

December 13, 2017

Dear Participant:

The Board of Trustees of the USW HRA Fund (“Fund”) has adopted the following changes to the Health Reimbursement Arrangement (“HRA” or “Plan”) provided by the Fund. This letter summarizes the changes.

All page numbers refer to the Summary Plan Description, effective January 1, 2018 (“SPD”), which serves as the plan of benefits for the Fund’s HRA. Please keep this document with your SPD, so that you always know the benefits that you are eligible for and the rules that apply.

If you have any questions about these changes, please contact the USW HRA Fund Office at 800-251-4107 or 855-450-1875, or at 1101 Kermit Drive, Suite 800, Nashville, TN 37217.

Sincerely,

The Board of Trustees
USW HRA Fund

USW HRA FUND

**USW HRA FUND
SUMMARY OF MATERIAL MODIFICATIONS
December 2017**

1. The Fund's address and telephone number changed. Every place that those appear in the SPD, including pages 1, 3, 4, 6, 8, 9, 15, 24, 29, and 33, are revised to reflect the Fund's current address and telephone numbers, which are:

USW HRA Fund Office
1101 Kermit Drive, Suite 800
Nashville, TN 37217
800-251-4107
855-450-1875

2. Effective June 1, 2017, the Union Trustee was changed. The list of Trustees on page 2 is replaced in its entirety as follows:

BOARD OF TRUSTEES

Union Trustee

Mark Rhodes
USW Local 0712
1618 Idaho Street
Lewiston, ID 83501

Employer Trustee

Terrence Sproule
Clearwater Paper Corporation
601 West Riverside Ave., Suite 1100
Spokane, WA 99201

3. Effective January 1, 2018, the 15-month claim submission rule is replaced with a 24-month claim submission rule. The following changes are made to the SPD to reflect this change.
 - a. The third sentence in the third paragraph under "Section 1. How This Plan Works" on page 8 is replaced in its entirety with the following:

In general, claims for Eligible Medical Expenses with a date of service that is more than 24 months prior to the date the claim is received by the Fund Office will not be reimbursed.

- b. The first and second paragraphs under subsection "Reimbursement and Substantiation of Expenses" beginning on page 8 are deleted and replaced in their entirety with the following:

Reimbursement and Substantiation of Expenses

Reimbursements will be made for Eligible Medical Expenses that are incurred. Claim forms for reimbursement of Eligible Medical Expenses must be received by the Fund Office no later than 24 months following the date of service. Claims

received by the Fund Office more than 24 months following the date of service (“Stale Claims”) will not be eligible for reimbursement, except as set forth below.

When a Participant becomes a Retiree, or reaches age 65, whichever occurs first, the Participant may submit one Stale Claim form for reimbursement. To be eligible for reimbursement, the Stale Claim form must be received by the Fund Office within 180 days of the earlier of the date the Participant becomes a Retiree or reaches age 65 (the “Eligibility Period”), and the Stale Claim must otherwise satisfy the requirements for reimbursement set forth in this Section, other than the requirement that a claim be submitted no later than 24 months following the date of service. Only the first Stale Claim form received by the Fund during the Eligibility Period will be eligible for reimbursement.

4. Effective January 1, 2018, the 15-month enrollment period for newborn children is replaced with a 24-month enrollment period. The following changes are made to the SPD to reflect this change.
 - a. The paragraph under “Coverage of Newborn Children” on page 14 is replaced in its entirety with the following:

Coverage of Newborn Children

Eligibility begins at the time of birth for a Participant’s newborn child or a newborn child adopted or placed for adoption with a Participant provided that the child has been properly enrolled in the Plan. However, a newborn child must be added as a Dependent and enrollment information must be received by the Fund Office within 24 months of the child’s birth in order to be covered as of the child’s date of birth. Otherwise, coverage for a newborn child begins on the day the child’s enrollment information is received by the Fund Office.