Group Benefit Plan
Summary of Material Modification

This is a summary of material modification made to your health benefit plan effective August 1, 2025. Please read this summary of material modification carefully and keep it with your Summary Plan Description document for future reference. All other provisions remain as set forth in your Summary Plan Description.

Under Section 1, SCHEDULE OF BENEFITS, the following provision is amended.

1.3 **SELECTING A HEALTH CARE PROVIDER**

This Benefit Plan recognizes the following categories of Health Care Providers:

D. **Nonparticipating Health Care Providers - Protections From Certain Excess Charges**

If a Member receives Covered Services from a Nonparticipating Health Care Provider, the Member will be responsible for notifying the Claims Administrator of the receipt of services by submitting a claim within 12 months after the date of the services. The written notice must include information necessary for the Claims Administrator to determine benefits. Benefit payment will be made directly to the Subscriber for Covered Services received from a Nonparticipating Health Care Provider, except when Covered Services are received from a Nonparticipating ground Ambulance service Health Care Provider. In such cases benefit payment will be made directly to the ground Ambulance service Health care Provider. If the Claims Administrator needs copies of medical records to process the Member's claim, the Member is responsible for obtaining such records from the Nonparticipating Health Care Provider. In addition, the Member will be responsible for compliance with all required authorization provisions. See Section 3, Authorizations.

If you have any questions regarding this summary of material modifications, please contact the Plan Administrator at the address or telephone number listed in your Summary Plan Description.