

NOTICE OF SUMMARY MATERIAL MODIFICATION

Dear Participant and Beneficiaries,

This summary of material modification ("SMM") describes changes to Grace Cottage Medical Insurance ("Plan") and supplements the Summary Plan Description ("SPD") for the Plan. The effective date of each of these changes is indicated below. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

If this summary has been delivered to you by electronic means, you have the right to receive a written summary and may request a copy of this on a written paper document at no charge by contacting the plan administrator.

Benefit Plan Impacted: Medical Insurance

Reason for SMM

- Changes to any of the terms of the plan, not reflected in the most recently provided Summary of Benefits and Coverage (SBC)

Effective Date of Material Modification: 01/15/2022

Summary of Changes:

Please see the attached document for a description of changes impacting your benefits or participation.

Additional Information:

Refer to your Summary Plan Description (SPD) for details of your benefit plans. If you have questions regarding this modification, contact the Plan Administrator at:

Grace Cottage.

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General Plan Information:

Plan Name: Grace Cottage's Health & Welfare Benefit Plan

Plan Number: 505

Plan Sponsor/Plan Administrator: Grace Cottage

SUMMARY OF MATERIAL MODIFICATIONS (SMM)
EFFECTIVE JANUARY 15, 2022

The Medical Benefit Plan(s) offered by the Plan Sponsor and administered by Health Plans, Inc. are amended to include coverage for at-home over-the-counter COVID-19 tests in accordance with the terms the Families First Coronavirus Response Act (FFCRA), the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), and the Affordable Care Act, as applicable. The provisions below have been adopted by the Plan Sponsor and are in addition to, and supersede, any contrary provisions detailed in the Plan Document(s) and/or Summary Plan Descriptions.

The Plan(s) are hereby amended to include the provisions below:

Coverage for at-home over-the counter COVID-19 testing includes the following:

- Coverage of FDA approved at-home over-the-counter COVID-19 tests without any cost sharing (e.g. deductibles, copayments or coinsurance), prior authorization or other medical management requirements (hereinafter referred to as “At-Home COVID Tests”).
- Coverage for At-Home COVID Tests is provided directly through the Plan’s Prescription Benefits Administrator’s (PBM) pharmacy network or preferred retailers with no upfront out of pocket costs.
- If the network pharmacy does not have any At-Home COVID Tests available or the pharmacy has not implemented operations to support direct coverage, Covered Persons can purchase At-Home COVID Tests at an out of network pharmacy or on-line and submit to the PBM for reimbursement which will be limited to the lesser of the cost of the test or \$12.
- Coverage for At-Home COVID Tests is provided exclusively through the PBM benefit. At-Home COVID Tests are not otherwise covered or reimbursable under the Plan.
- The Plan will cover up to 8 At-Home COVID Tests per Covered Person, per 30-day period.