(To be printed on Fund letterhead)

Summary of Material Modification

August 2026

Dear Participant:

The purpose of this Summary of Material Modification (SMM) is to inform you of important changes to benefits being offered by the Mo-Kan Teamsters Health and Welfare Fund ("Fund"). Please read this SMM carefully, share it with your family, and store it with your Summary Plan Description (SPD) and other SMMs you have received from the Fund.

New and Improved Vision Benefits – Network and Administration by VSP

Effective July 1, 2026, the Plan's Vision Benefit will change to being administered by VSP which will provide enhanced benefit allowances and discount pricing through VSP's robust network of vision providers. Previously, the Plan provided a reimbursement allowance of up to $250 every two years for individuals over the age of 19 (and one exam and pair of glasses or contacts for individuals under 19). In many cases, your out-of-pocket costs will be lower under the new Vision Benefits. Your new cost sharing is outlined in the table below.

VSP Providers	Cost Sharing
Exams	
Exam	$10 Exam Copay
Contact Lens Fitting and Evaluation	$60 Maximum Copay
Frequency	Every 12 months
Lenses	
Single Vision Lenses	$15 Material Copay
Lined Bifocal Lenses	$15 Material Copay
Lined Trifocal Lenses	$15 Material Copay
Lenticular	$15 Material Copay
Frequency	Every 12 months
Frames: *Up to plan allowance, then 20% off remaining cost, In-network*.	
Frame Allowance	$200 Allowance
Featured Frame Brands Allowance	$250 Allowance
Frequency	Every 12 months
Contact Lenses: *In lieu of eyeglasses*	
Elective Contact Lenses (ECL)	$200 Allowance
Medically Necessary Contact Lenses (prior authorization required)	$15 Material Copay
Frequency	Every 12 months
Covered Lens Enhancements: *fixed discounted copays*	
Polycarbonate Lenses (Children)	Covered in Full
Polycarbonate Lenses (Adults)	Covered in Full
Standard Progressive Lenses	Covered in Full
UV Protection	Covered in Full
All Scratch Resistant	Covered in Full
Other Add-Ons & Services	30% average savings

Out-of-Network Providers: *reimbursed by the Fund Office*	**Reimbursement Amount**
Exam	Up to $45
Frames	Up to $70
Single Vision Lenses	Up to $30
Lined Bifocal Lenses	Up to $50
Lined Trifocal Lenses	Up to $65
Progressive Lenses	Up to $50
Contact Lenses *(in lieu of glasses)*	Up to $105

To locate a VSP provider, visit www.vsp.com or call 800.877.7195. VSP provides a large network of private practice and retail locations. If you can't find a VSP network doctor near you, contact VSP at 800.877.7195 before your next eye appointment. If there are no in-network doctors within a 10-mile (urban) or 25-mile (rural) radius, you may be eligible to receive in-network benefits when you go out-of-network.

If you see an out-of-network provider, the Fund provides a partial reimbursement for certain services. After your appointment with an out-of-network eye doctor, you will need to submit documents for your vision claim. However, to maximize your benefits, we strongly encourage finding an in-network provider.

Final Note

If you have any questions regarding this SMM or your Plan of benefits, do not hesitate to contact the Fund Office at 866-756-3313 (toll-free) or 816-756-3313.

Board of Trustees
Mo-Kan Teamsters
Health and Welfare Fund

The Plan's "Grandfathered" Status

The Mo-Kan Teamsters Health and Welfare Fund believes this Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. 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 and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office at **866-756-3313** (toll-free) or **816-756-3313**. You may also contact the Employee Benefits Security Administration (EBSA), 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.

This Summary of Material Modification highlights certain features of the Mo-Kan Teamsters Health and Welfare Fund. You can find full details in the documents (Summary Plan Description, Plan Document, etc.) that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.