



CAROLINA GROUP

ELIGIBILITY AND BENEFIT CHANGES FOR 2025

CHANGES TO ELIGIBILITY PROVISIONS

No Additional Waiting Periods for Dental or Vision Benefits. Effective January 1, 2025, you become eligible for all benefits on the first day of the month for which your employer makes a contribution on your behalf. The five-month waiting period for dental and twelve-month waiting period for vision will no longer apply. If you are currently in a dental and/or vision waiting period, those waiting periods will be considered to be satisfied as of January 1st.

Life Insurance and AD&D Benefits for All Eligible Employees. Effective January 1, 2025, life insurance and accidental death and dismemberment insurance benefits will be available to all eligible employees; regardless of whether or not you enroll for other benefits. The coverage amounts of these benefits are also increasing, please see below for more details.

Weekly Disability Benefits for ACA Full-Time and Part-Time employees. Effective January 1, 2025, employees that qualify for the Basic Plan at the ACA Full-Time or Part-Time level will be eligible to receive weekly disability benefits if they enroll for coverage.

CHANGES TO MEDICAL BENEFITS

Elimination of Hospital Admission Deductible. Effective for hospital admissions starting on or after January 1, 2025, inpatient charges will just be subject to the regular calendar year deductible and coinsurance. You will no longer have to satisfy the separate \$150 per admission deductible.

Elimination of Coverage for Non-Network Providers, with Exceptions. Effective for charges incurred on or after January 1, 2025, the Plan will no longer cover services incurred with providers that are not participating in the Anthem BlueCard PPO network, unless you qualify for one of the following out-of-network exceptions:

- **Emergency Services.** This includes Emergency Room Services and emergency medical transportation for instances where a condition is severe enough to risk serious danger to your health if you didn't get medical attention right away. This includes air ambulance services, when such emergency transport is medically necessary.
- **Out-of-Area Exception.** You can apply for an out-of-area exception to utilize a Non-Network provider if there is not an appropriate In-Network provider available within 30 miles (for urban/suburban areas) or 60 miles (for rural areas) that can deliver the specific required covered service and the service requires your physical presence. To receive this exception you must contact Anthem at 833.664.2851 for approval of your exception prior to receiving the service.
- **No Surprises Act.** This includes Non-Network charges that are required to be covered as In-Network benefits under the provisions of the No Surprises Act. For example, ancillary services – which includes services related to emergency medicine, anesthesiology, pathology, radiology, neonatology, as well as diagnostic services and services from assistant surgeons, hospitalists and intensivists (i.e., critical care physicians) – performed by Non-Network providers at an In-Network facility are covered by the No Surprises Act. This may also include non-emergency, non-ancillary services performed at an In-Network facility with respect to which the provider does not comply with federal notice and consent requirements. Refer to your SPD more information about the No Surprises Act and your protections against balance billing.
- **Continuity of Care.** This includes Non-Network charges that are required to be covered at In-Network benefits under an approved Continuity of Care arrangement when a provider that was previously In-Network becomes Non-Network while you are being treated for a serious and complex condition. Refer to your SPD for more information about Continuity of Care.

INCREASES TO WEEKLY DISABILITY BENEFITS

Your weekly disability benefits provide an income replacement that is based on a percentage of your average weekly earnings up to a maximum benefit per week. Effective for claim periods starting on and after January 1, 2025, the weekly benefits will be increasing as follows:

- **Basic Plan with Standard Level Enhancements – Full-Time:** The percentage will remain at 66 $\frac{2}{3}$ %, but the maximum weekly benefit is increasing from \$150-\$175 to \$300 per week for all 26 weeks.
- **Basic Plan – Full-Time:** The percentage will increase from 50% to 66 $\frac{2}{3}$ % and the maximum weekly benefit is increasing from \$100-\$175 to \$300 per week. In addition, the maximum benefit period is increasing from 13 to 26 weeks.
- **Basic Plan – ACA Full-Time and Part-Time:** A new benefit is added at 66 $\frac{2}{3}$ % of average weekly earnings up to a maximum of \$150 per week for a maximum benefit period of 26 weeks.

If you are out on a medical disability leave, remember that in addition to filing for your leave of employment with your employer, you also have to separately file with the Fund Office in order to receive your weekly disability benefits.

INCREASES TO LIFE AND AD&D INSURANCE BENEFITS

Employee Life and AD&D Benefits. Effective January 1, 2025, the amounts of employee life insurance and the principal sum for the AD&D insurance benefit will increase as follows:

- **Basic Plan with Standard Level Enhancements – Full-Time:** The amounts of life and AD&D insurance are both increasing from \$22,500 to \$25,000
- **Basic Plan – Full-Time:** The amounts of life and AD&D insurance are both increasing from \$15,000 to \$25,000
- **Basic Plan – ACA Full-Time and Part-Time:** The amount of life insurance is increasing from \$2,500 to \$10,000. AD&D insurance is being added with a principal sum of \$10,000.

Dependent Life Insurance. Effective January 1, 2025, a \$2,500 dependent life insurance benefit will be added for all dependent children who are enrolled for medical coverage.

Please refer to the enclosed Summary Plan Description (“SPD”) for more information about your benefits and go online to atlanta.ufcwempfund.org to complete your open enrollment for your 2025 benefits.

**THE DEADLINE FOR COMPLETING YOUR 2025 ENROLLMENT IS:
DECEMBER 15, 2024**

Note regarding enrollment changes: If you make changes to your enrollment for January 1, 2025 (such as enrolling in coverage for the first time or adding a new dependent), those changes may not be reflected in your coverage until late January, but they will be made retroactive to January 1st as long as all required documentation is submitted to the Fund Office and your employer makes the appropriate contribution to support your selected enrollment.

Have questions or need help? Contact the Fund Office at 770-997-9910 or toll-free at 1-800-241-3473.

This notice is a Summary of Material Modifications (“SMM”) providing you with information regarding changes to your Plan benefits effective January 1, 2025. This SMM should be kept with your copy of the Summary Plan Description (“SPD”). If you have any questions, contact the Fund Office. If there is any discrepancy between the terms of the Plan, as modified, and this SMM, the provisions of the Plan will control.