SBC and your SPD if you have any questions. An overview of the new claims appeals rights is summarized on page 2 of this document. You may also contact the Trust Office, which administers the Active Participant Plan. Contact information is provided at the bottom of this page.

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Nelson Trust Claims Appeals Process Summary

The Nelson Trust appeal rules now include the following provision:

Medical, prescription, vision and dental benefits.

Participants who have a claim denied should file their appeal with the provider administering the benefit. For example, denied medical claims are appealed to Premera; denied vision claims are appeals to VSP; denied dental claims are appeals to Delta Dental; and denied prescription claims are appealed to ESI. The person or group reviewing the denied claim for the provider will exclude anyone who was involved in the initial claims review.

Eligibility, Accident and Sickness Benefits, and Life Insurance.

Participants who want to appeal a Trust Office decision concerning eligibility for a Trust sponsored plan, accident and sickness benefit, and/or eligibility for life insurance should file their appeal with the Trust Office. The person or group reviewing the denied claim for the Trust Office will exclude anyone who was involved in the initial claims review.

Appeal to the Claims Review Committee.

Participants who have their appeals denied can appeal to the Claims Review Committee (the Co-Chairs of Board of Trustees for The Nelson Trust). In addition, participants have the option of appealing a claim denied by the Claims Review Committee to the full Board of Trustees. Appeals to either the Claims Review Committee and/or the Board of Trustees should be sent to the Trust Office for processing.

Appeal to an Independent Review Entity.

A participant who has a medical, prescription, dental and/or vision claim denied by the Claims Review Committee or the Board of Trustees can request that their appeal be reviewed by an Independent Review Organization ("IRO"). As the name implies, an IRO is a professional appeal review entity that routes appeals, which discloses no names or personal information, to a qualified reviewer given the nature of the appeal. The decision of the independent reviewer is binding on both the participant and the Trust. The Trust pays for this expense.

Other Provisions.

A copy of the detailed description will be mailed to all participants in early 2018. All questions concerning the appeal rules, filing deadlines and adverse decisions should be directed to the Trust Office.