VOLUNTARY HOSPITALS
HOUSE STAFF BENEFITS PLAN

SUMMARY OF MATERIAL MODIFICATION #5
VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN 2024 SPD
PLEASE READ NOW!

May 29th 2026

This notice contains important information regarding changes to the 2024 Voluntary Hospitals House Staff Benefits Plan (the "Plan") Summary Plan Description ("SPD"). **This Summary of Material Modifications ("SMM") is issued to notify you of changes and improvements to your dental and vision benefits effective July 1, 2026.**

With regard to Dental Benefits, the Plan has eliminated the Managed DentalGuard option, and all participants will be automatically enrolled in the more generous Guardian's DentalGuard Preferred plan effective July 1, 2026, which is a Preferred Provider Organization that also covers services provided by out-of-network providers. The Plan has made improvements to coverage, including eliminating coinsurance for "basic" dental services provided by Preferred Providers. Guardian will still administer the benefits, so you will still use Guardian's network to find Preferred Providers.

With regard to Vision Benefits, the Plan has improved the level of benefits provided by Davis Vision, added coverage for contact lens exams, and has expanded the list of in-network providers to include Warby Parker, Target, and Walmart.

Please take the time to read this notice carefully and share it with your covered family members. Keep this notice with your Plan documents.

1. **The Plan's in-network provider list for Vision benefits has been expanded to include Warby Parker, Target, and Walmart.**

2. **The "In-Network Benefit," "Contact Lenses," "Copayments," "Out-of-Network Benefit," and "Appeals" subsections under *Vision Benefits* on pages 128-130 of the SPD are deleted in their entirety and replaced as follows:**

   <u>In-Network Benefit</u>

   The Plan offers a comprehensive vision benefit through Davis Vision. When you and your eligible dependent(s) use your in-network benefit you will be entitled to the following benefits:

   - Free eye exam every Benefit Cycle (July 1 to June 30) (includes dilation when professionally indicated);

- Spectacle Lenses every Benefit Cycle (see chart below for lens options and Copayment amounts);
- Frames every Benefit Cycle as follows:
    - Any frame from the Davis Vision Fashion, Designer, or Premier Collections will be covered in full (retail value up to $225) with no Copayment; OR
    - If you choose a frame that is NOT in the Davis Vision Collection, you will receive a $130 allowance toward any frame from the participating provider plus 20% off any balance with no Copayment.*
- Contact Lenses every Benefit Cycle (in lieu of eyeglasses):
    - Any contact lenses from the Davis Vision Collection are covered in full, including up to two boxes/multipacks for planned replacement contact lenses or four boxes/multipacks for disposable contact lenses; OR
    - If you choose contact lenses that are NOT in the Davis Vision Collection, you will receive a $130 allowance plus 15% off any balance with no Copayment*; OR
    - If you choose visually required contacts, they will be covered up to $210 with prior approval.

  *Some limitations apply to additional discounts; discounts not applicable at all in-network providers.

Contact Lenses

If you require a contact lens evaluation, fitting, and follow up care, it will be covered in full with no Copayment. This includes Davis Vision Collection contacts, non-Collection standard contacts, and non-Collection specialty contacts**.

**Including, but not limited to, toric, multifocal, and gas permeable contact lenses.

Copayments

Lens Types and Coatings	Copayment
Clear Plastic Lenses (single, bifocal, trifocal, or lenticular)	$0
Scratch Resistant Coating	$0
Premium Scratch Resistant Coating	$30
Tinting of Plastic Lenses	$0
Polycarbonate Lenses	$0
Ultraviolet Coating	$0
Standard Progressives	$0
Premium Progressives	$40
Ultra Progressives	$90
Ultimate Progressives	$125
Plastic Photosensitive Lenses	$65

Digital Single Vision Lenses	$0
Polarized Lenses	$75
Standard Anti-Reflective (AR) Coating	$35
Premium AR Coating	$48
Ultra AR Coating	$60
Ultimate AR Coating	$85
High-Index Lenses 1.67	$55
High-Index Lenses 1.74	$120
Scratch Protection Plan Single Vision	$20
Scratch Protection Plan Multifocal Lenses	$40
Trivex Lenses	$50
Blue Light Filtering	$15

Out-of-Network Benefit

You may receive services from an out-of-network provider; however, you will receive the greatest value when you go in-network. If you choose an out-of-network provider, you will receive a maximum of $50 per Benefit Cycle toward an eye exam and $150 per Benefit Cycle toward materials. You must pay the provider directly and file a claim with Davis Vision to be reimbursed.

Claims must be filed within 365 days of the date of service.

Mail claims to:

Vision Care Processing Unit
PO Box 479
Troy, NY 12181

Appeals

Appeals for vision benefits must be directed to Davis Vision. Your appeal must be made in writing **within 180 days** after you receive notice of denial. Call Davis Vision, (800) 999-5431 for more information. Email your complaint, grievance or appeal to RTQA@versanthealth.com, or mail it to:

Davis Vision Inc.
Attention: Quality Assurance/Patient Advocate Department
PO Box 547
Troy, NY 12181

In all communications about a claim, be sure to include your identification number and group number.

3. **The "Other Benefits" subsection under *Vision Benefits* on page 130 of the SPD is amended as follows:**

   - The first paragraph is deleted and replaced with the following: "Mail Order Contacts: You can purchase contact lenses online through available in-network or out-of-network providers. Please refer to the 'In-Network Benefit' and 'Out-of-Network Benefit' subsections above for applicable cost-sharing."
   - A new paragraph shall be added to the end of the subsection as follows: "Low Vision Services: Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years."

4. **The Dental benefit information described under the *General Benefits Summary* on page 1 of the SPD is amended to read as follows:**

Benefit	Insurer	Contact	Other Important Documents Incorporated into this SPD
Dental	VHHSBP (administered by Guardian)	Guardian Dental Group #417733 www.guardianlife.com (800) 541-7846	N/A

5. **The Dental and Vision benefits described under the *General Benefits Summary* on pages 3-5 of the SPD are amended to read as follows:**

DENTAL	For Employee/Spouse or Registered Domestic Partner/Dependent	
	IN-NETWORK	OUT-OF-NETWORK
1) Preventative 2) Basic Services 3) Major Services 4) Orthodontic services	Please see Dental Benefits section	Please see Dental Benefits section

VISION	For Employee/Spouse or Registered Domestic Partner/Dependent	
	IN-NETWORK	OUT-OF-NETWORK
Eye exam	Free once per Benefit Cycle (July 1 to June 30)	Covered up to $50 per Benefit Cycle
Contact Lens Evaluation, Fitting, & Follow Up Care	Free once per Benefit Cycle (July 1 to June 30)	
Spectacle Lenses	Free once per Benefit Cycle (July 1 to June 30)	Covered up to $150 per Benefit Cycle
Frames	Every Benefit Cycle (July 1 to June 30): • $0 copay for Fashion, Designer, or Premier Frame selection (retail value, up to $225) OR • $130 toward any frame plus 20% off balance* (if any)	
Contact Lenses (in lieu of eyeglasses)	$0 Copayment for contacts in the Davis Vision Collection for up to two boxes/multipacks for planned replacement contact lenses or four boxes/multipacks for disposable contact lenses OR $130 allowance per Benefit Cycle (July 1 to June 30) plus 15% off any balance* for	

	contacts NOT in the Davis Vision Collection OR Visually required contacts, up to $210 per Benefit Cycle with prior approval	

* Some limitations apply to additional discounts; discounts not applicable at all in-network providers.

6. The *Dental Benefits* section on pages 114-125 of the SPD is deleted in its entirety and replaced as follows:

DENTAL BENEFITS

(Insured by the Plan; administered by Guardian) – Group #417733

Dependent(s) Covered Up To Age 26

Child(ren) will be covered up to the end of the calendar year of their 26th birthday.

DENTALGUARD PREFERRED (DGP)

DGP is a Preferred Provider Organization (PPO) which allows the member and eligible dependent(s) greater freedom in choice of dentists. DGP is designed to provide high quality dental care while controlling the cost of such care. To do this, DGP encourages you or your dependent to seek dental care from dentists and dental care facilities that are under contract with Guardian's PPO.

The Plan usually pays a higher payment for benefits for covered treatment furnished by a Preferred Provider. Conversely, it usually pays less for covered treatment furnished by a non-preferred, Out-of-Network provider.

Guardian's PPO network is made up of preferred providers in you or your dependent's geographic area. Use of Guardian's PPO network is voluntary, and you (or your dependent) may receive dental treatment from any dental provider you choose on an Out-of-Network basis. And you are free to change providers anytime.

Upon enrollment, you (and your dependent(s)) will be able to download your dental plan ID card and find a list of Preferred Providers on www.GuardianLife.com under "find a dentist." You may also download the Guardian Anytime app for your ID card and a list of current Preferred Providers:

Download for iOS

Download for Android

You (or your dependent) must present your ID card when you use a Preferred Provider. Most Preferred Providers prepare necessary claim forms for you or your dependent and submit the forms to Guardian. Guardian sends you or your dependent an explanation of benefits, but any benefit payable is sent directly to the Preferred Provider.

What the Plan pays on your behalf is based on the terms of DGP. Please read this document carefully for specific benefit levels, Deductibles, payment rates and payment limits.

Call Guardian at the number shown on your ID card with any questions.

Covered Charges

To be covered by DGP, a service must be: (a) necessary; and (b) included in the List of Covered Dental Services. Guardian may use the professional review of a dentist to determine the appropriate benefit for a dental procedure or course of treatment.

The Plan pays both Preferred Providers and non-preferred, Out-of-Network Providers according to DGP's negotiated fee schedule established with its contracted dentist network.

When certain comprehensive dental procedures are performed, other less extensive procedures may be performed prior to, at the same time or at a later date. For benefit purposes under this dental plan, these less extensive procedures are considered to be part of the more comprehensive procedure. Even if the dentist submits separate bills, the total benefit payable for all related charges will be limited to the maximum benefit payable for the more comprehensive procedure. For example, osseous surgery includes the procedure scaling and root planning. If the scaling and root planting is performed one or two weeks prior to the osseous surgery, Guardian may only pay benefits for the osseous surgery.

Alternate Treatment: If more than one type of service can be used to treat a dental condition, Guardian has the right to base benefits on the least expensive service which is within the range of professionally accepted standards of dental practice as determined by Guardian. For example, in the case of bilateral multiple adjacent teeth, or multiple missing teeth in both quadrants of an arch, the benefit will be based on a removable partial denture. In the case of a composite filling on a posterior tooth, the benefit will be based on the corresponding amalgam filling benefit.

The Plan only pays benefits for covered charges incurred by you (or your dependent) while you are insured by DGP. A covered charge for a crown, bridge or cast restoration is incurred on the date the tooth is initially prepared. A covered charge for any other dental prosthesis is

incurred on the date the first master impression is made. A covered charge for root canal treatment is incurred on the date the pulp chamber is opened. All other covered charges are incurred on the date the services are furnished. If a service is started while you (or your dependent) is insured, the Plan will only pay benefits for services which are completed within 31 days of the date your coverage under DGP ends.

LIST OF COVERED DENTAL SERVICES† UNDER DENTALGUARD PREFERRED		
	Preferred Provider	**Non-Preferred, Out-of-Network Provider**
Benefit Cycle Deductible	$0	$25 (3/family; waived for preventive services)
Benefit Cycle Payment Limit (excluding Orthodontia)	Up to $2,000 plus Maximum Rollover (see below)	
Preventive Services		
Includes oral exams (once/6 mos.); cleanings (once/6 mos.*); x-rays (full mouth series, once/60 mos.); fluoride treatment (to age 14, once/6 mos.); sealants (to age 16, once/36 mos.); and space maintainers/harmful habit appliances	100%	100%+
Basic Services		
Includes fillings**; perio maintenance procedure (once/6 mos.*); periodontal services (e.g., scaling and root planning); periodontal surgery; simple extractions; complex extractions; endodontic services (e.g., root canal); repair and maintenance of crowns, bridges, and dentures; and general anesthesia***	100%	100%+

Major Services		
Includes bridges[x] and dentures; single crowns[x]; inlays, onlays, and veneers; prothesis which replaces a tooth or teeth lost or extracted before being covered by this Plan	60%	60%[+]
Orthodontia		
Orthodontia	60% for Adult and Child Orthodontics (orthodontia in progress is covered)	
Orthodontia Services Lifetime Maximum	$1,800	$1,800

[†] Services subject to change.
[+] Subject to balance billing.
* Limited to a total of one cleaning or one perio maintenance procedure in any six-consecutive-month period.
** Fillings are covered one (1) time per tooth every 12 months under age 19 and one (1) time per tooth every 36 months age 19 and older.
*** Anesthesia is only available when administered with covered surgical services.
[x] Replacement limited to every ten (10) years.

Maximum Rollover Account

With Maximum Rollover, Guardian will rollover a portion of your or your dependent's unused Benefit Cycle Maximum into your or your dependent's Maximum Rollover Account (MRA). The MRA can be used in future Benefit Cycles towards non-Orthodontic Services after you have exhausted the Benefit Cycle Maximum.

Guardian will roll over $400 for every Benefit Cycle that the Plan paid dental claims less than $800 per insured individual. However, if you or your dependent have services exclusively rendered by DentalGuard Preferred Providers, the amount rolled over will increase to $600. If your claims are more than $800 for the Benefit Cycle, Guardian will not roll over any funds.

If you have less than $800 worth of claims in a Benefit Cycle, Guardian will rollover the $400 (or $600), until you have up to $1,500 in your account.

To qualify, you must submit a claim (and not just have a visit) and not exceed the $800 threshold during the Benefit Cycle. You and each of your insured dependent(s) maintain separate MRAs based on your own claim activity. Guardian will only rollover up to a cumulative maximum amount of $1,500 into each MRA.

Type of Provider	Max Claims Paid by Plan	Amount Rollover to the Next Benefit Cycle	Max Amount Allowed in MRA
Only DentalGuard Preferred Providers	$800	$600	$1,500
Non-Preferred, Out-of-Network Provider	$800	$400	$1,500

- An employee joining the plan as a new hire with 3 months or less remaining in the Benefit Cycle: the MRA accumulation will begin as of the first full Benefit Cycle. (Example: for an Employee joining in May of 2026, claim activity between July 1, 2026 and June 30, 2027 will be used and applied to their MRA for use in the Benefit Cycle between July 1, 2027 and June 30, 2028).

Out-of-Pocket Charges

Guardian will be paid for services only up to the maximum negotiated fee schedule established with its contracted network dentists. Any amount that is charged over the fee schedule is your responsibility, and Out-of-Network Providers may balance bill you for the difference.

How Much Do I Owe Before the Services are Rendered?

Pre-treatment Review: Guardian will gladly assist you and your dentist by determining what benefits could be payable for services and procedures over $300.

- Have your dentist fax your treatment plan to Guardian, note that it is a pre-treatment review and Guardian will let your dentist know what benefits would be payable.

General Limitations and Exclusions

Plan coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles, frequency limitations, and payment limits may apply.

The Plan does not pay for:

- oral hygiene services (except as covered under preventive services);
- Any restoration procedure, appliance or dental prosthesis used solely to: a) alter vertical dimension; b) restore or maintain occlusion, except to the extent that this plan covers orthodontic treatment; c) splint or stabilize teeth for periodontal reasons; or d) treat a condition caused by abrasion or attrition;

- Cosmetic or experimental treatments unless listed in this *Dental Benefits* section;
- Replacing a lost, stolen or missing appliance or prosthetic device; or making a spare appliance or device;
- Treatment needed due to: a) an on-the-job or job-related injury; or b) a condition for which benefits are payable by Workers' Compensation or similar laws;
- Treatment for which no charge is made;
- Replacing an appliance or prosthetic devices with a like appliance or device, unless: a) it is damaged while in the covered person's mouth in an injury suffered while insured, and cannot be fixed; and b) cannot be made usable and meets the replacement age criteria of this plan;
- The replacement of extracted or missing third molars/wisdom teeth;
- Treatment of congenital or developmental malformations;
- Evaluations and consultations for non-covered services; detailed and extensive oral evaluations;
- Any procedure performed in conjunction with, as part of, or related to a non-covered procedure; and
- Any procedure not specifically listed as a covered benefit.

Note: Additional exclusions may apply. For additional information, call Guardian Member Services at (800) 541-7846.

DENTAL CLAIMS AND APPEALS

DENTAL CLAIMS

You (or your dependent) must present your dental ID card when you use a Preferred Provider. Most Preferred Providers prepare the necessary claim forms for you or your dependent and submit the forms to Guardian. If the Preferred Provider does not submit a claim form, or you use a non-preferred, Out-of-Network provider, you must submit a claim form to Guardian within fifteen (15) months from the date of service.

You can find the reimbursement claim form for Guardian dental benefits on the CIR website, www.cirseiu.org/benefits; select your Employer from the dropdown menu. Claim forms are also available at www.guardianlife.com.

When filing your claim, you will need to provide specific information regarding the services provided, including, but not limited to, data, tooth number(s) or letter(s), and procedure and diagnosis code(s). Guardian reserves the right to request additional information in its discretion, including radiographs, charting, or other diagnostic materials that document and support the necessity of the treatment.

Fax your claim to (509) 468-4590, or mail it to:

Guardian Dental Claims
PO Box 981572
El Paso, TX 79998-1572

For more information about filing a claim, call Guardian at (800) 541-7846.

Guardian's Review

Guardian will provide a benefit determination not later than 30 days after receipt of a post-service claim. If you fail to provide all information needed to make a benefit determination, Guardian will notify you of the specific information that is needed as soon as possible but no later than 30 days after receipt of the claim. The time period for completing a benefit determination may be extended by up to 15 days if Guardian determines that an extension is necessary due to matters beyond its control, and so notifies you before the end of the initial 30-day period. If Guardian extends the time period for making a benefit determination due to your failure to submit information necessary to decide the claim, you will be given at least 45 days to provide the requested information. The extension period will begin on the date on which you respond to the request for additional information.

DENTAL APPEALS

If your claim is denied, Guardian will provide a notice to you that will set forth:

- The specific reason for the adverse benefit determination;
- A reference to the specific plan provision(s) on which the determination was based;
- A description of any additional material or information necessary to make the claim valid and an explanation of why such material or information is needed;
- A description of the plan's claim review procedures and the time limits applicable to such procedures, including a statement that you have the right to bring a civil action under Section 502(a) of ERISA following a final adverse benefit determination;
- Identification and a description of any internal rule, guideline, or protocol relied upon in making the determination, or a statement that a copy of such information will be provided to you upon request;
- In the case of a determination based on medical necessity or experimental or investigational treatment, the notice will either include an explanation of the scientific or clinical basis for the determination or explain how you may obtain it free of charge upon request; and
- If your claim was urgent, a description of the expedited review process.

Appeals for dental benefits must be directed to Guardian in writing. **Your request for review must be made in writing within 180 days after you receive notice of denial.** You should include all relevant materials and information, including materials and information from your provider. For the services listed below, you must include the required material listed below:

Appeal Documentation Requirements

Service	Code	Required Material
Inlay/Onlay Crown Crown buildup Post and core Veneer Gingival flap Crown lengthening Bone graft Guided tissue regeneration Abutment crowns Surgical extraction Bone replacement graft	2500 - 2699 2700 - 2799 2950, 6973 2952, 2954, 6970, 6972, 6976 6979 2960, 2962 4240, 4241 4249 4263, 4264 4266, 4267 6700 - 6799 7210 7953	Radiographic image (X-ray)
Osseous surgery Root planning and scaling	4260, 4261 4341, 4342	Radiographic image (X-ray) and Periodontal charting
Tissue graft	4270, 4271, 4273, 4275, 4276	Periodontal charting

Filing an Appeal

For more information about filing an appeal, or if your appeal involves an urgent care claim, call Guardian Member Services at (800) 541-7846.

There are three ways to file an appeal:

- File on the GuardianLife.com website:
  https://www.guardiananytime.com/securechannel/contactus

- Mail to:
  Guardian Dental PPO Claims Appeals
  Attn: Appeals Department
  PO Box 981572
  El Paso, TX 79998-1572

- Fax to: (509) 468-6356

DENTAL COORDINATION OF BENEFITS

Who Pays First When You're Covered By More Than One Plan

Because you and any dependents covered by the VHHSBP dental plan may have other dental coverage, Guardian will need to determine which plan is responsible for paying first. Guardian will coordinate benefits with other plans, so the total amount of benefits paid doesn't exceed the allowable amount for the services received.

The VHHSBP dental plan will pay any benefits available for the covered services you receive before any other dental plan.

For covered services your spouse receives, the plan that will pay any benefits available first will be:

- Your spouse's plan if your spouse is covered as an active employee.
- The plan that's been in place the longest if the above rule doesn't apply.

For covered services your child receives, the plan that will pay any benefits available first will be:

- The plan of the parent whose birthday is earlier in the year.

For a child whose parents are separated and not living together:

- In an equal custody split, the plan of the parent whose birthday is earlier in the year.
- The plan identified by any applicable court order.

If there isn't a court order that says which plan pays first, the dental services will be paid in the following order:

- The plan of a biological parent with custody pays first.
- The plan of a stepparent with custody pays second.
- The plan of a biological parent without custody pays third.
- The plan of a stepparent without custody pays fourth.

Coordinating Benefits

When the VHHSBP dental plan pays benefits first, Guardian will calculate the benefits payable as if you have no other dental coverage. When another plan pays benefits first, the benefits available under the VHHSBP dental plan will be calculated so that the total amount of benefits

paid between all of your plans combined doesn't exceed the allowable amount for the services received. Guardian also won't pay more in benefits than Guardian would pay if the VHHSBP dental plan paid first.

A dentist that is in a network has agreed to charge a certain amount for specific dental services. These amounts are listed in a fee schedule. Guardian will apply the following rules when determining the benefits available:

- When both plans use a fee schedule, the schedule allowing the higher fee will be used.
- When the plan that pays first is the only plan that uses a fee schedule, that plan's fee schedule will be used.
- When another plan pays first and doesn't use a fee schedule, the fee schedule for the VHHSBP dental plan will be used.
- When neither plan uses a fee schedule, the highest allowable amount offered by either plan will be used.

7. The Guardian (Dental) information in the chart under the subsection "Review Process" under the *Claims and Appeals* section on page 164 of the SPD is amended to state as follows:

Review Process

Benefit	**Time Limit to File Request for Review**
DentalGuard Preferred	180 days (filed with Guardian, see the *Dental Benefits* section)

Please contact us if you have questions.

Sincerely,

CIR BENEFIT FUNDS