

**INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL NO. 710
HEALTH & WELFARE FUND**

SUMMARY OF MATERIAL MODIFICATIONS

The Board of Trustees of the International Brotherhood of Teamsters Local No. 710 Health & Welfare Fund (the “Fund”) is pleased to announce several exciting benefit improvements, as described in this Summary of Material Modifications. Please keep this document with your Summary Plan Description and other important papers so that you may refer to it in the future when you have questions about your benefits under the Fund.

The benefit improvements described below are effective on the dates set forth below.

1. HRA for Active Participants

Effective January 1, 2026, the Board of Trustees has adopted a Health Reimbursement Arrangement (or “HRA”) benefit for active participants who have group health coverage under the Fund. The HRA provides for reimbursement of eligible, out-of-pocket medical expenses incurred by participants, the participants’ spouse and the participants’ covered dependent children. **Attached is a description of the HRA in an easy to read “Question and Answer” format.** This information covers the HRA’s design, eligibility rules for participation, reimbursements available under the HRA, and other details about how the HRA works.

The Fund has engaged a vendor called WEX to provide debit cards to you for reimbursement of your medical expenses under the HRA. Please watch your mail for more detailed information from WEX.

2. Marc Cuban Cost Plus Program

The Board of Trustees has approved an arrangement with the Marc Cuban Cost Plus Program (or “MC Program”) to give Fund participants access to Benzavvy, a high-cost diabetes drug, at a zero-dollar (\$0) cost to the participant. **Effective November 1, 2025, SavRx, the Fund’s prescription benefits manager, will process all prescription fills for Benzavvy by using the MC Program, which will result in the participant obtaining this drug with no out-of-pocket costs.** If you are currently taking Benzavvy for your medical conditions, or are eligible to change to it, you will receive a separate communication from the Fund with information on how to take advantage of the MC Program to obtain this drug at zero-dollar cost to you.

3. Dental Plan – Change to Network Provider

The Board of Trustees has approved a new dental network provider for your Dental benefits under the Fund. **Effective March 1, 2026, the dental network provider will be Delta Dental of Illinois, (Delta Dental Premier and Deltal Dental PPO).** **On and after that date, the Fund will use Delta Dental of Illinois fee schedule to determine the benefits to be paid for dental services. None of your other dental benefits or any other**

terms and conditions applicable to your dental benefits under the Plan have changed. Please go to www.deltadentalil.com/find-a-provider/dental/ for a current list of participating dental providers in the Delta Dental network.

4. Retiree Health Plan – Enrollment of Spouses and Dependent Children

Effective October 1, 2025, the Board of Trustees has amended the Retiree Health Plan to add the following language to the end of Section 3.1.c (Eligibility) relating to the enrollment of spouses and dependent children in the Retiree Health Plan by participants who are on workers' compensation when they reach age 65:

If you are on workers' compensation when you attain age 65, you may enroll your Spouse and Child/Children in the Plan on your later retirement, provided that:

- you, your Spouse and your Child/Children remained continuously enrolled in a group health plan without any break in coverage during the period of your absence from work due to a work-related injury through the date of your actual retirement, and
- you retire immediately upon the cessation of employer contributions to the Fund on your behalf and enroll your Spouse and Child/Children in the Plan effective at the time of your retirement.

5. Retiree Health Care Premiums.

The Board of Trustees has reduced the premium charged to participants for coverage under the Fund's Retiree Health Plan. **Effective January 1, 2026, the new premium will be \$350.00 for a single person and \$400.00 for 2 or more persons.** The new reduced premium will apply to any participant who is currently enrolled in the Retiree Health Plan as of January 1, 2026, and to any new participant who enrolls on or after that date.

If you have any questions about these benefit improvements or any of your benefits under the Fund, please call the Fund Office at (773) 254-2500.

Sincerely,

THE BOARD OF TRUSTEES OF THE INTERNATIONAL BROTHERHOOD OF
TEAMSTERS LOCAL NO. 710 HEALTH & WELFARE FUND

December 1, 2025