

**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) 345-2156 or uawdental@external.umass.edu

1) Summary of Administrative Changes for the 2022-23 Plan Year

- (a) SSN requirement: For the Altus Dental plan effective 9/1/22, the student ID+0 will be used in lieu of the SSN (social security number) to enroll all eligible employees. For the EyeMed Vision plan effective 9/1/22, the student ID+0 will be used in lieu of the SSN only for those employees who have not yet been assigned an SSN by the Social Security Administration. Ultimately, employees will need to update their SSN with the Trust Fund for the purposes of updating their EyeMed record according to the requirements of the insurer.

2) Summary of Benefit Changes for the 2022-23 Plan Year

- (a) Dental Plan: Effective plan year 2022-23 (9/1/22 - 8/31/23), the following changes have been made in relation to the dental insurance benefit: i) the plan is offered through Altus Dental, ii) the \$150 vision fusion benefit previously offered through the Ameritas dental plan is no longer available, iii) the plan is a self-funded dental plan, iv) for certain procedure codes (see Summary Plan Description) the coverage changed from 65% to 80%, providing a greater benefit for employees, v) for certain procedure codes, including 5850, 5851 & 6092, 6093, coverage changed from 80% to 65%; these procedures can be reexamined for coverage levels on a case by case basis, vi) new benefits: fluoride treatment is now covered regardless of age for a total of two treatments per year @ 100%, athletic mouth guards for dependent children under age 19 are now covered once every 24 months @ 65%, and teeth whitening (once per arch every 60 months) is now covered @ 65%.
- (b) Family, Friends and Neighbor Care (FFN) is childcare provided in a child or caregiver's home by a person who is a relative, friend, neighbor, or babysitter. FFN care can be an important component in covering gaps in your existing childcare. FFN care will continue to be considered an eligible type of childcare for reimbursement purposes during plan year 2022-23 when the care is needed due to a family's: health concerns about placing your child in a childcare facility, unavailability of previously used childcare facility, inability to secure non-FFN childcare, or altered work or academic schedules that do not align with non-FFN childcare options (i.e. night classes and labs, etc.). However, there is a separate, lower \$3000 per child in care plan year reimbursement cap for families using FFN care. Parents must sign a waiver of liability to access reimbursement for FFN care and will be asked to have their provider complete a required form to document the care.
- (c) Outschool Wallet: Effective 12/1/22, Outschool is retiring their employee wallet. The Trust Fund will maintain an in-house wallet of funds accessible via reimbursement for employees with pre-school and school-aged children who purchase Outschool content. Reimbursement is limited, available on a first come first served basis and capped at \$250 per plan year per child. The wallet is shared across the Graduate Employee Unit & Postdoctoral Unit.
- (d) Effective 9/1/2022, the COBRA coverage rates are:

Single dental: \$28.97/month	Single vision: \$4.00/month
Single + 1 dental: \$59.82/month	Single + vision: \$7.59/month
Family dental \$102.67/month	Family vision: \$11.15/month
- (e) EyeMed Vision Plan: Effective 9/1/21, the vision frame allowance increased from \$150 to \$175 and the plan now includes a diabetic rider providing additional benefits. (see Summary Plan Description)
- (f) Personal Protective Equipment (PPE) Used by Providers: Effective 9/1/22, the Trust Fund reimbursement benefit for employees who incur a PPE charge at the dentist or a vision provider has ended.
- (g) MetLaw Premium: Effective 9/1/22, the Trust Fund will not prorate the annual MetLaw premium for employees who apply for the benefit mid-plan year. The annual premium is \$216.