SUMMARY OF MATERIAL MODIFICATION for the GEO Unit Health & Welfare Plan UAW/UMass Health & Welfare Trust Fund

This summary of material modification (SMM) describes changes to the UMass Health & Welfare Trust Fund's plan benefits and administrative processes and supplements the Summary Plan Description (SPD) for the Plan. The effective date of each of these changes is indicated below. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference. THIS SUMMARY HAS BEEN DELIVERED TO YOU BY ELECTRONIC MEANS. YOU HAVE THE RIGHT TO RECEIVE A WRITTEN SUMMARY AND MAY REQUEST A COPY OF THIS SUMMARY ON A WRITTEN PAPER DOCUMENT AT NO CHARGE BY CONTACTING THE PLAN ADMINISTRATOR: (413) 200-0423 or uwdental@umass.edu

- **Summary of Administrative Changes for the 2026-27 Plan Year**

(1) Open enrollment periods for plan year 2026-27 are as follows:

July 15 - Sept 15
Oct 15 - Oct 31
Nov 15 - Nov 30
Jan 15 -Jan 31
March 15 - March 31
May 15 - May 31

(2) Vision Benefit Out-of-Network Benefit: Effective 8/1/26, the vision plan's out-of-network benefit component will no longer be administered by EyeMed. Rather, out-of-network receipts should be submitted to the Trust Fund for reimbursement under the terms of the plan via the enrollment portal at https://portal.hwtf.org/

(3) Wellness Reimbursement: Effective 8/1/26, the annual deadline to submit wellness receipts for the previous plan year is July 14th. For example, the deadline to submit receipts for the 26-27 plan year is July 14, 2027.

(4) Childcare Reimbursement: Effective 8/1/26, the childcare reimbursement application process will use an amended version of the MA EEC Parent Co-Payment Table available at https://docs.google.com/spreadsheets/d/1fAN3tpintQEATVrspnM6SPlT-n_ok4aFx4pdzFqiACY/edit?gid=0#gid=0

(5) Childcare Reimbursement Submission Timeframes:

- The deadline to submit fall childcare receipts is December 31st annually.
- The deadline to submit spring childcare receipts is May 31st annually.
- The deadline to submit summer childcare receipts is July 31st annually.

For the purposes of plan year 2026-27, fall receipts will be considered August-December, Spring receipts will be January-May and Summer receipts will be June and July.

Summary of Benefit Changes for the 2026-27 Plan Year

1) Altus Dental Plan: Effective 8/1/26, the Altus Dental Plan coverage for fillings will increase from 80% to 90%.

2) Vision Plan Year Change: Effective 8/1/26, the EyeMed Vision Plan will no longer operate on a point-of-service plan year where the benefits renew 12 months from the date they were last used. Instead, benefit frequencies will renew on the plan year, each 8/1.

3) Effective 7/1/26, all employees with active MetLife supplemental life insurance policies will be transitioned over to new policies with New York Life.

4) Effective 8/1/26, Graduate Employees can elect a free $10,000 Basic Term Life Insurance policy, a free $5,000 Supplemental Life Insurance Policy, and free Accidental Death & Dismemberment policies at the same amounts as part of their benefit package. These policies are offered through New York Life. In addition, employees can elect additional Supplemental Life Insurance at their own cost. Rates for supplemental life insurance are set by New York Life and are subject to a minimum number of employees (25% of eligible employees) electing this benefit.

The maximum supplemental coverage level for eligible employees is $500,000; for spouses is $100,000 not to exceed 50% of the Employee's benefit; and for children is $10,000 (under 6 months old $500). The Guaranteed Issue Amount for eligible employees is $100,000; for spouses, $25,000; for children, all amounts. Medical evidence in the form of an Evidence of Insurability (EOI) form is required for employee coverage over $100,000 and spouse coverage over $25,000 and is subject to approval by New York Life.

5) The age banded rates for supplemental life insurance with New York Life are:

Age	Employee Life and AD&D Combined Cost Per $1,000
0-19	$0.100
20-24	$0.100
25-29	$0.100
30-34	$0.100
35-39	$0.120
40-44	$0.140
45-49	$0.180
50-54	$0.270
55-59	$0.390
60-64	$0.570
65-69	$0.940
70-74	$1.750
75-79	$1.750
80-84	$1.750
85-89	$1.750
90-94	$1.750
95-99	$1.750

Age	Spouse Life and AD&D Combined Cost Per $1,000
0-19	$0.096
20-24	$0.096
25-29	$0.096
30-34	$0.096
35-39	$0.116
40-44	$0.136
45-49	$0.176
50-54	$0.266
55-59	$0.386
60-64	$0.566
65-69	$0.936

6) Effective 8/1/2026, the COBRA coverage rates are:

Altus Dental
Single: $32.88/month
Single + 1: $67.21/month
Family $112.39/month

EyeMed Vision
Single: $4.00/month
Single + 1: $7.59/month
Family $11.15/month

All rates above include a 2% administrative fee. Rates effective 8/1/26.

Additional Information: If you have any questions, you should refer to your Summary Plan Description (SPD). You may also contact the Director of Benefit Programs at: UAW/UMass Health & Welfare Trust Fund 6 University Dr., Suite 206-229 Amherst, MA 01002 Phone: (413) 200-0423 Email: uwdental@umass.edu Website: hwtf.org