SERVICE EMPLOYEES BENEFIT FUND

SUMMARY OF MATERIAL MODIFICATIONS AND NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

On April 22, 2016, the Trustees of the Service Employees Benefit Fund ("Fund") amended the Fund's Summary Plan Description ("SPD") as follows:

Effective July 1, 2016, Sections 1 and 2 of the Dental Schedule of Benefits appearing on pages 26-28 of the SPD are deleted in their entirety and replaced with the following, with new reimbursement amounts shown in bold italics:

DENTAL SCHEDULE OF BENEFITS

BASIC PLAN

Preventive and Diagnostic Services

Procedure Code	Examinations	Reimbursement
0120	Periodic Oral Exam	$29
0150	Comprehensive Oral Exam	***$35***
	Radiographs (X-rays)	
0210	Intra-Oral, Complete Series	***$65***
0220	Intra-Oral, Single First Film	$14
0230	Intra-Oral, Each Additional	$7
0272	Bitewings – two films	$17
0274	Bitewings – four films	$29
0330	Panoramic	$40
	Prophylaxis (Cleanings)	
1110	Adult Prophylaxis – 12 years and older	***$60***
1120	Child Prophylaxis – under age 12	$43
1206	Topical Fluoride Varnish	$16
1351	Sealants – up to age 14	$43
	Restorations (Fillings)	
2140	Amalgam One Surface	$55
2150	Amalgam Two Surfaces	$84
2160	Amalgam Three Surfaces	$106
2161	Amalgam Four Surfaces	$142
2330	Composite One Surface	***$65***
2331	Composite Two Surfaces	***$90***
2332	Composite Three Surfaces	$108
	Endodontic (Root Canals)	
3220	Pulpotomy	$87
3310	Anterior Root Canal	***$325***
3320	Bicuspid Root Canal	***$425***
3330	Molar Root Canal	***$550***
3410	Apicoectomy, Anterior	$210
	Periodontics (Gum Treatment)	
4210	Gingivectomy per Quadrant	$225
4260	Osseous Surgery per Quadrant	***$450***
4341	Perio-Scaling/Planing Per Quadrant	***$78***
4910	Periodontal Prophylaxis	***$68***

Procedure Code	Adjunctive Services	Reimbursement
9110	Palliative Treatment	***$40***
9223	***General Anesthesia – 15 minute inc.***	***$113***
9310	Consultation	$87

BASIC PLAN COVERAGE ENDS HERE

****

COMPREHENSIVE PLAN

(Includes all BASIC services PLUS the following)

Major Prosthetic Services - Five year replacement limitation

	Crowns	
2740	Porcelain Crown	***$580***
2750	Porcelain to Metal Crown	***$600***
2790	Full Cast Metal Crown	***$580***
	Other Crown Services	
2920	Replacement Crown	$43
2950	Core Build-Up/Including Any Pins	***$75***
2952	Post and Core, indirectly fabricated	***$175***
2954	Post and Core, prefabricated	$145
6930	Replacement Fixed Partial Denture	$58
	Removable Prosthetics – Dentures	
5110	Complete Upper Denture	***$650***
5120	Complete Lower Denture	***$650***
5213	Upper Partial Denture/Resin Base	***$685***
5214	Lower Partial Denture/Resin Base	***$685***
5510	Repair Broken Full Denture Base	$87
5640	Replace One Broken Tooth on Denture	$87
5650	Add Tooth to Existing Partial Denture	$87
5730	Reline Full Upper Denture (Office)	$145
5750	Reline Full Upper Denture (Lab)	$232
	Bridge Crowns	
6240	Porcelain to High Noble Metal Pontic	***$500***
6750	Porcelain to High Noble Metal Crown	***$600***
6751	Porcelain to Base Metal Crown	***$600***
6752	Porcelain to Noble Metal Crown	***$600***

COMPREHENSIVE PLAN COVERAGE ENDS HERE

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

As always, if there is a dentist that you would like us to contact to see if they would like to participate in our dental network, feel free to contact Terry at (315) 218-6513 or email at Tmoon@sebf.org

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS
AND NOTICE TO PARTICIPANTS
(Plan No.: 501; EIN: 15-0613682)

On April 28, 2017, the Trustees of the Service Employees Benefit Fund ("Fund") amended **ARTICLE II MEDICAL AND OTHER BENEFITS** of the Fund's **Summary Plan Description ("SPD")** at **Section C "Preventative Care and Clinical Trials"**, subsection **"Preventive Services"** located on page 21. Pursuant to the amendment, the following language is added to the end of the aforementioned subsection effective July 1, 2017:

> Regardless of age or gender, breast cancer preventive screening without cost sharing includes diagnostic imaging (diagnostic mammograms, breast ultrasounds and MRIs). Coverage for 3-D imaging is not included as part of this preventive screening benefit.

On August 18, 2017, the Trustees of the Service Employees Benefit Fund ("Fund") amended **ARTICLE II MEDICAL AND OTHER BENEFITS** of the Fund's **Summary Plan Description ("SPD")** at **Section A "Medical Benefits"**, subsection **"Schedule of Medical Benefits"** starting on page 12. Pursuant to the amendment, the following language is added to the end of the aforementioned subsection:

> **Telemedicine Program**
>
> Effective September 1, 2017, participants and their eligible dependents enrolled in SEBF Medical Benefits may utilize the Excellus BlueCross BlueShield Telemedicine Program for appropriate covered services. The Program provides on-demand or by appointment doctor visits by telephone or web-based video with participating physicians.
>
> As an SEBF participant, you will receive information regarding how to register for the Program and, once registered, how to utilize the Program.
>
> You will not be charged for a Telemedicine visit under this Program for covered services so long as you are registered, and the vendor is able to confirm your SEBF coverage at the point of service.

Effective January 1, 2018, the Trustees of the Service Employees Benefit Fund ("Fund") amended **ARTICLE II MEDICAL AND OTHER BENEFITS** of the Fund's **Summary Plan Description ("SPD")** at **Section A "Medical Benefits"**, subsection **"Schedule of Medical Benefits"** starting on page 12. Pursuant to the amendment, the following language is added to the end of the aforementioned subsection:

> **Quit For Life Program**
>
> Effective January 1, 2018, participants and their eligible dependents enrolled in SEBF Medical Benefits may utilize, without charge, the Excellus BlueCross BlueShield *Quit for Life* smoking cessation Program. The Program includes: one-on-one counseling with a professional Quit Coach; medication recommendations, if appropriate; free nicotine replacement products (patch or gum) delivered to a Participant's home, if recommended; and a Help guide for family and friends.
>
> As an SEBF participant, you will receive information regarding how to enroll in the Program and, once enrolled, how to utilize the Program.

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS AND NOTICE TO PARTICIPANTS
(Plan No.: 501; EIN: 15-0613682)

The Trustees of the Service Employees Benefit Fund ("Fund") have made the following changes to the Summary Plan Description ("SPD"):

The following language has been added to the end of Section D. CLAIM REVIEW AND APPEAL PROCEDURES:

Effective for claims filed on or after April 1, 2018, the following also applies to any benefit determination conditioned on a finding of disability by the Plan. These rules do not apply to a determination conditioned on a finding of disability by a party other than the Plan (e.g. the Social Security Administration).

1. Adverse benefit determination notices will also include the following:

   a. Discussion of the decision including, if applicable, an explanation of the basis for disagreeing with or not following:

      (i) The views presented by the claimant to the Plan of health care professionals treating the claimant and vocational professionals who evaluated the claimant;

      (ii) The views of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with the adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination; and

      (iii) A Social Security Administration disability determination regarding the claimant, presented by the claimant to the Plan.

   b. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits;

   c. Either the specific internal rules, guidelines , protocols, standards, or other similar criteria of the Plan relied upon in making the adverse benefit determination or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria of the Plan do not exist; and

   d. For appeal determinations, any contractual limitations period contained in this SPD for filing a civil action and the calendar date deadline for doing so.

2. Before the Plan issues an adverse benefit determination on appeal, the Plan Administrator will provide the claimant, free of charge, with any new or additional evidence considered, relied upon, or generated by the Trustees, or their designee (or at the direction of the Trustees or their designee) in connection with the claim.

3. Before the Plan issues an adverse benefit determination on appeal based on a new or additional rationale, the Plan Administrator shall provide the claimant, free of charge, with the rationale.

4. The term "adverse benefit determination" also means a rescission of disability coverage with respect to a participant or beneficiary (whether or not, in connection with the rescission, there is an adverse effect on any particular benefit at that time). For this purpose, the term "rescission" means a cancellation or discontinuance of coverage that has retroactive effect, except to the extent it is attributable to a failure to timely pay required premiums or contributions toward the cost of coverage.

5. To the extent required by applicable law, any notices will be provided in a culturally and linguistically appropriate manner.

6. To the extent the Plan violates any applicable claims and appeals procedures, a participant may request a written explanation of the violation from the Plan. The Plan will respond within ten days .

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS
(Plan No.: 501; EIN: 15-0613682)

The Trustees of the Service Employees Benefit Fund ("Fund") have made the following changes to the Summary Plan Description ("SPD"). **Effective January 1, 2019**, Section I.B. ELIGIBILITY RULES FOR DEPENDENTS has been amended so that the dependent children eligibility rules for Dental and Optical Benefits are the same as the dependent children eligibility rules for Medical Benefits. As a result of this benefit improvement, on and after January 1, 2019, Optical and Dental coverage for otherwise eligible and enrolled children may continue up to the last day of the month in which the child turns 26. By separate correspondence, you will be provided enrollment information for your dependent children who "aged" off the Plan under the prior eligibility rules but might be eligible under the new rules. (Please note, for those participants with Dependent Death Benefits, the dependent children eligibility rules will mirror the eligibility rules for your other benefits under the Plan.)

To reflect the change in the SPD, **effective January 1, 2019**, the introductory sentence of Section I.B. is revised to state, "Your Dependents for purposes of the Plan's Benefits are any of the following:", and the fourth paragraph under No. 3 in that Section is deleted.

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

Dated:

Dear Participant:

Effective January 1, 2019 the Trustees of the Service Employees Benefit Fund ("Fund") have made the following changes to the Summary Plan Description ("SPD"):

I.

The SCHEDULE OF MEDICAL BENEFITS starting at page 12 of the SPD and Section II.B. PRESCRIPTION DRUG BENEFITS are amended to reflect that effective January 1, 2019: (1) Excellus BlueCross BlueShield will administer the Plan's prescription drug coverage while Express Scripts will remain the pharmacy benefit manager; (2) among other terms and conditions, prior authorization and step therapy [you must try a certain drug to treat your condition before the Fund will cover any other drug for that condition] requirements continue to apply to certain medications; and (3) any questions regarding prescription drug coverage should be directed to Excellus BlueCross BlueShield at 1-877-650-5840 or www.excellusBCBS.com/sebf.

II.

The Mail Order Program subsection of Section II.B. PRESCRIPTION DRUG BENEFITS located at pages 19 and 20 of the SPD is amended to include the following at the end of the subsection:

> Participants will also have access to Wegmans Home Delivery for mail order prescriptions in addition to Express Scripts mail order. Call 1-800-586-6910 to set up a Wegmans home delivery account. When you call, be sure to provide the drug name along with your doctor's name, phone number, and address.

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

Sincerely,

BOARD OF TRUSTEES OF THE
SERVICE EMPLOYEES BENEFIT FUND

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

Dated:

Dear Participant:

Effective August 30, 2019, the Trustees of the Service Employees Benefit Fund ("Fund") made the following change to the Summary Plan Description ("SPD"). Article III. *Plan Exclusions* is amended by adding the following new Exclusion:

26. The prescription drug Zolgensma

Zolgensma is a prescription drug used to treat a rare condition Spinal Muscular Atrophy. Zolgensma has been reported as the most expensive prescription drug in the history of pharmaceuticals and carries an estimated cost of $2.1 million. The Trustees excluded Zolgensma in order to protect the assets of the Plan; those assets are there to provide covered benefits for all of the Fund's participants. The Trustees will continue to monitor developments regarding Zolgensma and pricing.

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

Sincerely,

BOARD OF TRUSTEES OF THE
SERVICE EMPLOYEES BENEFIT FUND

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

Dated:

Dear Participant:

Effective April 1, 2019, the Trustees of the Service Employees Benefit Fund ("Fund") have made the following changes to the Summary Plan Description ("SPD"):

I.

Article V. *Claim Filing Instructions* is amended so that the first paragraph under the heading "The Trustees' Decision is Final and Binding" located at p. 52 is revised to add the following sentence at the end of the paragraph:

> You may not assign, convey, or in any way transfer your right to bring a legal action against the Plan, or its Trustees, to anyone else.

II.

Article VI. *General Information* is revised at Section H. "Non-Assignability and Spendthrift Clause" so that the Section reads as follows:

> H. NON ASSIGNABILITY AND SPENDTHRIFT CLAUSE
>
> To the extent permitted by law, this Plan's benefits and payments are not assignable, otherwise transferable or subject to any claim made or legal action taken by any creditor of any person covered by our Plan.

III.

Article VI. *General Information* is revised at Section K. "Plan Definitions" so that the first numbered paragraph "Assignment of Benefits" in Section K. is deleted and the subsequent paragraphs renumbered accordingly.

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

Sincerely,

BOARD OF TRUSTEES OF THE
SERVICE EMPLOYEES BENEFIT FUND

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS AND
NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

June 8, 2020

Dear Participant:

The Trustees of the Service Employees Benefit Fund ("Fund") made the following changes to the Summary Plan Description ("SPD"), effective May 2, 2020 through July 31, 2020 (unless extended by the Trustees or the New York State Department of Financial Services):

> Participants deemed "essential workers" by the New York State Department of Financial Services will not be responsible for copayments, coinsurance or deductibles for in-network outpatient mental health services covered by this Plan.

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

Sincerely,

BOARD OF TRUSTEES OF THE
SERVICE EMPLOYEES BENEFIT FUND

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

April 8, 2020

Dear Participant:

Effective as implemented, the Trustees of the Service Employees Benefit Fund ("Fund") made the following changes to the Summary Plan Description ("SPD"), with new language in bold italics.

Novel Coronavirus (COVID-19) ("Coronavirus"):

1. Participants will not be responsible for copayments, coinsurance or deductibles for in-network inpatient hospital, in-network provider office visits, in-network urgent care visits, and emergency room visits related to the Coronavirus.

2. ***Participants will not be responsible for copayments, coinsurance, or deductibles for: (a) diagnostic tests (approved and authorized by applicable law) for the Coronavirus; and (b) in-network or out-of-network health care provider office visits, urgent care visits, or emergency room visits resulting in testing for the Coronavirus, to the extent such items and services relate to the furnishing or administration of testing or to the evaluation of such individual for purposes of determining the need of such individual for testing.***

3. SEBF waives any preauthorization requirements for diagnostic tests and covered services that are medically necessary and consistent with CDC guidance for Participants diagnosed with the Coronavirus.

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

Sincerely,

BOARD OF TRUSTEES OF THE
SERVICE EMPLOYEES BENEFIT FUND

SERVICE EMPLOYEES BENEFIT FUND (SEBF)
SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

March 16, 2020

Dear Participant:

Effective March 12, 2020, the Trustees of the Service Employees Benefit Fund ("Fund") made the following changes to the Summary Plan Description ("SPD").

Novel Coronavirus (COVID-19) ("Coronavirus"):

1. Participants will not be responsible for copayments, coinsurance or deductibles for in-network inpatient hospital, in-network provider office visits, in-network urgent care visits, emergency room visits, and medically necessary diagnostic tests (consistent with CDC guidelines) related to the Coronavirus.

2. If an in-network provider is not available, SEBF will cover Coronavirus testing at an out-of-network provider with no out-of-pocket cost to the Participant.

3. SEBF waives any preauthorization requirements for diagnostic tests and covered services that are medically necessary and consistent with CDC guidance for Participants diagnosed with the Coronavirus.

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

Sincerely,

BOARD OF TRUSTEES OF THE
SERVICE EMPLOYEES BENEFIT FUND

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS AND
NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

June 8, 2020

Dear Participant:

The Trustees of the Service Employees Benefit Fund ("Fund") made the following changes to the Summary Plan Description ("SPD").

I.

Effective as implemented, the following new Section N titled "Temporary Deadline Extensions" is added at the end of Article VI ("General Information"):

> Notwithstanding anything to the contrary in this SPD, SEBF will disregard the time-period from March 1, 2020 until sixty (60) days after the announced end date of the COVID-19 National Emergency (or such other date announced by the Internal Revenue Service and U.S. Department of Labor) ("Tolling Period") in determining whether you have met the following deadlines:
>
> 1. The 30-day deadline to request special enrollment in the Plan due to a loss of other coverage, your marriage, affirmed domestic partnership, or the birth, adoption, or placement for adoption, with you of a new dependent.
>
> 2. The 60-day deadline to request special enrollment due to the loss of Medicaid or CHIP coverage.
>
> 3. The 60-day period to elect COBRA continuation coverage, the initial 45-day COBRA premium payment deadline, and the subsequent 30-day deadlines for making COBRA premium payments for each month thereafter.
>
> 4. The deadline for individuals to notify the Plan of a qualifying event or determination of disability for purposes of COBRA.
>
> 5. The deadline to file an initial benefit claim under the SEBF's claims procedures.

6. The deadline to file an appeal of an adverse benefit determination under the SEBF's appeals procedures.

7. The four-month deadline to file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination.

8. The deadline to file information to perfect a request for external review upon a finding that the request was not complete. A Plan must allow a claimant to perfect the request for external review within the four-month filing period or within the 48-hour period following the receipt of the notification of a deficient request for review, whichever is later.

The Plan's deadline to provide a COBRA election notice is also subject to the above Tolling Period.

II.

Effective May 20, 2020, the Subsection entitled "The Trustees' Decision Is Final and Binding" of Article V ("Claim Filing Instructions"), Section D ("Claim Review and Appeal Procedures") is amended to include the following new paragraph as the second paragraph of the Subsection:

> Venue of any legal action, including, but not limited to, any challenge to an appeal denial, in connection with this Plan shall lie exclusively in the Federal District Court in Onondaga County, New York and all legal actions against this Plan and its Trustees may only be brought in the Federal District Court in Onondaga County, New York.

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

Sincerely,

BOARD OF TRUSTEES OF THE
SERVICE EMPLOYEES BENEFIT FUND

SERVICE EMPLOYEES BENEFIT FUND

SUMMARY PLAN DESCRIPTION
AMENDMENT

Pursuant to the provisions of Article V, Section 25 of the Restated Agreement and Declaration of Trust of the Service Employees Benefit Fund ("Fund"), and the terms of the Service Employees Benefit Fund Summary Plan Description ("SPD"), the Trustees hereby amend the SPD as follows:

Effective January 1, 2020, Sections 1 and 2 of the Dental Schedule of Benefits appearing on pages 26-28 of the SPD are deleted in their entirety and replaced by the following, with new language, including increased reimbursement amounts, shown in bold italics:

The following schedule lists commonly used procedures. For a full schedule of all available procedures related to the Plan, contact the Fund Office.

DENTAL SCHEDULE OF BENEFITS

SECTION 1
BASIC PLAN

Payments under this Section 1 include necessary preparatory and related services such as x-rays, local anesthesia and aftercare.

Preventive and Diagnostic Services

ADA Code		Reimbursement
	Examinations	
0120	Periodic Oral Exam	$29
0150	Comprehensive Oral Exam	$35
	Radiographs (X-rays)	
0210	Intraoral-Complete Series	***$75***
0220	Intraoral-***Periapical***, 1st Film	$14
0230	Intraoral-***Periapical, Additional Films***	$10
0272	Bitewings – two films	$19
0274	Bitewings – four films	$31
0330	Panoramic ***Image***	$45

ADA Code		Reimbursement
	Prophylaxis (Cleanings)	
1110	Adult Prophylaxis – 12 years and older	$58
1120	Child Prophylaxis – under age 12	$43
1208	***Fluoride Treatment – up to age 19***	***$20***
1351	Sealants – up to age 14	$43
	Restorations (Fillings)	
2330	***Resin Based Composite,*** One Surface-***Anterior***	$65
2331	***Resin Based Composite,*** Two Surfaces-***Anterior***	$90
2332	***Resin Based Composite,*** Three Surfaces-***Anterior***	$108
2391	***Resin Based Composite, One Surface-Posterior***	***$70***
2392	***Resin Based Composite, Two Surface-Posterior***	***$90***
2393	***Resin Based Composite, Three Surfaces-Posterior***	***$108***
	Endodontic – Root Canals	
3220	Pulpotomy	$87
3310	Anterior Root Canal	***$420***
3320	Bicuspid Root Canal	***$475***
3330	Molar Root Canal	***$630***
	Periodontics (treatment of gums and supporting structures of teeth)	
4211	***Gingivectomy One to Three Contiguous Teeth***	***$85***
4260	Osseous Surgery per Quadrant	$450
4341	Perio Scaling ***& Root*** Planing Per Quadrant	***$110***
4910	Periodontal ***Maintenance***	$68
	Oral Surgery – Extractions	
7140	Extraction, ***Erupted Tooth or Exposed Root***	***$100***
7210	Surgical ***Removal of Erupted Tooth***	***$140***
7220	***Removal of Impacted Tooth-***Soft Tissue	***$250***
7230	***Removal of Impacted Tooth-***Partial Bony	***$300***
7240	***Removal of Impacted Tooth-Completely Bony***	***$380***
	Adjunctive Services	
9110	Palliative Treatment	$40
9222	***General Anesthesia – First 15 minute***	***$113***
9243	***Intravenous Conscious Sedation – 15 minute increments***	***$76***
9310	Consultation	$87

BASIC PLAN COVERAGE ENDS HERE

* *

SECTION 2

COMPREHENSIVE PLAN *ONLY*

(includes all BASIC *procedures* PLUS the following)

Major Prosthetic Services – Five year replacement limitation

ADA Code		Reimbursement
	Crowns	
2740	Porcelain Crown	$580
2750	Porcelain to Metal Crown	$600
2790	Full Cast Metal Crown	$580
	Other Crown Services	
2920	***Recement*** Crown	***$45***
2950	Core Build-Up/Including Any Pins	***$100***
2952	Post and Core, ***in Addition to Crown***-Indirectly Fabricated	$175
2954	Post and Core, ***in Addition to Crown***-Prefabricated	$145
	Removable Prosthetics – Dentures	
5110	Complete Upper Denture	***$725***
5120	Complete Lower Denture	***$725***
5213	Upper Partial Denture/Resin Base	***$750***
5214	Lower Partial Denture/Resin Base	***$750***
5640	Replace One Broken Tooth on Denture	$87
5650	Add Tooth to Existing Partial Denture	$87
5750	Reline Full Upper Denture (Lab)	$232
	Bridge Crowns	
6240	Porcelain to High Noble Metal Pontic	***$525***
6750	Porcelain to High Noble Metal Crown	$600
6751	Porcelain to Base Metal Crown	$600
6752	Porcelain to Noble Metal Crown	$600

COMPREHENSIVE PLAN COVERAGE ENDS HERE

* *

THIS IS TO CERTIFY that the Board of Trustees adopted the foregoing amendment to the Service Employees Benefit Fund Summary Plan Description on the 12th day of November, 2019, to be effective January 1, 2020.

DATED:_____

_____
UNION TRUSTEE
Print
Name:_____

DATED:_____

_____
EMPLOYER TRUSTEE
Print
Name:_____

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

Date: March 13, 2020

Dear Participant:

Effective February 14, 2020, the Trustees of the Service Employees Benefit Fund ("Fund") made the following changes to the Summary Plan Description ("SPD").

I.

Article III ("Plan Exclusions") of the SPD is amended by eliminating Exclusion 23 ("Charges for treatment leading to or in connection with transsexual surgery").

II.

Article III ("Plan Exclusions") of the SPD is amended by revising Exclusion 24 to read as follows:

> 24. Charges for treatment of sexual dysfunction unrelated to organic disease. However, the Plan does provide coverage for medically necessary transgender healthcare services including treatment leading to or in connection with gender reassignment/gender affirming surgery.

III.

Article III ("Plan Exclusions") is amended by revising Exclusion No. 26 to read as follows:

> 26. Gene Therapy. Gene therapy typically involves replacing a gene that causes a medical problem with one that does not, adding genes to help the body fight or treat disease, or inactivating genes that cause medical problems. The Fund does not cover any charges for gene therapy. Examples of gene therapy include, but are not limited to, Zolgensma and Luxturna.
>
> The Fund does provide coverage for medically necessary CAR-T therapy. CAR-T therapy takes cells from the patient's body, genetically alters them outside of the body, then reintroduces them into the body as alternatively-functioning cells. Examples of CAR-T therapies include, but are not limited to, Kymriah and Yescarta.

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

Sincerely,

BOARD OF TRUSTEES OF THE
SERVICE EMPLOYEES BENEFIT FUND

SERVICE EMPLOYEES BENEFIT FUND

Tammy McManus, Fund Manager
250 South Clinton Street, Suite 200
P. O. Box 1240 • Syracuse, NY 13201
(315) 218-6513 • (855) 835-9720 • Fax (315) 701-0686

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

October 25, 2021

Dear Participant:

Effective October 1, 2021, the Trustees of the Service Employees Benefit Fund ("Fund") made the following change to the Summary Plan Description ("SPD"). Article III ("Plan Exclusions") is amended by adding the following new Exclusion:

> 27. Anti-amyloid agents. The Fund does not cover any charges for anti-amyloid agents, including, but not limited to, Aduhelm.

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

Sincerely,

BOARD OF TRUSTEES OF THE
SERVICE EMPLOYEES BENEFIT FUND

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

Date: April 26, 2021

Dear Participant:

The Trustees of the Service Employees Benefit Fund ("Fund") made the following changes to the Summary Plan Description ("SPD"), effective March 18, 2021.

I.

The page preceding the Table of Contents is amended by deleting the reference to Ruth Heller under "Union Trustees" and substituting instead Kevin Lockhart.

II.

Article VI ("General Information"), Section L ("Plan Information") is amended by deleting the reference to Ruth Heller under "Names, Titles, and Business Addresses of the Trustees" and substituting instead the following:

Kevin Lockhart, Union Trustee
1199SEIU United Healthcare Workers East
250 S. Clinton Street, Suite 200
Syracuse, NY 13202

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

Sincerely,

BOARD OF TRUSTEES OF THE
SERVICE EMPLOYEES BENEFIT FUND

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

Date: April 26, 2021

Dear Participant:

The following information describes new temporary modifications to certain participant timeframes applicable to benefits provided by the Service Employees Benefit Fund ("the Plan") as reflected in the Summary Plan Description ("SPD") as a result of the continuing COVID-19 pandemic. **Please read this Summary of Material Modifications carefully as it contains important information regarding your rights under the Plan.**

Section N titled "Temporary Deadline Extensions," at the end of Article VI ("General Information"), has been replaced with the following:

> Effective March 1, 2020, SEBF will suspend certain deadlines detailed below that fall during the "COVID-19 Outbreak Period" (March 1, 2020, until sixty (60) days after the announced end of the COVID-19 National Emergency) until the earlier of: (a) one year from the applicable deadline; or (b) the end of the COVID-19 Outbreak Period. This means that every time that one of the following deadlines occurs on or after March 1, 2020, that deadline will be suspended for up to a year, as long as the COVID-19 Outbreak Period continues:
>
> 1. The 30-day deadline to request special enrollment in the Plan due to a loss of other coverage, your marriage, affirmed domestic partnership, or the birth, adoption, or placement for adoption with you of a new dependent.
>
> 2. The 60-day deadline to request special enrollment due to the loss of Medicaid or CHIP coverage.
>
> 3. The 60-day period to elect COBRA continuation coverage, the initial 45-day COBRA premium payment deadline, and the subsequent 30-day deadlines for making COBRA premium payments for each month thereafter.

4. The deadline for individuals to notify the Plan of a qualifying event or determination of disability for purposes of COBRA.

5. The deadline to file an initial benefit claim under the SEBF's claims procedures.

6. The deadline to file an appeal of an adverse benefit determination under the SEBF's appeals procedures.

7. The four-month deadline to file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination.

8. The deadline to file information to perfect a request for external review upon a finding that the request was not complete. A Plan must allow a claimant to perfect the request for external review within the four-month filing period or within the 48-hour period following the receipt of the notification of a deficient request for review, whichever is later.

For example, if a qualified beneficiary would have been required to make a COBRA election by April 1, 2020, the deadline will be delayed until April 1, 2021, which is the earlier of one year from April 1, 2020, or the end of the COVID-19 Outbreak Period (which remains ongoing).

The Plan's deadline to provide a COBRA election notice is also subject to the above Tolling Period.

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

Sincerely,

BOARD OF TRUSTEES OF THE
SERVICE EMPLOYEES BENEFIT FUND

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

Date: April 26, 2021

Dear Participant:

The Trustees of the Service Employees Benefit Fund ("Fund") made the following changes to the Summary Plan Description ("SPD"), effective January 1, 2021.

Article II ("Medical & Other Benefits") is revised to add the following new language at the end of Section B. Prescription Drug Benefits.

Diabetic Programs

1. Patient Assurance Program

   Participants will pay no more than $25.00 per 30 days for eligible T2 diabetic drugs. Up to $50.00 is provided by manufacturer assistance. This assistance is applied at the point of sale. Please note that manufacturer assistance will not be applied to your out-of-pocket maximum under this Plan.

2. Insulin Out-of-Pocket Maximum

   Participants will not be required to pay more than $100.00 out-of-pocket for a 30-day supply of a covered prescription insulin drug.

3. Cecelia Health

   Cecelia Health offers personalized coaching and clinical support to diabetic participants with gaps in care through their network of over 200 Certified Diabetes Educators. Cecelia Health will work with diabetic participants to proactively engage them to create a management plan.

For more information regarding the above diabetic care programs, please contact the Fund Office.

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

Sincerely,

BOARD OF TRUSTEES OF THE
SERVICE EMPLOYEES BENEFIT FUND

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

Date: April 26, 2021

Dear Participant:

The Trustees of the Service Employees Benefit Fund ("Fund") made the following changes to the Summary Plan Description ("SPD"), effective as noted below.

Exclusion 21 of Article III ("Plan Exclusions") is deleted in its entirety and replaced with the following, with new language in bold italics:

> 21. Charges for telephone consultations or for completion of claim forms or other medical reports. Please note that ***effective June 19, 2020 through December 31, 2021, telehealth services with your provider are covered subject to the terms of the Plan. Participant cost-share will apply to telehealth visits unless the visit relates to, and results in, COVID-19 testing. These telehealth visits are separate and distinct from the Excellus BlueCross BlueShield commercial Telemedicine Program which only includes visits with participating physicians in the Program.***

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

Sincerely,

BOARD OF TRUSTEES OF THE
SERVICE EMPLOYEES BENEFIT FUND

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS AND NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

Date: April 25, 2022

Dear Participant:

The Trustees of the Service Employees Benefit Fund ("Fund") made the following changes to the Summary Plan Description ("SPD"), effective January 1, 2022:

I. Article II "Medical and Other Benefits" is amended to add the following language immediately prior to the "Schedule of Medical Benefits":

No Surprises Act

Notwithstanding anything to the contrary in this Summary Plan Description, the Plan will comply with applicable requirements of the No Surprises Act relating to the coverage of emergency medical conditions.

II. The "Schedule of Medical Benefits" is amended at the subsection "Emergency Care" so that the "Out-of-Network" column for that subsection is revised to read as follows, and a description of covered emergency care is added, with new language in bold italics:

Emergency Care*	***Out-of-Network***
Emergency room care	$100 Copayment per visit then Covered ***in accordance with the No Surprises Act*** (Copayment waived if admitted inpatient) **No Coverage for Non-Emergency care**
Freestanding urgent care center	Covered at 70% of allowance, subject to the deductible ***unless the No Surprises Act mandates other reimbursement/cost-share***
Ambulance (Ground or Air)	$50 Copayment then Covered at 100% of allowance ***unless the No Surprises Act mandates other reimbursement/cost-share***

**** For purposes of this Plan, a covered "Emergency Condition" is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in a condition described in the Emergency Medical Treatment and Active Labor Act ("EMTALA"), including: (1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part.***

With respect to an Emergency Condition, covered "Emergency Services" are a medical screening examination (as required under EMTALA or as would be required under EMTALA if it applied to an Independent Freestanding Emergency Department) which is within the capability of the emergency department of a Hospital (or Independent Freestanding Emergency Department), including ancillary services routinely available to the emergency department to evaluate such Emergency Condition; and within the capabilities of the staff and facilities available at the Hospital (or Independent Freestanding Emergency Department) and such further medical examination and treatment as are required to stabilize the patient, regardless of the department of the Hospital in which further examination or treatment is furnished. Excellus determines whether a facility qualifies as an Independent Freestanding Emergency Department.

"Emergency Services" also include certain post-stabilization services, unless the following conditions are met:

(1) The attending emergency physician or treating provider has determined that you are able to travel using nonmedical transportation or non-emergency medical transportation to an available In-Network Provider or Facility located within a reasonable travel distance, taking into account your medical condition and any other relevant factor;

(2) If the Provider is an Out-of-Network Provider, (a) the Provider gives you notice that the services rendered will be performed by an Out-of-Network Provider, and you consent to waive your rights under the surprise bill requirements, and (b) you or your authorized representative are in a condition to provide informed, voluntary consent; and

The Provider satisfies any additional applicable laws and requirements including, without limitation, those provided in guidance issued by the Department of Health and Human Services.

III. Article V "Claiming Filing Instructions" is amended at Section D "Claim Review and Appeal Procedures", subsection "External Review" so the first paragraph reads as follows with new language in bold italics:

You have the right to request an independent external review of an adverse benefit determination within four (4) months after receipt of the notice of an adverse benefit determination. This right only extends to adverse benefit determinations by the health insurance carrier or its designee utilization review organization that involve medical judgment or a rescission in coverage. ***The following external review procedures also apply to coverage decisions that involve a determination whether the Plan is complying with the surprise billing and cost sharing protections contained in the No Surprises Act.***

IV. The following language is added at the end of Article VI "General Information" as a new Section O:

O. PROTECTION FROM SURPRISE BILLS

A "Surprise Bill" is a bill you receive for a covered service in the following circumstances:

(1) Emergency Services performed by an Out-of-Network Provider with respect to an Emergency Condition;

(2) Air ambulance services performed by an Out-of-Network Provider; and

(3) For certain non-Emergency Services performed by an Out-of-Network Provider at a participating Hospital, ambulatory surgical center and Independent Freestanding Emergency Department.

There are special reimbursement rules that apply to Surprise Bills when determining the Plan's payment to the Out-of-Network Provider. These special reimbursement rules will always apply to the following covered non-Emergency Services when performed by an Out-of-Network Provider at an In-Network Hospital, ambulatory surgical center or Independent Freestanding Emergency Department:

(1) Covered services performed by an Out-of-Network Provider when an In-Network Provider is unavailable at the time the healthcare services are performed at the In-Network Hospital, ambulatory surgical center or Independent Freestanding Emergency Department;

(2) Covered services performed by an Out-of-Network Provider as a result of unforeseen, urgent medical issues that arise at the time such services are performed, even if you previously consented to the Out-of-Network Provider performing such services;

(3) Covered services related to emergency medicine, anesthesiology, pathology, radiology, and neonatology;

(4) Covered services provided by assistant surgeons, hospitalists, and intensivists; and

(5) Diagnostic services, including radiology and laboratory services.

A Surprise Bill does not include a bill for healthcare services when an In-Network Provider is available and you elected to receive services from an Out-of-Network Provider or, with respect to non-Emergency Services (other than those specified above) performed by an Out-of-Network Provider in a participating Hospital, ambulatory surgical center or Independent Freestanding Emergency Department if the Out-of-Network Provider has obtained your consent to receive the services after providing you with required notice and satisfying all other consent requirements applicable to the Out-of-Network Provider. If the Out-of-Network Provider follows the notice and consent requirements and you consent to receiving the services, the Plan's normal reimbursement rules with respect to Out-of-Network Providers will apply with regard to those services and you may be balance billed.

> For Surprise Bills, the Plan will reimburse the Out-of-Network Provider an initial payment equal to the Recognized Amount. The Out-of-Network Provider must hold you harmless for any charges for the Surprise Bill that exceed your cost-sharing under the Plan (i.e. Copayment, Deductible or Coinsurance) for In-Network Providers. Your cost-sharing will be calculated based off of the Recognized Amount and will count towards your In-Network Deductible, if any, and your In-Network Out-of-Pocket Maximum.

For purposes of this Section, the "Recognized Amount" means the lesser of the billed charges or the "Qualifying Payment Amount." The "Qualifying Payment Amount" is the amount determined by the Plan in accordance with the requirements of 29 CFR 2590.716-3.

The provisions specified in this Section and in the Plan are designed to comply with the group health plan requirements of the No Surprises Act. The provisions are based on regulations published by the U.S. Department of the Treasury, Department of Labor, and Department of Health and Human Services (the "Departments") and will be interpreted to be consistent with those regulations. If the Departments issue additional guidance regarding the requirements of the No Surprises Act, the Plan will comply with the additional or modified requirements as required by such guidance.

To the extent the Plan provides coverage for air ambulance or Emergency Services for an Emergency Condition and the cost-sharing applied to such air ambulance services or Emergency Services when rendered by an Out-of-Network Provider is different than the cost-sharing applied when such services are rendered by an In-Network Provider, to the extent necessary to comply with the No Surprises Act, the Plan will apply the same cost-sharing to air ambulance services or Emergency Services for an Emergency Condition when rendered by an Out-of-Network Provider as the cost-sharing that is applied to such services when rendered by an In-Network Provider.

V. A new Section P is added to Article VI "General Information", to read as follows:

P. TRANSITIONAL CARE

If you are in an ongoing course of treatment when your In-Network Provider leaves the network, then you may continue to receive covered services for the ongoing treatment from the former In-Network Provider for up to 90 days from the date your provider's contractual obligation to provide services to you under the Plan terminates. If you are pregnant, you may continue care with a former In-Network Provider through delivery and postpartum care directly related to the delivery.

The provider must accept as payment the negotiated fee that was in effect just prior to the termination of the relationship of the provider with the network. The provider must also provide the Plan with necessary medical information related to your care and adhere to any policies and procedures established by the Plan, including those for assuring quality of care and obtaining preauthorization and a treatment plan approved by the Plan. You will receive covered services as if they were being provided by an In-Network Provider and will be responsible only for any applicable cost-sharing.

In addition to the above, if you are considered a "continuing care patient" and any benefits under the Plan are terminated because of a change in the terms of participation of your provider in the network, you will be given notice of such change or termination and will have the right to elect to continue coverage under the Plan, with respect to that provider, under the same terms and conditions that were in effect on the date you are given notice of the provider's change in network status or termination of benefits as a result of change in network participation. If you elect to continue such coverage under the Plan, coverage for transitional care with respect to that provider will be provided under those same terms and conditions only for the period ending on the earlier of (1) 90 days from the date the notice is provided or (2) the date you are no longer considered a "continuing care patient". In addition, coverage under those same terms and conditions during this period of transitional care is limited to the

condition for which you were receiving care from your provider, that qualifies you as a "continuing care patient," prior to the provider's change in network status.

For purposes of this section, you are a "continuing care patient" if you meet any of the following conditions:

(1) You are undergoing a course of treatment for a "serious and complex condition." For this purpose, "serious and complex condition" means:

a. An acute illness that is serious enough to require specialized medical treatment to avoid the reasonable possibility of death or permanent harm; or
b. A chronic illness that is life threatening, degenerative, potentially disabling or congenital and requires specialized medical care for a prolonged period of time.

(2) You are undergoing a course of institutional or inpatient care from the provider.

(3) You are scheduled to undergo non-elective surgery, including post-operative care from the provider.

(4) You are pregnant and undergoing a course of treatment for the pregnancy from the provider.

(5) You are terminally ill (as defined in Section 1861 of the Social Security Act) and receiving treatment for the terminal illness from the provider.

Please note, if the provider was terminated by the network due to fraud, imminent harm to patients, or a final disciplinary action by a state board or agency that impairs the provider's ability to practice, continued treatment with that provider is not available.

If you have any questions with respect to this section, please contact Excellus at the telephone number listed on your identification card.

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

Sincerely,

BOARD OF TRUSTEES OF THE
SERVICE EMPLOYEES BENEFIT FUND

SERVICE EMPLOYEES BENEFIT FUND

SUMMARY PLAN DESCRIPTION

AMENDMENT

Pursuant to the provisions of Article V, Section 25 of the Restated Agreement and Declaration of Trust of the Service Employees Benefit Fund ("Fund"), and the terms of the Service Employees Benefit Fund Summary Plan Description ("SPD"), the Trustees hereby clarify the SPD at Article III ("Plan Exclusions") by adding the following new Exclusions:

> 28. Allogenic processed thymus tissue agents. The Fund does not cover any charges for allogenic processed thymus tissue agents, including, but not limited to, Rethymic.
>
> 29. Hypoplasminogenemia agents. The Fund does not cover any charges for hypoplasminogenemia agents, including, but not limited to, Ryplazim.

THIS IS TO CERTIFY that the Board of Trustees adopted the foregoing amendment to the Service Employees Benefit Fund Summary Plan Description on April 1, 2022, to be effective as of April 1, 2022.

DATED:_____

_____
UNION TRUSTEE
Print
Name:_____

DATED:_____

_____
EMPLOYER TRUSTEE
Print
Name:_____

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

Date:

Dear Participant:

The Trustees of the Service Employees Benefit Fund ("Fund") made the following change to the Summary Plan Description ("SPD"). Effective April 1, 2022, the Trustees hereby clarify the SPD at Article III ("Plan Exclusions") by adding the following new Exclusions:

> 28. Allogenic processed thymus tissue agents. The Fund does not cover any charges for allogenic processed thymus tissue agents, including, but not limited to, Rethymic.
>
> 29. Hypoplasminogenemia agents. The Fund does not cover any charges for hypoplasminogenemia agents, including, but not limited to, Ryplazim.

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

Sincerely,

BOARD OF TRUSTEES OF THE
SERVICE EMPLOYEES BENEFIT FUND

SERVICE EMPLOYEES BENEFIT FUND

SUMMARY PLAN DESCRIPTION

AMENDMENT

Pursuant to the provisions of Article V, Section 25 of the Restated Agreement and Declaration of Trust of the Service Employees Benefit Fund ("Fund"), and the terms of the Service Employees Benefit Fund Summary Plan Description ("SPD"), the Trustees hereby amend the SPD as follows:

At the end of Section A ("Medical Benefits") of Article II ("Medical and Other Benefits"), the "Schedule of Medical Benefits" is amended by adding the following new language in bold italics on Page 16 within the subsection titled "Other Services":

Type of Care/Plan Benefits	In-Network	Out-Of-Network
Durable medical equipment	Covered at 80% ***(100% if autism assistive communicative device)*** Precertification applies if over $200	Covered at 70% of allowance ***(100% of allowance if autism assistive communicative device)***, subject to the deductible. Precertification applies if over $200

THIS IS TO CERTIFY that the Board of Trustees adopted the foregoing amendment to the Service Employees Benefit Fund Summary Plan Description on April 1, 2022, to be effective as implemented.

DATED:_____

_____
UNION TRUSTEE
Print Name:_____

DATED:_____

_____
EMPLOYER TRUSTEE
Print Name:_____

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

Date:

Dear Participant:

The Trustees of the Service Employees Benefit Fund ("Fund") made the following change to the Summary Plan Description ("SPD"). Effective as implemented, at the end of Section A ("Medical Benefits") of Article II ("Medical and Other Benefits"), the "Schedule of Medical Benefits" is amended by adding the following new language in bold italics on Page 16 within the subsection titled "Other Services":

Type of Care/Plan Benefits	In-Network	Out-Of-Network
Durable medical equipment	Covered at 80% ***(100% if autism assistive communicative device)*** Precertification applies if over $200	Covered at 70% of allowance ***(100% of allowance if autism assistive communicative device)***, subject to the deductible. Precertification applies if over $200

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

Sincerely,

BOARD OF TRUSTEES OF THE
SERVICE EMPLOYEES BENEFIT FUND

SERVICE EMPLOYEES BENEFIT FUND
SUMMARY OF MATERIAL MODIFICATIONS AND NOTICE TO PARTICIPANTS

(Plan No.: 501; EIN: 15-0613682)

Date: April 25, 2022

Dear Participant:

The Trustees of the Service Employees Benefit Fund ("Fund") made the following change to the Summary Plan Description ("SPD"). The subsection titled "Novel Coronavirus (COVID-19) ("Coronavirus")" at the end of Section A ("Medical Benefits") of Article II ("Medical and Other Benefits") is amended by adding the following new language at the end of the subsection:

4. Effective January 15, 2022, over-the-counter COVID-19 tests will be covered to the extent required by applicable law.

Please place this information with your Summary Plan Description document for permanent reference. If you have any questions concerning the changes summarized above, please call the Fund Office at (315) 218-6513 or (855) 835-9720.

Sincerely,

BOARD OF TRUSTEES OF THE
SERVICE EMPLOYEES BENEFIT FUND

COVID-19 At-Home Testing Coverage for SEBF Members

Here is how you can acquire an at-home COVID-19 test at no cost:

1. All Americans can order free at-home COVID-19 tests through the federal government website, **covidtests.gov**. For those who have difficulty accessing the internet or need additional support placing an order, you can call 1-800-232-0233 to get help in English, Spanish, and more than 150 other languages. This call-line is open 8 a.m. to midnight ET, 7 days a week. There's also TTY line (1-888-720-7489) to support access by hearing impaired callers.

OR

2. **Visit an in-network pharmacy.** Show your Excellus BC/BS member ID card at the pharmacy and receive an at-home test at no cost. To locate an in-network pharmacy visit **www.excellusbcbs.com/sebf.**

OR

Order online at www.Express-Scripts.com. Go to the website and log in. If you don't have an account, register for one. Once you've signed in, click "ORDER AT HOME COVID-19 TESTS." Fill out the information and hit "submit."

OR

3. **Purchase an at-home test from an out-of-network pharmacy, store or online retailer** and submit an Express Scripts prescription claim form for reimbursement.

Please follow these steps to do so:

- Pay for the test(s) up front
- Visit our website: **www.excellusbcbs.com/sebf** and print off a prescription claim form. Click on the "Resources" tab and then click on "Member Forms".
- Read the instructions on how to complete the claim form for at-home COVID tests
- Complete the claim, save the receipt(s) and cut the barcode (with NDC/UPC code) from the box. Submit one barcode for each brand of test purchased.
- Mail the reimbursement form, receipt(s) and barcode(s) to Express Scripts:

Express Scripts
ATTN: Commercial Claims
P.O. Box 14711
Lexington, KY 40512-4711

Please note: Members will be reimbursed for the cost of each eligible test, up to $12 per test. If you buy a pack of two tests, for example, you may be reimbursed up to $24. An individual test = 1 nasal swab + 1 test card +1 reagent bottle.

Who is eligible?

- SEBF members are eligible for **at-home COVID-19 test at no-cost.** You are eligible to acquire up to eight tests at no cost per 30-day period if the tests were purchased on or after January 15, 2022.

If multiple tests are included in one box, each test in the box counts once toward the total allowed.

Please note the following regarding coverage for COVID at-home tests at no cost:

- Tests must be authorized by the U.S. Food and Drug Administration (FDA) and not require a lab for processing.
- Tests purchased before January 15, 2022, are not eligible
- No-cost coverage is for at-home tests purchased for any reason except to fulfill an employment, school, or travel requirement (Per the Federal Guidelines).

Where else can I get free at-home tests?

- Check with your county health departments. Many health departments periodically offer free tests.
- The federal government is also providing up to 50 million free, at-home tests to community health centers and Medicare-certified health clinics for distribution at no cost to patients and community members. Learn more on the federal Health Resources & Services Administration website.

If you have any questions or require assistance, please contact our Excellus Customer Care Department at: 1-877-650-5840.