1199SEIU BENEFIT FUNDS
SUMMARY OF MATERIAL MODIFICATIONS

This Summary of Material Modifications describes changes that affect your welfare benefit plan and updates the Summary Plan Description ("SPD") and Summary of Benefits and Coverage ("SBC") that was previously distributed to you. You should keep this summary with your current SPD and SBC until the changes discussed herein expire.

Effective immediately, the 1199SEIU National Benefit Fund for Health and Human Service Employees and the 1199SEIU Greater New York Benefit Fund SBCs and SPDs and/or Plans shall be amended to modify certain definitions relating to experimental/investigational and unproven treatment. The following underlined and bold language shall be added to the SPDs and the strikethrough language shall be omitted:

SECTION II. G MATERNITY CARE

…

MATERNITY BENEFITS

If you or your spouse is the expectant mother, ~~Y~~your Maternity Benefit includes:

…

- An allowance for all prenatal and postnatal **clinical** visits and delivery charges;
- **An allowance for a total of eight prenatal and postnatal doula visits and doula support during labor and delivery;**
- Anesthesia allowance; and
- A Hospital Benefit ~~for the mother and newborn~~**(See Section II.C).**

…

FOR YOUR DEPENDENT CHILD

If your dependent child is the expectant mother, their Maternity Benefit includes:

- An allowance for all prenatal and postnatal **clinical** visits and delivery charges**;**
- **An allowance for a total of eight prenatal and postnatal doula visits and doula support during labor and delivery; and**

SECTION IX DEFINITIONS

Doula
Birth/Postpartum doulas with certification from an organization approved by the Plan Administrator.

…

Experimental**/Investigational Treatments, Services, or other Procedures**

Experimental means any ~~investigational or unproven~~ treatment, procedure, facility, equipment, drug, device or supply ~~which~~ **that** does not meet ~~any~~ one ~~or more~~ of the following criteria **for**

use in treating a specific illness or condition:
• If a drug, biological product or device or other item **that** requires governmental approval**:** ~~,~~ that item has completed the required clinical trials and has received final approval from the appropriate governmental regulatory bodies for commercial distribution ~~for use in treating the condition being reviewed~~;
• Where governmental approval is not required: the treatment or service is demonstrated to be obtainable outside the investigational or experimental setting and is not performed or provided in connection with a clinical trial or investigational protocol
~~• The treatment is endorsed by an appropriate medical society;~~
• ~~There must be scientific evidence, including peer-review literature, demonstrating that the technology improves net health outcomes or offers a significant benefit over conventional treatment, in terms of efficacy, safety and reliability; or~~
~~• The improvement in net health outcome must be attainable under the usual conditions of medical practice.~~
Note: A treatment, service, facility, equipment, drug, device, or supply will be considered experimental/investigational if it is the subject of an ongoing clinical trial that meets the definition of a Phase I, II, or III clinical trial set forth in the U.S. Food and Drug Administration ("FDA") regulations, regardless of whether the trial is subject to FDA oversight; and/or if it is the subject of a written research or investigational treatment protocol being used by the treating provider or by another provider who is studying the same service. (However, the Fund covers medically necessary routine patient care costs in approved clinical trials in the same way that it covers routine care for members who are not enrolled in clinical trials.)
~~Notwithstanding the above, the Benefit Fund will cover experimental treatment provided in an approved clinical trial (as defined by the Affordable Care Act and its supporting regulations) according to the trial protocol with respect to the treatment of cancer or another life-threatening disease or condition, subject to Plan limitations as described in this SPD.~~
…

Medically Necessary

Services or supplies which are determined by the Plan Administrator as Medically Necessary and rendered at the appropriate level of care to identify or treat the non-occupational illness, non-occupational injury or pregnancy, which a doctor has diagnosed or reasonably suspects. To be Medically Necessary, the Plan Administrator must determine, in its sole exercise of discretion, that the services or supplies:
…
- **Are not considered Experimental/Investigational or Unproven (see Definitions in Section IX**);

…

Unproven Treatments, Services, or Other Procedures

A treatment, procedure, facility, equipment, drug, device, or supply ("service/treatment") that does not meet each of the following criteria for use in treating the condition being reviewed, regardless of any governmental approval:

1. **There is reliable scientific evidence, including but not limited to published peer-reviewed evidence-based studies and literature meeting nationally-recognized requirements, demonstrating that the service/treatment:**
    - **Improves net health outcomes by having a measurable, reproducible positive effect on health outcomes attainable under the usual conditions of professional practice; and**
    - **Is safe and effective, or the beneficial effect on health outcomes outweighs any potential risk or harmful effects.**
2. **The service has been endorsed by national medical bodies, societies or panels regarding the efficacy and rationale for use.**

This summary highlights the key changes made to the 1199SEIU National Benefit Fund for Health and Human Service Employees and the 1199SEIU Greater New York Benefit Fund. The Summaries of material modifications together with the Summary Plan Descriptions make up your official plan descriptions; please keep them together and refer to them as necessary. If you would like to review the Plan Documents or have any questions, please contact the Funds' Member Services Representatives at (646) 473-9200.

The 1199SEIU National Benefit Fund for Health and Human Service Employees and the 1199SEIU Greater New York Benefit Fund believes it is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the "Affordable Care Act"). A grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted in 2010. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for an external review process for claims appeals. 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 can be directed to the Plan Administrator at (646) 473-9200. You may also contact the Employee Benefits Security Administration, 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.

The plan sponsor of the 1199SEIU National Benefit Fund for Health and Human Service and the 1199SEIU Greater New York Benefit Fund Employees reserves the right to amend or terminate the Funds, or any part of it, at any time.