

IMPORTANT NOTICE

Summary of Material Modifications

TO: Participants and Beneficiaries of the United Food and Commercial Workers Union Local 1189 and St. Paul Food Employers Health Care Plan

FROM: The Board of Trustees

DATE: October 2025

This is a Summary of Material Modifications (“SMM”) regarding the United Food and Commercial Workers Union Local 1189 and St. Paul Food Employers Health Care Plan (the “Plan”). The Board of Trustees of the Plan has amended the Summary Plan Description and Plan Document (Amended and Restated March 1, 2021) as described below.

Amendment No. 8

Transfer Eligibility

Effective February 1, 2024, the Plan has been amended with respect to eligibility for full-time and part-time Employees transferring from Minneapolis to St. Paul while working for the same Employer. Full-time Employees will be eligible under this Plan immediately after the Employer has made (8) weeks of full-time contributions on the Employee's behalf and, provided the Eligible Employee is eligible under the UFCW 663 Health Care Plan immediately preceding transfer. Part-time Employees will be eligible under this Plan immediately after the Employer has made eight (8) weeks of part-time contributions on the Eligible Employee's behalf and, provided the Employee is eligible under the UFCW 663 Health Care Plan immediately preceding transfer.

Amendment No. 9

Transplant Coverage

Effective July 1, 2025, certain organ, tissue, and bone marrow transplant surgeries and related costs are covered by the Plan if they are (1) Medically Necessary; (2) not Experimental or Investigative; and (3) are payable under all other provisions of this Plan. Additionally, such surgeries and costs are subject to the Plan's deductible, co-pay, and coinsurance provisions, there must be medical documentation that conventional treatment would be unsatisfactory, unavailable, or more hazardous than a transplant, and you must obtain prior approval for the transplant.

The following transplants have been determined by the Plan's Board of Trustees not to be Experimental or Investigative and are approved for coverage subject to the requirements listed above: Cornea, Kidney, Bone Marrow, Liver, Heart, Heart/Lung, Lung, Pancreas.

Anorexic Drug Coverage

Effective July 1, 2025, anorexic drugs. Anorexic drugs (meaning weight loss drugs and appetite suppressants) are excluded, unless the Eligible Person has been diagnosed as morbidly obese and such prescriptions are preauthorized by the Preferred Provider Pharmacy.

**United Food & Commercial Workers Local Union #1189
and St. Paul Food Employers Health Care Plan**

Administered by Wilson-McShane Corporation



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**If you have any questions about these changes to the Plan, please contact the Plan Administrator,
Wilson-McShane Corporation, at (952) 854-0795 or 1-800-535-6373.**

**GRANDFATHERED STATUS UNDER THE
PATIENT PROTECTION AND AFFORDABLE CARE ACT**

The Trustees believe this Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that already was in effect when that law was enacted. Being a grandfathered health plan means that your Plan is not required to 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 which protections 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 Plan Administrator, Wilson-McShane Corporation, at: United Food and Commercial Workers Union Local 1189 and St. Paul Food Employers Health Care Plan, 3001 Metro Drive, Suite 500, Bloomington, MN 55425, (952) 854-0795 or 1-800-535-6373. You also may 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 plan.