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U.A. Local No. 393 Benefit Funds

HEALTH & WELFARE, SUB, DEFINED BENEFIT PENSION AND DEFINED CONTRIBUTION

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SUMMARY NOTICE OF MATERIAL MODIFICATIONS
to the
U.A. LOCAL 393 HEALTH AND WELFARE PLAN
(As revised January 1, 2026)

Date:	December 2026
To:	All Participants in the U.A. Local No. 393 Health & Welfare Plan
From:	Board of Trustees
Re:	Termination of Aetna Medicare Advantage Plan

This document is a Summary of Material Modifications ("Summary") intended to notify you of the important changes made to the U.A. Local No. 393 Health and Welfare Plan ("the Plan") since the Summary Plan Description was last distributed to you. Please note that, in the event of conflict between this Summary and the terms of the Plan, the terms of the Plan will govern.

The Board of Trustees of the U.A. Local No. 393 Health & Welfare Plan announces changes in Plan benefits. Please review this information carefully, noting effective dates of the changes, and share it with your spouse and family.

CHANGE IN PPO COVERAGE FOR MEDICARE ELIGIBLE RETIREES & SPOUSES EFFECTIVE JANUARY 1, 2027

Beginning January 1, 2027 Retirees and Spouses eligible for Medicare and enrolled in the Aetna Medicare Advantage Plan will have primary coverage through Medicare and secondary coverage through the U.A. Local No. 393 Health and Welfare Plan "Medicare Supplemental Plan" for claims incurred on and after January 1, 2027. The Medicare Advantage coverage currently provided through Aetna will end on December 31, 2026. As a result, additional benefits provided through the Aetna Medicare Advantage (such as Silver Sneakers ®, free meals, and enhanced acupuncture, chiropractic, and podiatry services) will no longer be offered as of January 1, 2027.

Medicare-eligible Retirees and Spouses who previously received their vision benefits through the Aetna Medicare Advantage Plan will be eligible for vision benefits through VSP. Dental benefits will remain through Delta Dental (if elected) and prescription benefits will remain through the Navitus MedicareRx Prescription Drug Plan (PDP).

Kaiser Permanente Senior Advantage (KPSA) remains the HMO coverage option available for Medicare-eligible Retirees and Spouses. The Plan requires Medicare-eligible Retirees and Spouses to enroll in Medicare Parts A and B.

	Medicare Retirees Coverage Options Through December 31, 2026	Medicare Retirees Coverage Options On or After January 1, 2027
HMO	Kaiser Permanente Senior Advantage (KPSA), VSP	Kaiser Permanente Senior Advantage (KPSA), VSP
PPO	Aetna Medicare Advantage Plan, Navitus MedicareRx Prescription Drug Plan (PDP)	U.A. Local No. 393 Medicare Supplemental Plan, Navitus MedicareRx Prescription Drug Plan (PDP), VSP

Covered benefits are reflected in the Plan Document under "**RETIREE COVERAGE AND RULES FOR MEDICARE-ELIGIBLE INDIVIDUALS"** and outlined below.

Participants must be enrolled in Medicare Parts A and B and enrolled in the U.A. Local No. 393 Navitus MedicareRx Prescription Drug Plan (PDP) to participate in this plan.

If a person is eligible under the Medicare Supplemental Schedule of Benefits, then the Plan will pay the following amounts:

1. Hospital:
   (a) 100% of Medicare deductible.
   (b) 100% of the member's coinsurance amount after Medicare has paid.

2. Medical:

   (a) A Medicare calendar year deductible applies to each person. The Plan will not pay this amount.
   (b) After the participant has paid the entire calendar year deductible, the Plan will pay 100% of the participant's obligation under the Medicare rules for the doctor or supplier's bill if the participant receives services from a provider who accepts Medicare-assignment.
   (c) If a doctor or supplier will not accept assignment, then the doctor or supplier can bill and collect more than the Medicare-approved amount, but Medicare and the Plan will still pay based on the Medicare amount as shown in (b) above and the remainder will be the member's responsibility.
   (d) Doctors can ask patients to sign a contract not to use Medicare. If a member signs such a contract, Medicare Part B will pay nothing, and the Plan will pay 12.3% of the lesser amount of the doctor's actual charge or the PPO contract rate, after the annual deductible has been paid.

3. Prescription Drugs and Medical Supplies:

   Pharmacy benefits will be administered by the Pharmacy Benefit Manager. The Schedule of Benefits can be found in the Evidence of Coverage and Summary of Benefit Coverage provided by the Pharmacy Benefit Manager for Medicare-eligible retirees.

4. Out-Of-Pocket Expense Limitation:

   Same as for active employees.

5. Dependents:

   (a) A spouse or Eligible Dependent child who is eligible for Medicare, is eligible for the schedule of benefits listed above.
   (b) A spouse or Eligible Dependent child who is not eligible for Medicare is eligible for benefits under the regular PPO Plan schedule of benefits.

Medicare primary claims will be submitted electronically by your physician and received by the Plan through Medicare Crossover for secondary coverage processing. In the event that your claim is not received through the Medicare Crossover, you may have to submit your Medicare EOB for processing of secondary coverage by the Plan.

New ID cards reflecting secondary coverage to Medicare through the U.A. Local No. 393 Health and Welfare Plan will be issued in December 2026. As before, you must be enrolled in Medicare Parts A and B to be eligible for coverage under the Plan.

The Plan is required by law to give you the choice of opting out of Retiree Coverage. Please note that since you are currently enrolled in the Plan's current Medicare Advantage Plan, there is most likely no reason why you would not continue to obtain retiree medical coverage through the Plan. If you opt out, you will have no medical or prescription coverage through the Plan, including dental, vision, or hearing aids. However, if you have another plan through your spouse or if you would like to opt-out for any reason, please call the Fund Office for required election form and requirements to opt-in at a future date.