#### 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, Health Reimbursement Account, Cafeteria 125 Plan, Flexible Spending Accounts

#### **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: 01/01/2021

#### **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.

Jennifer Newman 185 Grafton Road, Townshend, VT 05353 jnewman@gracecottage.org (802) 365-3632

#### **General Plan Information:**

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

Plan Number: 505

Plan Sponsor/Plan Administrator: Grace Cottage

#### **GRACE COTTAGE** HEALTH REIMBURSEMENT ARRANGEMENT PLAN AMENDMENT #2 TO THE JANUARY 1, 2016 PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION **EFFECTIVE: JANUARY 1, 2021**

The purpose of this amendment is to correct the ERISA Plan Number. All references to the provisions below that appear in any part of the Plan Document or in any prior amendments are also hereby amended to be consistent with the changes described below.

The Plan Document and Summary Plan Description are hereby amended as follows:

d in its entirety with

SECTION II. GENERAL INFOR the following:	MATION; Plan Numb	er is hereby deleted and replaced
ERISA	A Plan Number:	505
Accepted by: Grace Cottage		
Authorized Signature	Senior Title	Director of Human Resources
Jennifer Newman		2022

Date

Print Name

#### GRACE COTTAGE

## FLEXIBLE BENEFITS PLAN GENERAL PURPOSE MEDICAL CARE REIMBURSEMENT ACCOUNT/DEPENDENT CARE REIMBURSEMENT ACCOUNT AMENDMENT #3 TO THE

### JANUARY 1, 2021 PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION EFFECTIVE: JANUARY 1, 2021

The purpose of this amendment is to correct the ERISA Plan Number. All references to the provisions below that appear in any part of the Plan Document or in any prior amendments are also hereby amended to be consistent with the changes described below.

the changes described below.

<u>SECTION II.</u> GENERAL INFORMATION; Plan Number is hereby deleted and replaced in its entirety with the following:

505

Accepted by:	
Grace Cottage	
Out De	Senior Director of Human Resources
Authorized Signature /	Title
Jennifer Newman	9/8/2022

Date

The Plan Document and Summary Plan Description are hereby amended as follows:

**ERISA Plan Number:** 

Print Name

# GRACE COTTAGE EMPLOYEE GROUP MEDICAL PLAN AMENDMENT #11 TO THE JANUARY 1, 2016 PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION EFFECTIVE: JANUARY 1, 2021

The purpose of this amendment is to correct the ERISA Plan Number. All references to the provisions below that appear in any part of the Plan Document or in any prior amendments are also hereby amended to be consistent with the changes described below.

The Plan Document and Summary Plan Description are hereby amended as follows:

SECTION II. GENERAL INFORMATION; Plan Number is hereby deleted and replaced in its entirety with the following:

ERISA Plan Number: 505

Accepted by:
Grace Cottage

Senior Director of Human Resources
Title

Jennifer Newman 9/8/2022

Print Name

9/8/2022

Date