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MINNEAPOLIS RETAIL MEAT CUTTERS AND FOOD HANDLERS HEALTH AND WELFARE FUND

IMPORTANT NOTICE

Summary of Material Modifications

TO: Participants and Beneficiaries of the Minneapolis Retail Meat Cutters and Food Handlers Health and Welfare Fund

FROM: The Board of Trustees

DATE: March 2020

This is a Summary of Material Modifications (SMM) regarding the Minneapolis Retail Meat Cutters and Food Handlers Health and Welfare Fund (Plan). The Board of Trustees has amended the Plan Document and Summary Plan Description (amended and restated September 1, 2017) as indicated below.

Amendment No. 10: COVID-19 Coverage

Effective March 15, 2020, the Plan has been amended to provide coverage for medically necessary COVID-19 testing and the related office visit. The Plan will cover at 100% (no member cost share) claims incurred on or before April 30, 2020 for COVID-19 diagnostic testing and diagnosis as well as the related office (urgent care, emergency room) visit during which the treating health care provider determined such testing was medically necessary and appropriate according to the accepted guidelines of the Centers for Disease Control and Prevention and/or the respective state Department of Health.

For purposes of Weekly Disability Income Benefits, the definition of Illness will also include quarantine or self-quarantine for members whose treating health care provider has provided written documentation stating that such quarantine is medically necessary or appropriate according to the accepted guidelines of the Centers for Disease Control and Prevention and/or the respective state Department of Health because the individual has had exposure or suspected exposure to COVID-19.

Please update your Plan Document and Summary Plan Description booklet (dated September 1, 2017) to reflect these changes by inserting the attached introduction page and replacement pages 7, 51 and 51A.

If you have any questions about these changes to the Plan, please contact the Plan Administrator at (952) 851-5797 or (844) 468-5917.

C. Meets the following criteria:

1. The patient and family are seen as the unit of care;

2. An integrated, centralized administrative structure ensures continuity of care for home care and inpatient care;

3. Direct provision of care is provided by an interdisciplinary team consisting of Physicians, nurses, social workers, chaplains, and volunteers;

4. Volunteers are used to assist paid staff members; and

5. Service is available twenty-four (24) hours a day, seven (7) days a week.

1.16. HOSPITAL

"Hospital" means an establishment that meets all of the following requirements:

A. Holds a license as a Hospital (if licensing is required in the state in which it is located);

B. Operates primarily for the reception, care, and treatment of sick, ailing, or injured persons as inpatients;

C. Provides nursing services by registered nurses (R.N.) twenty-four (24) hours a day;

D. Has a staff of one (1) or more licensed Physicians available at all times;

E. Provides organized facilities for diagnostic and major surgical facilities; and

F. Is not primarily a clinic; nursing, rest, or convalescent home; or similar establishment.

"Hospital" also includes:

A. A Residential Treatment Facility that is licensed by the Commissioner of Public Welfare (or other equivalent officer) for the state in which it is located for the treatment of emotionally handicapped Dependent Children under age eighteen (18) as defined by the rules of such Commissioner;

B. A free-standing ambulatory surgical center that is approved as such by the applicable state; and

C. A free-standing ambulatory medical center staffed to provide care twenty-four (24) hours a day, seven (7) days a week that is approved as such by the applicable state.

1.17. ILLNESS

"Illness" means a bodily disorder or disease, pregnancy, or mental infirmity.

For purposes of Weekly Disability Income Benefits, Illness will also include quarantine or self-quarantine for members whose treating health care provider has provided written documentation

stating that such quarantine is medically necessary or appropriate according to the accepted guidelines of the Centers for Disease Control and Prevention and/or the respective state Department of Health because the individual has had exposure or suspected exposure to COVID- 19.

24. Mastectomy bras, up to two (2) per Eligible Person per Calendar Year.

25. Jobst stockings, up to two (2) pair per Eligible Person per Calendar Year.

26. Discounted charges for walk-in clinics in retail settings.

27. The Plan will cover at 100% (no member cost share) claims incurred on or before April 30, 2020 for COVID-19 diagnostic testing and diagnosis as well as the related office (urgent care, emergency room) visit during which the treating health care provider determined such testing was medically necessary and appropriate according to the accepted guidelines of the Centers for Disease Control and Prevention and/or the respective state Department of Health.

5.1.3. Preventive Care and Other Routine Care

The deductible is waived for covered expenses related to the routine services described below. The Plan pays one hundred percent (100%) of the Usual and Customary Charges for products and services that meet the definition of Preventive Care. There is no cost-sharing for Preventive Care.

A. Routine physical examinations including charges for an examination, x-rays, and laboratory tests performed by a Physician or surgeon in a Hospital, clinic, or Physician's office. Covered expenses include:

1. For Eligible Dependents of an Eligible Employee, only routine office visits for the ongoing care of a well-baby and routine well child care, including professional services or supplies related to routine immunizations of Dependent Children. With respect to childhood immunizations, the Plan will cover those recommended by the American Academy of Pediatrics and those that satisfy the definition of Preventive Care.

2. Examinations required by third parties, including, but not necessarily limited to, schools, employers, insurance companies, camps, and adoption agencies.

3. Examinations for the purpose of contraceptive management, including a pelvic examination and pap-smear.

Benefits are not payable under this Routine Physical Examination Benefit for:

1. Routine immunizations or vaccinations, except as specifically stated;

2. Eye or dental examinations; or

3. Routine colonoscopy unless the colonoscopy is Preventive Care.

B. Routine immunizations. With respect to childhood immunizations, the Plan will cover those recommended by the American Academy of Pediatrics, including but not limited to, those to prevent diphtheria, pertussis, tetanus, polio, measles, mumps, and rubella, and those that satisfy the definition of Preventive Care.