

HEALTH REIMBURSEMENT ARRANGEMENT (HRA) PROGRAM

HIGHLIGHTS

Eligibility

- You become eligible to participate in the HRA Program on the same day you become eligible for the Active Plan 1 except that an Independent Self-Contributor is not eligible for the HRA Program.
- Your eligibility will continue as long as you remain covered under the Active Plan, including periods when your eligibility is maintained through election of the COBRA Full Plan (but not the COBRA Core Plan).
- Your Spouse and dependents are also eligible to participate in the HRA Program if they are enrolled in the Active Plan 1 or in another group sponsored health plan that meets specified criteria.

HRA Account Funding

- \$500 will be credited to your HRA Account on the day you become eligible for the HRA Program. On January 1st of each subsequent year that you are eligible for the HRA Program, an additional \$500 will be credited to your HRA Account.
 - » Credits will be applied to the HRA Accounts of all Eligible Members, including Members who are active by virtue of electing the COBRA Full Plan (but not the COBRA Core Plan).
 - » All Eligible Members will receive the same credit, regardless of whether they are single or have a family.
- Once the \$500 has been credited to your HRA Account, it is immediately available for use.
- Any unused balance in your HRA Account at the end of each year will roll over into the next year for future use. There is no limit on the amount that can be carried forward from year to year.
- Your HRA Account will not be credited with more than \$500 in a calendar year.
- No earnings are credited to your HRA Account.
- Once you retire, you will no longer receive the \$500 annual credit to your HRA Account.

Using Your HRA Account

- **Save your HRA Account for retirement.** Because the balance in your Account rolls over from year to year, you can potentially accumulate a significant balance between now and when you retire. That balance can then be used to cover some of your healthcare expenses in retirement. Refer to the Retiree Medical Plan Summary Plan Description for more information.
- **Pay for HRA-eligible healthcare expenses.** HRA-eligible healthcare expenses are reimbursed at 100%, with no deductible required, until you exhaust your HRA Account balance. Examples include:
 - » Eligible healthcare expenses not covered by the Active Plan or any other healthcare plan;
 - » Premiums for other group healthcare coverage or insurance;
 - » Medicare premiums; and
 - » Long-term care insurance premiums.
- **Make self-payments.** You can use the balance in your HRA Account to make self-payments for COBRA continuation coverage when you are not working enough hours or for Retiree Plan premiums when you are retired.
- After you/your dependents are no longer eligible to participate in the HRA Program, you can continue to use your HRA Account for up to two years, or until the balance in the Account is zero, whichever is first.

HOW THE HRA PROGRAM WORKS

Health Reimbursement Arrangements (HRAs) are generally designed to enable individuals and their families to receive tax-free reimbursement for certain healthcare expenses that are not covered by their group healthcare plans.

HRAs can also be used like savings accounts, in that the balance can be rolled over from year to year to pay for future healthcare expenses, such as self-payment amounts during retirement.

GENERAL OVERVIEW

You will have an individual HRA Account that the Fund will set up and maintain on your behalf after you are eligible for coverage under the Plan. Your HRA Account will be credited with \$500 on the date you become eligible for the HRA Program, and on January 1st of each year that you are eligible to participate in the HRA Program. (Note: your Account will be credited with \$500 only once in a calendar year). If a balance remains in your HRA Account at the end of a year, it rolls over into the next year, allowing you to use it for reimbursement of future expenses. There is no limit to the amount that can be carried forward from year to year.

As long as you are eligible to participate in the HRA Program, the balance in your HRA Account is available for you to use as you see fit. You can:

- Save the balance in the Account for your future healthcare needs;
- File Claims against the balance to pay for current healthcare expenses that the Fund has agreed to cover, including premiums you pay for other healthcare coverage or insurance, Medicare, and long-term care insurance (see page 57 for information on filing a Claim); or
- Make self-payments for COBRA continuation coverage, if you are eligible for and elect coverage.

After you are no longer eligible to participate in the HRA Program, your HRA Account will continue to roll forward and may be used for up to two years, or until the balance in the Account is zero, whichever occurs first.

In addition, your HRA Account balance is available to your surviving Spouse and dependent children in the event of your death, for up to two years, or until the balance in the Account is zero. The Account balance may only be used for the reimbursement of qualifying healthcare expenses and is not available in cash. Please see In the Event of Your Death on page 48 for more information.

ELIGIBLE HEALTHCARE EXPENSES

Your HRA Account may only be used to pay for eligible healthcare expenses as defined by Sections 105 and 213(d) of the Internal Revenue Code (IRC) and by HRA rules. See the wide range of eligible expenses on page 50 for more information.

Not all healthcare expenses can be reimbursed through the HRA Program. For example, reimbursements for expenses related to long-term care services and reimbursements for premiums paid through salary reduction contributions to an IRC Section 125 Plan are not allowed. In addition, reimbursements for deductibles and copayments for services received from non-network providers are limited to the amounts that would be reimbursable from your HRA Account if you had gone to an in-network provider.

HRA PROGRAM ADMINISTRATION

The Fund Office will administer the HRA Program. Once you are eligible to participate in the Program and an HRA Account is established in your name, the Fund Office will maintain records of your HRA Account balance by processing the annual credits and requests for reimbursement of eligible healthcare expenses.

Any reimbursements you submit for your Spouse's and/or your dependents' healthcare expenses will be charged against your HRA Account.

If you choose to let your HRA Account balance build to cover your self-payments and/or healthcare expenses in the future, you don't have to do anything until you are ready to draw from the Account. If you choose to use your HRA Account balance to cover current healthcare expenses, including premium self-payments, you will file Claims for reimbursement of eligible expenses throughout the year (see page 57 for information on filing a Claim).

TAX CONSIDERATIONS

Contributions credited to your HRA Account are generally not taxable income when made or when paid out as benefits. However, certain actions may cause your HRA benefits to be taxable, such as if:

- You receive reimbursement from your HRA Account for contributions that are paid through salary reductions under an IRC Section 125 Plan;
- Reimbursements are made for individuals who are not “dependents,” as defined under IRC Section 152; and
- Cash payments are made to an individual for any reason other than as reimbursement of an eligible healthcare expense (for example, the HRA Account cannot be used to pay death benefits).

If you submit an expense for reimbursement under the Plan’s HRA Program, you cannot deduct that expense on your tax return.

The HRA Program makes no guarantee that any amounts reimbursed to you, your Spouse, or your dependents under the Program will be excludable from your gross income for federal, state, or local income tax purposes. It is your responsibility to determine whether payments under the HRA Program are excludable, and to notify the Fund Office if you have any reason to believe that any such payment is not excludable.

ELIGIBILITY

You become eligible to participate in the HRA Program on the same day you become eligible for the Active Plan 1 except that an Independent Self-Contributor is not eligible for the HRA Program.

Your eligibility to participate in the HRA Program is based on your continued coverage under the Plan.

If you do not work enough hours to continue eligibility for coverage under the Plan, and you elect COBRA continuation coverage under the COBRA Full Plan, your eligibility to participate in the HRA Program will continue. Your eligibility to continue in the HRA Program will not continue, however, if you elect the COBRA Core Plan.

Generally speaking, as long as you are enrolled for coverage under the Plan, you are eligible to participate in the HRA Program.

DEPENDENT ELIGIBILITY

As with any Plan coverage, your eligible Spouse and/or your other dependents must either enroll in the Active Plan 1 coverage or must be enrolled in other group health plan coverage to be eligible to participate in the HRA Program.

You cannot obtain reimbursement for expenses incurred by your Spouse or your other dependents if you are enrolled in self-only coverage.

Your Spouse will be ineligible for a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), due to coverage under your HRA.

OTHER GROUP HEALTH PLAN COVERAGE

If you, your Spouse and/or dependents are enrolled in other group health plan coverage, you, you, Spouse and/or dependent must provide proof of other coverage that provides Minimum Value in order to participate in the HRA Program.

If proof of other coverage that provides Minimum Value is not provided, participation in the HRA Program will be restricted to copayments, coinsurance, premiums, and deductibles under the group health plan, as well as medical care as defined under Internal Revenue Code Section 213(d) that does not constitute essential health benefits.

RELATIONSHIP TO A HEALTH SAVINGS ACCOUNT

Participation in the HRA Program will likely disqualify you or your Spouse from contributing to a Health Savings Account (HSA) if you or your Spouse participate in another plan that is considered a High Deductible Health Plan (HDHP). You should contact the Fund Office to request exclusion from the HRA Program if you desire to maintain your HSA eligibility.

OPT-OUT

Once per year, you may request the Fund to freeze your unused HRA balance. Your election must be made prior to the beginning of the Plan Year. An election to freeze your HRA balance is irrevocable until a reinstatement event occurs.

Your HRA balance may be unfrozen and reinstated upon the earlier of the following events:

- The first day of the Plan Year following the year for which you opted out; or
- Your death.

If you opt-out, you cannot access your HRA contributions and upon reinstatement, you cannot submit for reimbursement any claims incurred after the forfeiture and before the reinstatement. However, after the reinstatement event, access to the HRA balance is available for claims and services incurred after the reinstatement event.

WHEN ELIGIBILITY ENDS

When your eligibility for coverage under the Plan ends, your eligibility to participate in the HRA Program also ends. If you do not work enough hours to continue eligibility for coverage under the Plan, and you elect COBRA continuation coverage under the COBRA Core Plan, your eligibility to participate in the HRA Program will end.

If one of your dependents loses eligibility for coverage under the Plan, he/she also loses eligibility to participate in the HRA Program.

If you terminate employment, you may elect, effective on the date of employment termination, to forfeit your HRA Account balance.

Upon your retirement, your participation in the HRA program ends. Any remaining balance is transferred to the HRA program under the Retiree Medical Plan.

Refer to the Retiree Medical Plan Summary Plan Description for more information.

IN THE EVENT OF YOUR DEATH

If you die while you are an active participant in the HRA Program and you have eligible dependents, your dependents will lose their eligibility to continue participating in the Program.

Claims for reimbursement from your HRA Account must be filed within one year of when the expense is incurred. Contact the Fund Office and request the required claims form.

APPLYING FOR BENEFITS

You can submit Claims for reimbursement of eligible healthcare expenses at any time; however, Claims must be filed within one year of when the expense is incurred (see page 57 for information on filing a Claim).

EXAMPLE:

Jamal has \$800 in his HRA Account on January 1, 2019. He can use his HRA Account to reimburse up to \$800 in eligible healthcare expenses incurred in 2019, and he has one year from the date of any service he receives to submit his HRA Request for Reimbursement Form. On December 31, 2019, any unused balance in his HRA Account will roll over into the 2020 calendar year.

You will only be reimbursed for eligible healthcare expenses up to the unused amount in your HRA Account during a given calendar year. You cannot apply for reimbursement of expenses in a subsequent year if the balance in your HRA Account was not sufficient to cover the expense in the year in which the expense was incurred.

You will only be reimbursed for eligible expenses up to the unused amount in your HRA Account.

EXAMPLE:

Jamal incurs \$1,000 in eligible healthcare expenses in 2019. He can only be reimbursed up to the \$800 he had in his Account on January 1, 2019. He will not be able to submit the unreimbursed \$200 after he receives another \$500 credit to his HRA Account on January 1, 2020.

WHILE YOU ARE ELIGIBLE TO PARTICIPATE

If you are eligible to participate in the HRA Program as an Eligible Member, you can use your HRA Account balance to pay for eligible healthcare expenses if you choose not to save the balance for your healthcare expenses in retirement.

If you continue your coverage under the Plan by electing the COBRA Full Plan, self-payments are required to maintain coverage. You may use the balance in your HRA Account toward these self-payments. In addition, you may also use your HRA Account balance to pay for eligible healthcare expenses as long as you continue to be eligible for coverage and a balance remains in your Account.

AFTER ELIGIBILITY ENDS

After your eligibility to participate in the HRA Program ends, the balance in your HRA Account will remain available for up to two years. You may continue to submit eligible healthcare expenses for reimbursement from your HRA Account until the earlier of the date the balance reaches zero or two years from the date eligibility ends.

During this time period, you are entitled to reimbursement of expenses from any unused amounts that were credited during the time period you were enrolled in the Chicago & Vicinity Laborers' District Council Health & Welfare Plan.

If you have not been eligible to participate in the HRA Program for two years, your remaining Account balance will be forfeited and cannot be reinstated. Any forfeited amounts revert to the Plan's general assets. In no event will forfeited amounts be paid in cash to any person.

IN THE EVENT OF YOUR DEATH

Your HRA Account will continue to be available to provide reimbursement for your surviving dependents' eligible healthcare expenses in the event of your death. Your Spouse and/or dependents may use your HRA Account balance to pay for eligible healthcare expenses (including expenses you incurred before your death) or to make self-payments to continue coverage until the earliest of:

If you have no surviving Spouse and/or other eligible dependents at the time of your death, any balance in your HRA Account will be forfeited and become a part of the Plan's general assets.

- When your HRA Account balance is zero;
- Two years after the date of your death; or
- When your dependent loses dependent status.

In no event will amounts be paid in cash to any person other than for reimbursement of an eligible healthcare expense. In other words, there are no lump-sum distributions of the HRA Account balance as a death or termination benefit.

While your surviving Spouse and/or dependents may continue to use your HRA Account for two years after the date of your death, as long as they are eligible for Plan coverage (including COBRA continuation coverage) and the Account balance is greater than zero, no further Employer contributions will be made to the HRA Account on their behalf.

EXAMPLE:

If Jamal died on August 31, 2017, his surviving dependents could use his HRA Account balance (until it was depleted) for the two-year period ending August 31, 2019, as long as they remained eligible for coverage.

EXPENSES ELIGIBLE FOR REIMBURSEMENT

You can use the balance in your HRA Account to pay for eligible healthcare expenses incurred by you, your Spouse, and/or your eligible dependents. Eligible healthcare expenses, as defined by the HRA Program, include (but are not limited to) all of the following:

- Self-payment contributions for COBRA continuation coverage, if you are eligible and elect coverage.
- Amounts you and/or your Spouse pay for other coverage (such as Employer insurance, or Medicare, provided it is not paid with salary reduction contributions to an IRC Section 125 Plan).
- Long-term care insurance premiums.
- Healthcare expenses under the Plan, or any other healthcare plan, including:
 - » Out-of-pocket costs, such as deductibles, copayments, and coinsurance; and
 - » Expenses not covered, or only partially covered.

See page 57 for information on filing a Claim.

Your HRA Account may only be used to pay for eligible healthcare expenses incurred by you and your eligible family members. However, a range of expenses is eligible.

Healthcare expenses do not include reimbursements for expenses related to long-term care services or for premiums paid through salary reduction contributions to an IRC Section 125 Plan.

Healthcare expenses may include medical, prescription drug, dental, and vision expenses.

EXAMPLE:

The Delta Dental Program covers 50% of the PPO charges for dental implants. Under the HRA Program, you will be able to apply for reimbursement of some or all of the unpaid portion, depending on the balance in your HRA Account.

In general, healthcare expenses eligible for reimbursement only include those that are:

- Incurred for services or supplies provided to you or your eligible dependents under the Plan;
- For services or supplies provided on or after the date your HRA Account became effective;
- Not reimbursed by any other health plan, insurance, or other source or entity;
- Not taken (and will not be taken) as a tax deduction by you, your Spouse, and/or your dependents; and
- Not made through salary reduction contributions under the terms of an IRC Section 125 Plan (if for premium contributions).

Only healthcare expenses that are permitted under the terms of Sections 105 and 213(d) of the Internal Revenue Code (IRC) are eligible for reimbursement from your HRA Account. Please note that federal and state tax regulations are subject to change.

If you have any questions about whether an expense is eligible for reimbursement, contact the Fund Office.

An eligible healthcare expense is defined as an expense incurred by you and/or your dependents for medical care, as defined in IRC Sections 105 and 213(d). For more detailed information on eligible healthcare expenses, please refer to IRS Publication 502 entitled, "Medical and Dental Expenses," Catalog Number 15002Q. It is available at www.irs.gov/pub/irs-pdf/p502.pdf.

Even if an expense is a medical expense applicable under IRC Sections 105 and 213(d), or listed in IRS Publication 502, it may not necessarily qualify as an eligible healthcare expense under the HRA Program.

For instance, the HRA Program cannot reimburse long-term care expenses or premiums for any type of insurance paid through salary reduction contributions to an IRC Section 125 Plan. Likewise, IRS Publication 502 states that nonprescription drugs are ineligible. In addition, the HRA Program has the right to limit or deny reimbursements for certain expenses even though they may be allowed under federal law. For example, reimbursements for deductibles and copayments for services received from non-network providers are limited to the amounts that would be reimbursable from your HRA Account if you had gone to an in-network provider.

EXPENSES NOT ELIGIBLE FOR REIMBURSEMENT

Expenses that are not eligible for reimbursement from your HRA Account (as defined by IRC Sections 105 and 213(d)) include, but are not limited to:

- Individual insurance premiums or insurance plans purchased from a state or federal marketplace
- Automobile insurance premiums
- Bottled water
- Cosmetic surgery and procedures
- Cosmetics, toiletries, toothpaste, etc.
- Custodial care
- Diaper service or diapers
- Domestic help
- Funeral, cremation, or burial expenses
- Health programs offered by resort hotels, health clubs, and gyms
- Home or automobile improvements
- Long-term care services
- Marijuana and other controlled substances that are considered illegal under federal law
- Massage therapy (unless prescribed)
- Maternity clothes
- Nursing services to care for a healthy newborn at home
- Special schools for children
- Social activities
- Transportation expenses
- Uniforms or special clothing
- Vitamins and food supplements
- Over-the-counter (OTC) medications without a prescription

In addition to the above list of IRS-excluded expenses, deductibles and copayments for services received from non-network providers are not eligible for reimbursement from your HRA Account to the extent they exceed the amounts that would be reimbursable from your HRA Account if you had gone to an in-network provider.

CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL
HEALTH & WELFARE PLAN

**Important Notice of Change to Benefits
under Active Plan 1**

August 2022

Dear Participant:

The Board of Trustees of the Chicago & Vicinity Laborers' District Council Health & Welfare Plan (the "Plan") is pleased to announce the following benefit improvement to Health Reimbursement Arrangement Program under Active Plan 1:

Health Reimbursement Arrangement for Active Plan 1

Effective as of June 1, 2022, the amount you will be credited when you first become eligible for the Health Reimbursement Arrangement (HRA) Program is increased to \$1,500, and the annual amount credited to your HRA account each year thereafter that you are eligible for the HRA Program is increased to \$1,500.

In addition, if you were previously eligible for the HRA Program sometime in 2022 before June 1, 2022 and you are eligible for any single month on or after June 1, 2022 and before January 1, 2023, you will be credited with an additional \$500 to your HRA account. This additional \$500 for 2022 is credited as follows: (1) on June 1, 2022 if you are eligible for the HRA Program as of that date; or (2) on the first day of the month you regain eligibility, if you regain eligibility after June 1, 2022 and before January 1, 2023.

Examples:

- Assume you are first eligible for the HRA Program on March 1, 2022 and are eligible for the HRA Program as of June 1, 2022, your HRA Account is credited with \$1,000 as of March 1, 2022 (date of first eligibility) and another \$500 is credited as of June 1, 2022 (as a result of the benefit improvement described in this Notice). If you are eligible for the HRA Program as of January 1, 2023, your HRA Account will be credited with another \$1,500 as of January 1, 2023.
- Assume you are first eligible for the HRA Program as of November 1, 2022, your HRA Account is credited with \$1,500 as of November 1, 2022. If you are eligible for the HRA Program as of January 1, 2023, your HRA Account will be credited with another \$1,500 as of January 1, 2023.

Your HRA account will be credited with \$1,500 only once in a calendar year.

All other terms relating to the HRA Program continue to apply. For more details on the HRA Program, please see the summary plan description for Active Plan 1, which also serves as the Active Plan 1 plan document (2020 Edition) ("SPD/Plan").

Questions?

If you have questions about your benefits, please contact the Fund Office at (708) 562-0200 or (866) 906-0200 from 8:00 am to 5:00 pm, Monday through Friday.

Final Note

Please share this Notice with your family members who are eligible for coverage and keep it with your SPD/Plan, and other benefits information for easy reference. The Addendum that follows contains the section by section technical conforming revisions to the SPD/Plan for the changes described above. Capitalized terms used but not defined in this Notice have the meaning as set forth in the SPD/Plan.

Sincerely,

Board of Trustees

ADDENDUM

Conforming Changes to the SPD/Plan: The following conforming changes are made to the section references contained in the Active Plan 1 SPD/Plan:

1. Effective as of June 1, 2022, a participant eligible for the HRA Program in 2022 and before June 1, 2022 shall receive an additional \$500 credited to his or her HRA Account if such participant is eligible for the HRA Program for any single month on or after June 1, 2022 and before January 1, 2023. This additional \$500 credit shall be made on June 1, 2022, if such participant is eligible for the HRA Program as of June 1, 2022, or on the first day of the month the participant regains eligibility for the HRA Program after June 1, 2022 and before January 1, 2023.
2. Effective as of June 1, 2022, the following provisions of the SPD/Plan are changed as follows:
 - a. In the section entitled "Health Reimbursement Arrangement (HRA) Program", on page 45 of the Plan/SPD, the box entitled "HRA Account Funding" under the section entitled "Highlights" is amended as follows:

HRA Account Funding

- \$1,500 will be credited to your HRA Account on the day you first become eligible for the HRA Program. On January 1st of each subsequent year that you are eligible for the HRA Program, an additional \$1,000 will be credited to your HRA Account. If you are not eligible on January 1st of any subsequent year, the additional \$1,500 will be credited to your HRA Account as of the first day of the month on which you regain eligibility for the HRA Program.
 - Credits will be applied to the HRA Accounts of all Eligible Members, including Members who are active by virtue of electing the COBRA Full Plan (but not the COBRA Core Plan).
 - All Eligible Members will receive the same credit, regardless of whether they are single or have a family.

- Once the \$1,500 has been credited to your HRA Account, it is immediately available for use.
 - Any unused balance in your HRA Account at the end of each year will roll over into the next year for future use. There is no limit on the amount that can be carried forward from year to year.
 - Your HRA Account will not be credited with more than \$1,500 in a calendar year.
 - No earnings are credited to your HRA Account.
 - Once you retire, you will no longer receive the \$1,500 annual credit to your HRA Account.
- b. In the section entitled “How the HRA Program Works”, on page 46 of the Plan/SPD, the first paragraph in the subsection entitled “General Overview” is amended as follows:

GENERAL OVERVIEW

You will have an individual HRA Account that the Fund will set up and maintain on your behalf after you are eligible for coverage under the Plan. Your HRA Account will be credited with \$1,500 on the date you become eligible for the HRA Program, and on January 1st of each year that you are eligible to participate in the HRA Program. If you are not eligible on January 1st of any subsequent year, the additional \$1,500 will be credited to your HRA Account as of the first day of the month on which you regain eligibility for the HRA Program. (Note: your Account will be credited with \$1,500 only once in a calendar year). If a balance remains in your HRA Account at the end of a year, it rolls over into the next year, allowing you to use it for reimbursement of future expenses. There is no limit to the amount that can be carried forward from year to year.

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Statement of the Plan’s Grandfathered Status. The Board of Trustees of the Chicago & Vicinity Laborers’ District Council Health & Welfare Fund believes this Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act), which means that the Plan existed when the health care reform law was signed on March 23, 2010. As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. 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 do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office at (708) 562-0200 or 866-906-0200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or <http://www.dol.gov/ebsa/healthreform/>. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

The information contained in this Notice only highlights certain features of the Chicago & Vicinity Laborers' District Council Health & Welfare Plan (the "Plan") and is intended to be a Summary of Material Modifications to the SPD/Plan. The Board of Trustees of the Plan ("Trustees") reserves the right and has the authority to amend, modify, or eliminate benefits at any time, or terminate the Plan when financial conditions dictate. Receipt of this Notice does not confer or guarantee eligibility for benefits. In addition, the Trustees, or such other persons as delegated by the Trustees, have the discretion to interpret and construe the Plan's provisions, as set forth in the SPD/Plan.

SUMMARY OF MATERIAL MODIFICATIONS

EIN: 36-2151212

Plan No.: 501

August 2022