Summary of Material Modifications

To: **Participants**

From: **Travis Credit Union Compensation & Benefits Specialists**

Re: **Amendment to the Travis Credit Union Group Health and Welfare Plan**

Effective Date: 1/1/2025

This Summary of Material Modifications (SMM) describes changes to the Travis Credit Union Health and Welfare Plan (Plan) and supplements or modifies the information presented in your Summary Plan Description (SPD) with respect to the Plan. You should keep this SMM with the Plan's SPD and associated benefits documents provided to you upon enrollment in each benefit plan.

Changes to the Plan Provisions

Notwithstanding any provision contained in the Plan to the contrary, the Plan is amended as follows.

1. **Benefit Plan Changes.** Travis Credit ("TCU") hereby amends the Plan to modify and include the appointment group insurance policy issuer as follows:.

    a. Benefit Plan changes include:

        i. As of the Effective Date, Fertility Reimbursement Plan (HRA) Coverage is provided through Carrot Fertility.

        ii. As of January 1, 2023, VSP replaces MES Vision as the insurance issuer of the Plan's Vision benefits.

    As of the Effective Date, the attached Appendix A ("Insurance Policy Issuers and Contract Administrators of Component Plans") and Appendix B ("Claims Administrator Contact Information") (**Attachment 1**) lists the Plan's appointed insurance policy issuers/contract administrators and claims administrators and shall supersede all prior versions of the same Appendices A and B to your SPD.

2. **Reduction of Waiting Period for Coverage**. As of January 1, 2023, TCU hereby amends the eligibility and participation requirements for benefit-eligible employees. The table set form in your SPD's Appendix C, "Eligibility and Participation Requirement," is amended by replacing it in its entirety with the following new table:

Employee Class	Working Hours Requirement	Benefits Offered	Effective Date of Eligibility (Waiting Period)
Regular Employees	20 hours per week	All benefits listed on Appendix A	First day of the month following date of hire
Temporary Employees	30 hours per week	Medical	First day of the month following date of hire

Certain Component Plans may delay the effective date of your eligibility if you are not "actively-at-work" (e.g. at work performing all of the regular duties of your job). Any actively-at-work requirement imposed by a group health plan (as defined by HIPAA) will not apply if the reason you are not actively-at-work is due to a health condition.

3. **Expansion of the ACA's Patient Protections**. The Consolidated Appropriations Act of 2021 ("CAA") expands upon the original ACA patient protection rules.

   a. Effective as of January 1, 2022, the "Patient Protections" provisions under the "Affordable Care Act" section of the SPD's "ADDITIONAL HEALTH PLAN PROVISIONS" section shall be replaced in its entirety with the following:

   Patient Protections
   Designation of Primary Care Provider and Pediatrician. If a group health plan requires or allows a participant to designate a primary care provider (including for dependent child(ren)), or if the plan automatically designates a primary care provider for a participant, then the participant has the right to designate any primary care provider who participates in the group health plan's network and who is available to accept the participant or participant's family members. For dependent children this means a physician (allopathic or osteopathic) who specializes in pediatrics (including pediatric subspecialties).

   Direct Access to Obstetrical and Gynecological Care. A participant, regardless of age, shall not need prior authorization from a group health plan or from any other person (including a primary care provider) to obtain access to obstetrical or gynecological care from a health care professional in the Plan's network who specializes in obstetrics or gynecology.

   b. Effective as of January 1, 2022, the following new section ("Emergency Services and Surprise Medical Billing Protections") is hereby added to the SPD's "ADDITIONAL HEALTH PLAN PROVISIONS" section:

   Emergency Services and Surprise Medical Billing Protections
   Emergency Services. A group health plan that covers emergency services generally must provide such services regardless of whether the provider is in- or out-of-network and without requiring prior authorization. The group health plan generally cannot impose any cost-sharing requirement (i.e., copayment, coinsurance, deductible) greater than (or an administrative requirement/limitation more restrictive than) what would be imposed if the services were provided in-network.

   Nonemergency Services. A group health plan that covers out-of-network nonemergency services performed in an in network facility generally must cover such services without any cost-sharing requirement that is greater than would apply if provided in-network. However, the out-of-network provider is not prohibited from balance billing certain services so long as the participant receives prior notice and consents to the treatment.

   Any cost-sharing payments made by a participant for the above out-of-network emergency or nonemergency services must count towards the group health plan's in-network deductible (if applicable) and out-of-pocket maximum.

   Continuity of Care. When a group health plan provider ceases to be an in-network provider during a continuing care patient's ongoing course of treatment (as specified under the CAA) the plan generally must provide timely notice to the participant and potentially provide transitional care under the same terms and conditions as would have applied had no change occurred.

All other Plan provisions remain unchanged so long as they are consistent with these material modifications.

For additional information regarding the Plan or to request a copy of the Plan's SPD contact:

Travis Credit Union
Attn: Benefits
One Travis Way
Vacaville, CA 95687
707-469-1973 or tcubenefits@traviscu.org

If this SMM was delivered to you by electronic means, you have the right to receive a paper copy of the SMM upon request.

Plan Information:

Plan Name: Travis Credit Union Group Health and Welfare Plan
Plan Number: 502
Plan Year: January 1 through December 31 of the same calendar year

APPENDIX A

TRAVIS CREDIT UNION HEALTH AND WELFARE PLAN

SUMMARY PLAN DESCRIPTION

Insurance Policy Issuers and Contract Administrators of Component Plans

This Appendix A reflects the Plan benefits as of January 1, 2025. The Benefit Documents for the following Component Plans are incorporated by reference herein. All subsequent updates to such Benefit Documents will supersede any earlier versions for the periods defined in the updated materials.

Fully-Insured Component Plans	Policy/Group No.	Type of Benefit
Health Advocate Inc. 3043 Walton Road, Suite 150 Plymouth Meeting, PA 19462	TCU	Employee Assistance Program (EAP)
Kaiser Foundation Health Plans, Inc. Drive 1 Kaiser Plaza Oakland, CA 94612	35365	Medical – HMO
LegalShield One Prepaid Way Ada, OK 74820	302111	Prepaid Legal Services
Unum Life Insurance Company of America 1 Fountain Square Chattanooga, TN 37402	682698	Basic Life/AD&D Short-Term Disability Long-Term Disability
	682836	Voluntary Life/AD&D
Vision Service Plan (VSP) 3333 Quality Drive Rancho Cordova, CA 95670	40151639	Vision

Self-insured Component Plans	Contract No.	Type of Benefit
Allied Benefit Systems, Inc. 200 West Adams Street, Suite 500 Chicago, IL 60606	A19100	Medical – EPO Medical – HDHP Medical – PPO
Delta Dental of California 100 First Street San Francisco, CA 94105	10815	Dental – PPO
Carrot Fertility 47 Lusk Street San Francisco, CA 94107	-	Fertility Reimbursement Plan (HRA)
HealthEquity/Wage Works 15 West Scenic Point Drive Suite 100 Draper, UT 84020	51367	General-Purpose Health FSA Limited-Purpose Health FSA

Non-ERISA Benefits. In addition to the above Component Plans, eligible employees are offered the following non-ERISA welfare benefits. Such non-ERISA benefits are not governed by ERISA or by the "Statement of ERISA Rights" section of this SPD, and include the following benefit plan(s):

- Dependent Care FSA, Commuter Benefits Program, and Health Savings Accounts administered by HealthEquity

APPENDIX B

TRAVIS CREDIT UNION HEALTH AND WELFARE PLAN

SUMMARY PLAN DESCRIPTION

Claims Administrator Contact Information

Use the address and phone number provided on your ID Card if different.

Benefit Type	Claims/Claims Appeals Contact Information		
	Mailing Address	**Phone No.**	**Online**
Medical – Allied	Allied Benefit Systems, Inc Attn: Claims Department PO Box 909786-60690 Chicago, IL 60690	800-288-2078	www.alliedbenefit.com
Medical – Kaiser	Kaiser Foundation Health Plan Attn: Claims Administration PO Box 12923 Oakland, CA 94604-2923 Claims Appeals: Attn: Special Services Unit Kaiser Permanente PO Box 23280 Oakland, CA 94623	800-464-4000	www.kp.org
Dental	Delta Dental of California Attn: Claims Department PO Box 997330 Sacramento, CA 95899-7330	800-765-6003	www.deltadentalins.com
Vision	VSP Attn: Claims Department PO Box 385018 Birmingham, AL 35238-5018	800-216-6248	www.vsp.com
Health FSA	HealthEquity Attn: Claims Department 15 West Scenic Point Drive Suite 100 Draper, UT 84020	866-346-5800	www.healthequity.com
EAP	Health Advocate Inc. Attn: Member Services 3043 Walton Road, Suite 150 Plymouth Meeting, PA 19462	610-825-1222	www.healthadvocate.com
Fertility Health Reimbursement (HRA)	Carrot Fertility 47 Lusk Street San Francisco, CA 94107	877-275-6158	www.get-carrot.com

Benefit Type	Claims/Claims Appeals Contact Information		
	Mailing Address	**Phone No.**	**Online**
Life/AD&D Disability	Unum Attn: The Benefits Center PO Box 100158 Columbia, SC 29202 Claims Appeals: Unum Attn: Appeals Unit PO Box 9548 Portland, ME 04104-5058	800-635-5597	www.unum.com
Prepaid Legal	LegalShield Attn: Claims Department PO Box 2629 Ada, OK 74821-2629	800-654-7757	www.legalshield.com