

SUMMARY OF MATERIAL MODIFICATION

September 2026

Dear Participant:

This Participant Notice will advise you of certain material modifications that have been made to the Alaska Electrical Health & Welfare Fund. **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully and keep it with your important paperwork.

CHANGES TO PLAN COVERAGE FOR DEPENDENT PREGNANCY

The Plan excludes maternity benefits for dependent children. The Board of Trustees recently decided to add an exception for emergency treatment related to miscarriage or non-elective abortion, including ectopic pregnancies. Accordingly, effective immediately, the Plan language is changed to add the *italicized* language below:

Maternity related expenses, including pregnancy, childbirth, miscarriage, or abortion, are covered like any other medical condition. In accordance with federal law, the Plan does not restrict lengths of Hospital stays for a mother or newborn to less than 48 hours following normal vaginal delivery or 96 hours following cesarean delivery. In consultation with your Provider, you may choose not to stay the full 48/96 hours. The length of inpatient care may, however, be extended upon application of the mother's or newborn's attending Provider to the Plan, provided that the Plan determines that the extended stay is Medically Necessary.

Maternity expenses are available for you and your spouse, dependent children are not eligible *except to the extent covered under the preventive benefits or emergency treatment related to miscarriage or non-elective abortion, including ectopic pregnancies.*

Any services or supplies received in connection with a participant or dependent acting as a surrogate mother, regardless of whether a participant or covered dependent is a biological parent are not eligible.

Note: Failure to use a Preferred Provider Hospital within the Municipality of Anchorage and outside of Alaska, or failure to comply with the Medical Management provisions of the Plan for inpatient services, will result in financial penalties. Please see pages 26 to 32 for more details.

Plan Exclusion No. 8 is also amended as follows:

8. Any treatment or service due to pregnancy, or complications there from, of dependent children, except to the extent covered under the preventive benefits or

emergency treatment related to miscarriage or non-elective abortion, including ectopic pregnancies.

CHANGES BOARD OF TRUSTEES

The Fund's Board of Trustees is updated as follows:

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Receipt of this notice does not constitute a determination of benefits or your eligibility. If you wish to verify benefits or eligibility, or if you have any questions regarding medical benefit changes, please contact the Trust Administration Office at (907) 276-1246.