

## NOTICE OF SUMMARY MATERIAL MODIFICATION

Dear Participant and Beneficiaries,

This summary of material modification ("**SMM**") describes changes to Northwestern Medical Center 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**

- Provisions that establish new conditions or requirements

**Effective Date of Material Modification:** 03/01/2022

**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:

Northwestern Medical Center.

Louise Roucheleau

133 Fairfield St, St Albans, NH 05478

lroucheleau@nmcinc.org

(802) 524-8438

**General Plan Information:**

Plan Name: Northwestern Medical Center's Health & Welfare Benefit Plan

Plan Number: 508

Plan Sponsor/Plan Administrator: Northwestern Medical Center

**AMENDMENT #2**  
**TO THE**  
**SUMMARY PLAN DESCRIPTION**  
for  
**NORTHWESTERN MEDICAL CENTER HSA PLAN - GROUP #2003097**

Effective March 1, 2022, the Northwestern Medical Center HSA Plan is amended as follows:

Within the “**TERMINATION OF COVERAGE**” section, the “PARTICIPANT TERMINATION” and “DEPENDENT TERMINATION” subsections are replaced as follows:

PARTICIPANT TERMINATION

Participant coverage will automatically terminate immediately upon the earliest of the following dates, except as provided in any Continuation of Coverage Provision:

1. On the last day of the month in which the Participant's employment terminates; or
2. On the last day of the month in which the Participant ceases to be eligible for coverage; or
3. The date the Participant fails to make any required contribution for coverage; or
4. The date the Plan is terminated; or
5. The date the Company terminates the Participant's coverage; or
6. The date the Participant dies; or
7. The date the Plan receives the Plan's Health Coverage Waiver Form for the Participant; or
8. For variable hour Employees on the last day of the Coverage Period, unless at the expiration of the Coverage Period, the Participant is otherwise eligible as the result of a subsequent Measurement Period or as a result of being reclassified as a full-time Employee.

A Participant whose Active Service ceases because of Illness or Injury or as a result of any other approved leave of absence may remain covered as an Employee in Active Service for a period of twelve (12) weeks pursuant to the Family and Medical Leave Act. Coverage under this provision will be subject to all the provisions of FMLA if the leave is classified as FMLA leave.

A Participant whose Active Service ceases due to temporary layoff will be considered employed by the Company for the purposes of his/her coverage under this Plan, and such coverage may continue until the end of the month in which the layoff began.

If a Participant's coverage is to be continued during disability, approved leave of absence or temporary layoff, the amount of his or her coverage will be the same as the Plan benefits in force for an active Employee, subject to the Plan's right to amend coverage and benefits.

DEPENDENT TERMINATION

**Each Covered Person, whether Participant or Dependent, is responsible for notifying the Plan Administrator, within sixty (60) days after loss of Dependent status due to death, divorce, legal separation or ceasing to be an eligible Dependent child. Failure to provide this notice may result in loss of eligibility for COBRA Continuation Coverage After Termination.**

Coverage for a Dependent will automatically terminate immediately upon the earliest of the following dates, except as provided in any Continuation of Coverage Provision:

1. On the last day of the month in which the Dependent ceases to be an eligible Dependent as defined in the Plan; or
2. On the last day of the month in which the Participant's coverage terminates under the Plan; or
3. On the last day of the month in which the Participant ceases to be eligible for Dependent Coverage; or
4. The date the Participant fails to make any required contribution for Dependent Coverage; or
5. The date the Plan is terminated; or
6. The date the Company terminates the Dependent's coverage; or
7. On the last day of the month in which the Participant dies; or
8. The date the Plan receives the Plan's Health Coverage Waiver Form for the Dependent whose coverage is to be terminated.

Nothing in this amendment is deemed to change any other provision of the Summary Plan Description of which it becomes a part.

NORTHWESTERN MEDICAL CENTER, INC.

BY: Stephanne Breaux

TITLE: CFO

**AMENDMENT #2**  
**TO THE**  
**SUMMARY PLAN DESCRIPTION**  
**for**  
**NORTHWESTERN MEDICAL CENTER NMC PLAN - GROUP #2003097**

Effective March 1, 2022, the Northwestern Medical Center NMC Plan is amended as follows:

Within the “**TERMINATION OF COVERAGE**” section, the “PARTICIPANT TERMINATION” and “DEPENDENT TERMINATION” subsections are replaced as follows:

**PARTICIPANT TERMINATION**

Participant coverage will automatically terminate immediately upon the earliest of the following dates, except as provided in any Continuation of Coverage Provision:

1. On the last day of the month in which the Participant's employment terminates; or
2. On the last day of the month in which the Participant ceases to be eligible for coverage; or
3. The date the Participant fails to make any required contribution for coverage; or
4. The date the Plan is terminated; or
5. The date the Company terminates the Participant's coverage; or
6. The date the Participant dies; or
7. The date the Plan receives the Plan's Health Coverage Waiver Form for the Participant; or
8. For variable hour Employees on the last day of the Coverage Period, unless at the expiration of the Coverage Period, the Participant is otherwise eligible as the result of a subsequent Measurement Period or as a result of being reclassified as a full-time Employee.

A Participant whose Active Service ceases because of Illness or Injury or as a result of any other approved leave of absence may remain covered as an Employee in Active Service for a period of twelve (12) weeks pursuant to the Family and Medical Leave Act. Coverage under this provision will be subject to all the provisions of FMLA if the leave is classified as FMLA leave.

A Participant whose Active Service ceases due to temporary layoff will be considered employed by the Company for the purposes of his/her coverage under this Plan, and such coverage may continue until the end of the month in which the layoff began.

If a Participant's coverage is to be continued during disability, approved leave of absence or temporary layoff, the amount of his or her coverage will be the same as the Plan benefits in force for an active Employee, subject to the Plan's right to amend coverage and benefits.

DEPENDENT TERMINATION

**Each Covered Person, whether Participant or Dependent, is responsible for notifying the Plan Administrator, within sixty (60) days after loss of Dependent status due to death, divorce, legal separation or ceasing to be an eligible Dependent child. Failure to provide this notice may result in loss of eligibility for COBRA Continuation Coverage After Termination.**

Coverage for a Dependent will automatically terminate immediately upon the earliest of the following dates, except as provided in any Continuation of Coverage Provision:

1. On the last day of the month in which the Dependent ceases to be an eligible Dependent as defined in the Plan; or
2. On the last day of the month in which the Participant's coverage terminates under the Plan; or
3. On the last day of the month in which the Participant ceases to be eligible for Dependent Coverage; or
4. The date the Participant fails to make any required contribution for Dependent Coverage; or
5. The date the Plan is terminated; or
6. The date the Company terminates the Dependent's coverage; or
7. On the last day of the month in which the Participant dies; or
8. The date the Plan receives the Plan's Health Coverage Waiver Form for the Dependent whose coverage is to be terminated.

Nothing in this amendment is deemed to change any other provision of the Summary Plan Description of which it becomes a part.

NORTHWESTERN MEDICAL CENTER, INC.

BY: Stephanne Dreaux

TITLE: CFD