SUMMARY OF MATERIAL
MODIFICATIONS FOR YEAR 2026

Dear Participants and Dependents:

This notice summarizes the modifications to the NALC Health Benefit Plan for Employees and Staff (Staff Plan) effective January 1, 2026. This information supplements the information contained in the 2022 NALC Health Benefit Plan for Employees and Staff brochure. Refer to the appropriate sections in the brochure as specified below for our benefit changes. Please share this summary with your family and keep it with your Staff Plan documents for future reference.

Please refer to the 2022 Staff Plan brochure and the summaries of material modifications issued each year thereafter for a complete description of your Staff Plan benefits.

General Information

Open Enrollment this year is from December 1, 2025, through December 31, 2025. Any changes in your enrollment will be effective January 1, 2026.

Our Plan meets the requirements under the Women's Health and Cancer Rights Act of 1998 (WHCRA) by providing benefits for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Please contact the Nongroup Department at 703-729-4677 or 888-636-NALC (6252) with any questions concerning mastectomy-related benefits.

Modifications

The modifications, effective as of January 1, 2026, are as follows:

1. The Plan now covers vaccinations and immunizations related to travel when such vaccinations and immunizations are FDA approved and NALC Health Benefit Plan for Employees and Staff is primary. Previously, immunizations for travel or travel related exposure were not covered. See Section 5(a). *Medical Services and Supplies Provided by Physicians and Other Health Care Professionals* under Preventive Care, adult.

2. We now offer a supportive service through the CVS Weight Management Program for Plan members using weight loss medications. This program is provided at no cost to the member and is a requirement of receiving weight loss medications under your prescription drug benefits. You will be responsible for the entire cost of the weight loss medication if you do not participate. To enroll in the CVS Weight Management program, please call 800-207-2208. You must have prior authorization for a weight loss medication on file prior to enrolling in the program. Previously, this program was not available to Employee and Staff members. See Section 5(f) *Prescription Drug Benefits*.

3. We now cover a combination of inpatient and outpatient hospice care services up to our 30-day Plan limit, calendar year deductible does not apply, with no patient liability when provided by an in-network PPO provider. Previously, PPO hospice providers were subject to the calendar year deductible and 15% coinsurance up to the Plan's 30-day annual limit of inpatient and outpatient hospice care services. See Section 5(c) *Services Provided by a Hospital or Other Facility, and Ambulance Services.*

4. We clarified that when Original Medicare Part A or Part B is the primary payor, we will not waive any out-of-pocket costs for retail or mail order prescriptions. Appropriate co-pays or coinsurance are the patient's responsibility.

   It is important to know that a physician who does not accept Medicare assignment may not bill you more than 115% of the amount Medicare bases its payment on, called the "limiting charge". The Medicare Summary Notice ("MSN") that Medicare will send you will have more information about the limiting charge. If your physician tries to collect more than allowed by law, ask the physician to reduce the charges. If the physician does not, report the physician to the Medicare carrier that sent you the MSN form. Call us if you need further assistance.

   Note: when Medicare benefits are exhausted, or services are not covered by Medicare, our benefits are subject to the definitions, limitations, and exclusions in the Staff Plan Brochure. In these instances, our payment will be based on the non-PPO Plan allowance. See Section 9. *Coordinating benefits with Medicare and other coverage*.

5. We increased the Health Savings reward dollar amount for each eligible individual completing the annual online Health Assessment from $30 to $50 annually and removed the reward option for waiver of (2) $25 PPO office visit co-pays. See Section 5(h). *Wellness and Other Special Features.*

6. The calendar year deductible was increased to $350 per calendar year per person and $700 per calendar year for self and family enrollment. The deductible is considered satisfied for all family members when the combined covered expenses applied to the calendar year deductible for all eligible family members reaches $700. Previously, the deductible was $300 per calendar year for an individual and $600 for a self and family enrollment. See Section 4. *Your costs for Covered Services* under Deductible.

7. We now offer Priority Health Coaching replacing the Your Health First, Disease Management Program.

   Priority Health Coaching provides dedicated health coaches that support you on your journey to better health— every step of the way. Here's how they help:

   - **Personalized Support**: Coaches take a whole-person approach to help you manage chronic conditions and build healthy habits that fit your lifestyle.

- **Realistic Goal Setting**: Whether you're working on nutrition, weight management, or medication routines, your coach helps you set achievable goals that make a real difference.
- **Education & Empowerment**: Learn more about your health conditions and how to manage them confidently with expert guidance.
- **Daily Life Tools**: Get practical tips and resources to make healthy choices, part of your everyday routine.
- **Motivation & Encouragement**: Your coach is your partner—cheering you on and helping you stay on track.
- **Evidence Based Guidance**: Coaches use proven strategies to help reduce out-of-pocket costs, improve medication adherence, and encourage preventive care.
- **Better Health Outcomes**: With consistent support, you'll build a strong foundation for long-term wellness.
- **Easy To Access**: Connect with a coach by phone, video, or app—whatever works best for you. No referrals needed, and no cost.
- **Certified Experts**: Our coaches are trained in nutrition, chronic condition management, and behavior change—so you get trusted, expert support.
- **Confidential & Judgment Free**: Your health journey is personal. Coaching sessions are private and focused on your goals.
- **Real Results**: Many members see improvements in energy, sleep, and stress levels within weeks of starting coaching.

For more information or to enroll, call 855-244-6252 (NALC). *See Section 5(h). Wellness and Other Special Features*.

8. The Plan now utilizes Evernorth for prior authorization requests for inpatient hospital admissions, radiological imaging services, spinal surgeries, and musculoskeletal procedures. Your provider must contact Evernorth at 877-220-6252 (NALC) for prior authorization requests for these services. Previously, the Plan utilized CareAllies for pre-certification requests for these services. See Section 3. How you get care.

9. We changed the way we cover Mail Order and Maintenance Choice and Mail Order & Maintenance Choice with Medicare fills of prescription medications. You will now pay:

    - **Mail Order and Maintenance Choice up to a 90-day supply:**

      - Generic: 20% of the Plan allowance, with a maximum of $250 per prescription.
      - Formulary Brand: 30% of the Plan allowance, with a maximum of $350 per prescription.
      - Non-Formulary Brand: 50% of the Plan allowance and any difference between our allowance, with a maximum of $500 per prescription.

    - **Medicare Mail Order and Maintenance Choice up to a 90-day supply**

      - Generic: 10% of the Plan allowance, with a maximum of $250 per prescription.
      - Formulary Brand: 20% of the Plan allowance, with a maximum of $350 per prescription.
      - Non-Formulary Brand: 40% of the Plan allowance and any difference between our allowance, with a maximum of $500 per prescription.

    - **CVS Specialty Pharmacy Mail Order, Non-Medicare and Medicare**

      - 30-day-supply: $200
      - 60-day-supply: $350

- 90-day-supply: $500

Previously, you paid a co-payment for Mail Order and Maintenance Choice fills of prescription medications. See Section 5(f). *Prescription Drug Benefits.*

10. We clarified that a retail fill of medications is up to a 30-day supply and that a Mail Order or Maintenance Choice fill of medications is up to a 90-day supply. See Section 5(f) *Prescription Drug Benefits.*

Please attach this Summary of Material Modifications (SMM) to your 2022 brochure (your summary plan description) and other Staff Plan documents for future reference. If you have any questions regarding the information in this SMM, or if you need a copy of the 2022 brochure, please contact the Nongroup Department. While every effort has been made to make this as complete and as accurate as possible, it does not restate the existing terms and provisions of the Staff Plan other than the specific terms and provisions it is modifying. The Administrator of the Staff Plan and the Board of Trustees specifically reserve the right to change, eliminate, or add to the benefits provided to participants and beneficiaries and the rules concerning eligibility for such benefits. They also reserve the right to adopt new rules and regulations, to modify the rules and regulations, and to terminate the existing Plan. No benefits or rules of the Plan are guaranteed (vested) for any participant or eligible dependent. All benefits and rules may be changed, reduced, or eliminated at any time by the Administrator and the Board of Trustees, in their sole discretion.