GENERAL

New name for Plan Unit 173A

Effective March 1, 2026, Plan Unit 173A (UNITE HERE Staff – Actives) will be called Plan Unit 173 (UNITE HERE Staff Plan).

This Plan Unit will cover active employees and their dependents, ***and*** retirees and dependents of retirees who are not in the retiree HRA. Retirees and dependents covered under the retiree Health Reimbursement Account (retiree HRA) will be covered under Plan Unit 173 (Retiree HRA).

New name for Plan Unit 173R

Effective March 1, 2026, Plan Unit 173R (UNITE HERE Staff – Retirees) will be called Plan Unit 173 (Retiree HRA).

This Plan Unit will only cover retirees and dependents of retirees who are covered under the retiree Health Reimbursement Account (retiree HRA). Retirees and dependents of retirees who are not in the retiree HRA will be covered under Plan Unit 173 (UNITE HERE Staff Plan).

UNITE HERE HEALTH

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UNITE HERE! *Staff*

This document constitutes a Summary of Material Modifications (SMM) under the Employee Retirement Income Security Act of 1974, as amended, and summarizes recent actions taken by the Board of Trustees of UNITE HERE HEALTH. It describes benefit and administrative changes affecting the information included in your Summary Plan Description (SPD). This SMM addresses changes to all benefits in your SPD and may include changes and benefits that don't apply to you based on your or your employer's elections.

Please read this information carefully; then, keep it with your SPD for future reference. Except as described in this SMM, the information otherwise contained in your SPD continues to apply.

GENERAL *(continued)*

Retiree benefits are getting BETTER!

Important changes are effective March 1, 2026 for retirees and dependents of retirees. (If you or your dependent(s) are in the retiree HRA, those benefits are described in a separate SPD and this SMM will not apply to you.)

If you are a retiree or a dependent of a retiree, and you are not in the retiree HRA, be sure to read your new SPD carefully – the benefits and some rules will be different than under your previous benefits.

These changes do not apply to:

- Active employees or dependents of active employees
- Retirees or dependents of retirees who are covered under the retiree Health Reimbursement Account (retiree HRA)

- What's changing:
  - You can now choose from the same medical, prescription drug, dental, and vision benefits active employees get
  - You can now choose to enroll in the Kaiser HMO instead of the PPO
  - Your benefits might be described in a different SPD than the SPD that describes your dependents' benefits
- What's not changing:
  - You must still pay for your share of the cost of your and any dependents' coverage
  - Your eligibility rules
  - Your retiree life insurance benefit (including who is eligible for the benefit)

What are my benefit options?

You can choose from the following benefit options:

- Medical/prescription drugs, plus vision benefits only (the same benefits that are offered to active employees)
  - You can choose to get your medical/prescription drugs either through the PPO, or through the HMO
- Dental benefits only
- Medical/prescription drugs, plus vision benefits, plus dental benefits

Unless your dependents are covered under the retiree HRA, they will get the same benefits you choose. Your share of the cost of coverage for yourself (and/or your dependent(s)) will be deducted from your pension benefit based on your (former) employer's participation agreement.

If you are eligible for the $5,000 retiree life insurance benefit, you will continue to be eligible for that benefit. You do not have to elect the life insurance benefit. (Dependents don't get the life insurance benefit.)

GENERAL *(continued)*

However, neither you nor your dependents will get the following benefits, as they are provided only to active employees and/or their dependents:

- The John Wilhelm Endowed Scholarship Benefit.
- Certain specialized care programs offered to certain participants.
- The life and accidental death and dismemberment benefit for active employees. (If you are a grandfathered retiree, you will continue to get the retiree life insurance benefit.)

Open enrollment periods

You may change your benefit option(s) at open enrollment, usually held once per year. Open enrollment periods give you the chance to change your benefit options. Your open enrollment materials will describe the deadlines for changing your benefit options and explain when your new benefit options take effect.

Special enrollment periods

In a few special circumstances, you do not need to wait for an open enrollment period to change your benefit options. You can change your benefit options by contacting the Fund within 60 days after any of the following events:

- Termination of other health coverage you (or your dependent) had when you previously became eligible for coverage (or your dependent first became eligible for coverage). If your (or your dependent's) other coverage was COBRA, you have a special enrollment right only if you (or your dependent) have exhausted the COBRA maximum continuation period.
- Your marriage.
- The birth of a child.
- The adoption or placement for adoption of a child under age 26.
- A dependent previously living in a foreign country comes to the United States and takes up residence with you.
- The loss of your or a dependent's eligibility for Medicaid or Child Health Insurance Program (CHIP) benefits.
- When you or a dependent becomes eligible for financial assistance under Medicaid or CHIP to help pay for the cost of UNITE HERE HEALTH's dependent coverage.

If you have questions about special enrollment periods or when your new benefit option will take effect, contact UNITE HERE HEALTH.

If you don't take advantage of a special enrollment period, you must wait until the next open enrollment period or special enrollment period to change your benefit options.

GENERAL *(continued)*

Are my retiree eligibility rules changing?

No. The eligibility rules for retirees and their dependents are not changing. But the active employee rules shown in your new SPD are a little bit different than the rules that apply to you:

- The initial and continuing eligibility rules, including the work and coverage periods, shown in your new SPD generally apply to both actives and retirees.
- You (the retiree) must pay for your share of the cost of coverage for yourself and any dependents. Your share of the cost of coverage for yourself (and/or your dependent(s)) will be deducted from your pension benefit based on your (former) employer's participation agreement.
- Although the definition of a dependent is the same for actives and retirees, if you are a retiree, you must enroll your dependents when you retire. **You cannot add dependents after the date you become eligible for retiree coverage.** None of the rules in your new SPD saying you can enroll a dependent at any time apply to retirees.
  - If you choose the Kaiser HMO, your domestic partner, and any dependents of your domestic partner, may also meet the definition of a dependent. (See your new SPD for details.)
- Your participation agreement defines "retirees" and "survivors":
  - **Retirees:** You are eligible for coverage if you meet the criteria established by your employer's Participation Agreement, and if your employer makes any required contribution on your behalf.
  - **Survivors:** If you are the survivor of an eligible retiree or employee, you are eligible for coverage if you meet the criteria established by the applicable employer's Participation Agreement, and if the employer makes any required contribution on your behalf.
- If you (the retiree) die, your surviving dependents may be eligible to continue their coverage. Survivors must still pay for the cost of coverage under the same rules that apply to retirees.
- In addition to the termination rules shown in your new SPD, your and any dependents coverage will terminate the first day of the month for which a deduction from your monthly pension benefit towards the cost of providing coverage is not made.

Retiree benefits provided through the Fund are not vested or accrued benefits. This means the retiree benefits are not guaranteed to continue indefinitely. The Trustees have full and exclusive authority to change or terminate the benefits and the eligibility requirements at any time.