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Railroad Maintenance



and Industrial Health and Welfare Fund

ESTABLISHED 17

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November 4, 2025

SUMMARY OF MATERIAL MODIFICATIONS

IMPORTANT BENEFIT IMPROVEMENTS ANNOUNCED (Effective January 1, 2026)

To: ALL PLAN D PARTICIPANTS

Dear Participant:

Among our duties as Trustees of the Railroad Maintenance and Industrial Health and Welfare Fund is the continuing responsibility to provide a plan of benefits that offers meaningful financial protection for you and your Eligible Dependents when you incur expenses for health care. We accomplish this by regularly reviewing the Fund's financial soundness to determine that benefits are being properly funded. We are very pleased to inform you that as a result of a recent review of the Fund's benefit plans, we have determined that two improvements in the present benefits are affordable from Fund resources and have therefore approved them effective for all claims incurred on or after January 1, 2026. They are as follows:

Annual Out-of-Pocket Maximum Reduced to \$2,000

Presently, when you or an Eligible Dependent incurs claims which are payable under the Plan's Major Medical Benefits, the Fund pays 85% of covered charges and you are responsible for the remaining 15%. However, once the portion of those expenses for which you and all covered family members are liable reaches \$4,000 during the course of a calendar year, the Fund pays 100% of the balance of covered charges for that calendar year. We are pleased to advise you that effective with all covered Major Medical charges incurred on or after January 1, 2026, the Out-of-Pocket Maximum is being reduced to **\$2,000**. This means that when the Fund has paid a total of \$13,334 in Major Medical Benefits for your family during the course of a calendar year, the benefit percentage paid toward any additional Major Medical charges will increase to 100% for the remainder of that year. Remember that a separate Out-of-Pocket Maximum applies to the Plan's Prescription Drug Benefit Program as is described in your Summary Plan Description and subsequent Summaries of Material Modifications thereto.

Vision Benefit Added to Plan for All Eligible Participants and Dependents

Under Plan D's current plan of benefits, there is no coverage for routine eye care such as exams and glasses except in very limited circumstances. We are therefore excited to share with you that a Vision Benefit, which will be available to all Eligible Participants and Dependents, will now be available to you effective with all covered charges incurred on or after January 1, 2026. The benefit maximum will be \$600.00 per covered person per calendar year beginning with calendar year 2026 and will be subject to the exclusions and limitations listed on the attachment to this notice.

Single Plan of Benefits under the Railroad Maintenance and Industrial Health and Welfare Fund Effective January 1, 2026

The Trustees have effectuated the foregoing changes by transferring all Plan D Participants and Dependents to Plan E. Further, in an effort to simplify the Fund's plan of benefits, we have decided that effective January 1, 2026, the two current plans of benefits offered by the Fund, that is Plan D and Plan E, will no longer be designated as such. Instead, as of January 1, 2026, every person participating in the Plan will be entitled to the same benefits, which will simply be referred to as the Railroad Maintenance and Industrial Health and Welfare Plan. This means that when you contact the Fund Office on or after January 1, 2026, you will not have to identify as a Plan D or Plan E Participant.

Please be advised that as a result of this change, you will receive a new member ID card in December 2025. If you have not received a new member ID card by the last week of December, please contact the Fund Office. However, please note that the only change to the member ID card will be the Out-of-Pocket Maximum. This means that your current member ID card will continue to work.

We hope you are pleased with these changes which are designed to give better financial security to your family when health care needs arise. As always, please contact the Fund Office with any questions you may have.

With Best Regards,

Your Board of Trustees

This document is a Summary of Material Modification ("SMM") intended to notify you of important plan changes to the plan of benefits for the Railroad Maintenance and Industrial Health and Welfare Fund ("Fund" or "Plan"). This summary is intended to satisfy the requirements for issuance of a SMM under the Employee Retirement Income Security Act of 1974, as amended. You should take the time to read this SMM carefully and keep it with the Summary Plan Description ("SPD"). This SMM does not contain a full restatement of the terms of the SPD. If you have any questions regarding these changes, please contact the Fund Office at: 2725 W. Monroe St., Springfield, IL 62704, telephone number: (800) 258-6534.

Vision Benefits

Covered vision care expenses will be reimbursed up to a maximum of \$600.00 per covered person per calendar year subject to the exclusions and limitations that follow (but see the Additional Pediatric Vision Services at the end of this section). Covered vision care expenses include eye examinations, lenses, frames, and contacts.

Vision Benefits Exclusions and Limitations

Covered expenses do not include benefit payments for the following:

1. Examination not provided by and lenses not prescribed by an ophthalmologist (M.D.) or a licensed optometrist;
2. Any services or materials provided as a result of a Workers' Compensation or Occupational Disease Law, or for which no charge is made, or furnished by or payable under any plan or law of any government, federal or state, or any political subdivision thereof;
3. Special procedures, such as orthoptics or vision training and special supplies, such as sunglasses (plain or prescription) and subnormal vision aids;
4. Anti-reflective coatings;
5. Eye examinations required by an employer as a condition of employment, or which the employer is required to provide by virtue of a labor agreement;
6. Duplicate or spare glasses, lenses or frames;
7. Visual analysis which does not include refraction;
8. Medical or surgical treatment of the eye;
9. Services or supplies not listed as covered expenses; and
10. Any expenses incurred for examinations, procedures, treatment, analyses, services, materials or supplies at a Wal-Mart Vision Center or Sam's Club Optical Center.

Additional Pediatric Vision Services

The following additional vision benefits are provided to covered persons under age 19, through the last day of the calendar month in which they attain age 19:

1. One routine vision examination per 24 month period when performed by an ophthalmologist (M.D.) or a licensed optometrist; and
2. One pair of eyeglasses or contact lenses per 24 month period limited to the minimum necessary to correct vision to its optimal level (no coverage is provided for upgrades such as coatings, progressive lenses, sunglasses, designer frames, etc.)

These pediatric vision services are not intended to duplicate the Vision Benefits outlined above or to increase the frequencies or quantities of covered services and supplies. They are intended only to provide additional payment, if needed, for these types of services that are otherwise covered under the Vision Benefits but are in excess of the amounts outlined above.

