VOLUNTARY HOSPITALS
HOUSE STAFF BENEFITS PLAN

SUMMARY OF MATERIAL MODIFICATION #2
VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN 2024 SPD
PLEASE READ NOW!

September 2025

This notice contains important information regarding changes to the Voluntary Hospitals House Staff Benefits Plan (the "VHHSBP") Summary Plan Description ("SPD"). **This Summary of Material Modifications ("SMM") is issued to notify you of an improvement in benefits.**

Effective July 1, 2025, VHHSBP is implementing changes to your benefits to cover the costs for reimbursement reasonable travel expenses for Participants, covered Dependent spouses, and covered Dependent children who are receiving major medical and hospital benefits through VHHSBP and who are unable to obtain medically necessary abortion care or medical/surgical care for a mental health condition because there are no In-Network providers within 100 miles of their home. This benefit is limited to $5,000 per participant, covered Dependent spouse, and covered Dependent child per Benefit Cycle, July 1 to June 30 of each year.

For important details about these changes, please take the time to read this notice carefully and share it with your covered family members. Keep this notice with your Plan documents.

Who is eligible for the travel reimbursement benefit?
You are eligible for reimbursement of reasonable travel expenses to receive abortion care or mental health care covered by VHHSBP only if you are a Participant, covered Dependent spouse, or a covered Dependent child, you are receiving major medical and hospital benefits through VHHSBP, and you are unable to obtain such abortion care or medical/surgical care for a mental health condition because there are no In-Network providers within 100 miles of your home.

You may travel to a provider in the state or major metropolitan area closest to you where an In-Network provider is available.

Travel under this provision is limited to travel within the United States.

What travel expenses are eligible for reimbursement?
In all instances, travel expenses must be primarily for, and essential to, obtaining abortion care or mental health care covered by the VHHSBP that are performed by a licensed medical provider acting within the scope of their license. Travel expenses that are not primarily for and essential to obtaining covered abortion care or mental health care and travel expenses that provide a substantial and direct personal benefit are not Covered Expenses and will not be reimbursed.

Transportation

- Bus, taxi, train, or plane fares (only coach/economy fare is a Covered Expense).
- Transportation expenses for one additional individual, who is a caregiver or travel companion.
- If you use your own car, mileage is reimbursable at the business mileage rate set by the IRS (currently $0.70 per mile). Parking fees and tolls are also Covered Expenses, but gas is not. Mileage rates for medical travel are currently lower than the business mileage rate that VHHSBP will use to reimburse travel expenses. As a result of these IRS rules, you will be taxed on the reimbursed difference between the two mileage rates in effect at the time of your trip.
- If you use a rental car, reasonable rental car expenses are reimbursable up to $65 per day. In this case, gas, parking fees, and tolls are also Covered Expenses, but mileage is not.

Lodging

- Lodging for you and your travel companion for the night prior and the night of the day the abortion care or mental health care is being administered is covered, so long as lodging is primarily for and essential to medical care. Subsequent night(s) of lodging are covered so long as they are also primarily for and essential to care and do not provide a substantial, direct personal benefit. The lodging expense amount must be reasonable as determined by VHHSBP, but in no event greater than $300 per night (in total, not per person).
- Please note that under IRS rules if your lodging is more than $50 per person per night, you will be taxed on the reimbursed amount in excess of the IRS limit.

Required receipts and documentation

1. Reimbursement for the cost of lodging (hotel, motel) requires a copy of the paid receipt.
2. Reimbursement of transportation requires a copy of itinerary and paid ticket receipt.
3. Reimbursement for mileage requires a printout documenting the shortest route showing the mileage associated with that route.
4. Reimbursement for rental cars and gas for rental cars requires paid receipts.
5. Reimbursement of parking requires paid parking receipts.
6. Reimbursement of tolls requires a toll receipt or printout of a toll pass paid invoice.

Non-Covered Expenses

1. Meals (other than meals provided through inpatient care).

2. Childcare expenses/babysitting.
3. Extending an otherwise-medical trip for personal reasons.
4. Expenses for more than one caregiver or travel companion.
5. Travel outside of the United States.

Amendment to SPD

As a result of the addition of coverage for travel under the above circumstances, the "Travel Exclusion" on page 63 of the SPD is modified to provide as follows:

"As of July 1, 2025, all Travel, even if associated with treatment and recommended by a doctor, is excluded except for benefits to cover the costs for reimbursement of reasonable travel expenses for Participants, covered Dependent spouses, and covered Dependent children who are receiving major medical and hospital benefits through VHHSBP and who are unable to obtain medically necessary abortion care or medical/surgical care for a mental health condition because there are no In-Network providers within 100 miles of their home. This benefit is limited to $5,000 per participant, covered Dependent spouse, and covered Dependent child per Benefit Cycle, July 1 to June 30 of each year."

Except as explained in this SMM, all other terms and conditions of the Plan remain unchanged. Please consult your SPD for more information.

Please contact the Benefits Office at 212-356-8180 if you have any questions and to request a paper copy of this document.

Sincerely,

The Board of Trustees