

Summary of Material Modification

January 2026

Dear Participant:

The purpose of this Summary of Material Modification (SMM) is to inform you of important changes to benefits being offered by the Mo-Kan Teamsters Health and Welfare Fund ("Fund"). Please read this SMM carefully, share it with your family, and store it with your Summary Plan Description (SPD) and other SMMs you have received from the Fund.

In-Network Transplant Benefits Are Provided Without Limits or Dollar Maximums

Effective January 1, 2025, the Plan no longer imposes an Annual Transplant Maximum. The Plan also no longer imposes an Organ Procurement Maximum or a Travel and Lodging Maximum.

Transplant Benefits are covered at 100% when a transplant is performed by a PPO Designated Transplant Provider, and no deductible applies.

Transplants received from a Non-PPO provider are not covered.

There are no limits or dollar maximums for PPO Transplant Benefits covered under the Plan.

Weight Loss Treatment Is No Longer Covered For Any Condition

Effective January 1, 2025, the Plan no longer covers weight loss treatment or prescription drugs for weight loss for any condition, including morbid obesity. Previously, the Plan allowed coverage of weight loss prescriptions for morbid obesity under certain circumstances.

When Active Plan Eligibility Ends

Effective January 1, 2025, the Active Plan Eligibility provisions are revised to add the following circumstances in which Active Plan Eligibility will terminate under the Plan. Active Plan Eligibility, will end on:

- The first day you, the Employee, work for an Employer whose contractual obligation to contribute to the Fund has terminated (termination does not occur if the Employer is negotiating for a new contract and making contributions to the Fund); or
- The first day you work in employment in the jurisdiction of the Fund for an employer that does not have a contractual obligation to contribute to the Fund, in the jurisdiction in which the Fund has a reciprocal agreement in place.

If within 30 days of receiving a termination notice under the above circumstances, you provide acceptable proof, as determined by the Trustees, that you are no longer working for an Employer who does not have a contractual obligation to contribute to the Fund, your coverage will be reinstated.

The existing Active Plan Eligibility termination provisions still apply. Your Active Plan Eligibility will also end on:

(To be printed on Fund letterhead)

- The last day of the benefit month when you no longer satisfy the Continued Eligibility requirements described in your Plan documents that corresponds to the last work months for which Employer contributions are made on your behalf.
- The day the Fund ends; or
- The day you enter the armed forces, subject to USERRA, as described in your Plan documents.

Prescription Drugs Covered Up To a 30-Day Supply At Retail Pharmacies

Effective January 1, 2025, the Plan is revised to clarify that prescription drugs are covered up to a 30-day supply at both PPO and Non-PPO retail pharmacies. Previously, the Plan stated that retail pharmacies provided up to a 34-day supply.

For mail order, or for maintenance medications at certain ESI-designated retail pharmacies, a 90-day supply is covered.

Loss of Time Benefit Claims Limited to Two Times Per Year

Effective January 1, 2025, a claim for the Loss of Time Benefit may only be submitted up to two times per calendar year. No other Loss of Time Benefit provisions are changing at this time.

Final Note

If you have any questions regarding this SMM or your Plan of benefits, do not hesitate to contact the Fund Office at 866-756-3313 (toll-free) or 816-756-3313.

Board of Trustees
Mo-Kan Teamsters
Health and Welfare Fund

The Plan's "Grandfathered" Status

The Mo-Kan Teamsters Health and Welfare Fund believes 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 was already in effect when that law was enacted. Being a grandfathered health plan means that your 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 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 Fund Office at **866-756-3313** (toll-free) or **816-756-3313**. You may also contact the Employee Benefits Security Administration (EBSA), 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 plans.

This Summary of Material Modification highlights certain features of the Mo-Kan Teamsters Health and Welfare Fund. You can find full details in the documents (Summary Plan Description, Plan Document, etc.) that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.