

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

- Modifications that narrow or expand the circumstances under which benefits are paid

Effective Date of Material Modification: 08/01/2022

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 Rocheleau

133 Fairfield St, St Albans, VT 05478

lrocheleau@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 #3
TO THE
SUMMARY PLAN DESCRIPTION
for
NORTHWESTERN MEDICAL CENTER HSA PLAN - GROUP #2003097

Effective August 1, 2022, the Northwestern Medical Center HSA Plan is amended as follows (**red** and *italics* means addition and **red** and ~~strikeout~~ means deletion):

Within the “**SCHEDULE OF MEDICAL BENEFITS - HSA (HDHP) PLAN**”, the “**ALCOHOLISM AND/OR CHEMICAL DEPENDENCY**” and “**MENTAL ILLNESS**” rows are replaced as follows:

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE		
	NMC AND COMMUNITY PROVIDERS	NETWORK (CIGNA OAP)	NON-NETWORK
ALCOHOLISM AND/OR CHEMICAL DEPENDENCY			
Inpatient Facility Services	100% after Deductible if available at NMC	100% after Deductible	No Benefit
Inpatient Professional Provider Services	100% after Deductible if available at NMC	100% after Deductible	No Benefit
Outpatient Facility Services	100% after Deductible if available at NMC	100% after Deductible	No Benefit
Outpatient Professional Provider Services	100% after Deductible if available at NMC	100% after Deductible	No Benefit
Office Visit Services	100% after Deductible if available at NMC	100% after Deductible	No Benefit <i>100% after Deductible</i>
MENTAL ILLNESS			
Inpatient Facility Services	100% after Deductible if available at NMC	100% after Deductible	No Benefit
Inpatient Professional Provider Services	100% after Deductible if available at NMC	100% after Deductible	No Benefit
Outpatient Facility Services	100% after Deductible if available at NMC	100% after Deductible	No Benefit
Outpatient Professional Provider Services	100% after Deductible if available at NMC	100% after Deductible	No Benefit
Office Visit Services	100% after Deductible if available at NMC	100% after Deductible	No Benefit <i>100% after Deductible</i>

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.

DocuSigned by:

Stephanie Breault

BY: _____

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TITLE: Chief Financial Officer

AMENDMENT #3
TO THE
SUMMARY PLAN DESCRIPTION
for
NORTHWESTERN MEDICAL CENTER NMC PLAN - GROUP #2003097

Effective August 1, 2022, the Northwestern Medical Center NMC Plan is amended as follows (**red** and *italics* means addition and **red** and ~~strikeout~~ means deletion):

Within the “**SCHEDULE OF MEDICAL BENEFITS - NMC PLAN OPTION**”, the “**ALCOHOLISM AND/OR CHEMICAL DEPENDENCY**” and “**MENTAL ILLNESS**” rows are replaced as follows:

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	NMC AND COMMUNITY PROVIDERS	NETWORK (CIGNA OAP)	NON-NETWORK
ALCOHOLISM AND/OR CHEMICAL DEPENDENCY			
Inpatient Facility Services	100%, Deductible Waived if available at NMC	100%, Deductible Waived	No Benefit
Inpatient Professional Provider Services	100% after Deductible if available at NMC	100% after Deductible	No Benefit
Outpatient Facility Services	100% after Deductible if available at NMC	100% after Deductible	No Benefit
Outpatient Professional Provider Services	100% after Deductible if available at NMC	100% after Deductible	No Benefit
Office Visit Services	100% after \$5 Copayment, Deductible Waived if available at NMC	100% after \$5 Copayment, Deductible Waived	No Benefit <i>100% after \$5 Copayment, Deductible Waived</i>
MENTAL ILLNESS			
Inpatient Facility Services	100%, Deductible Waived if available at NMC	100%, Deductible Waived	No Benefit
Inpatient Professional Provider Services	100% after Deductible if available at NMC	100% after Deductible	No Benefit
Outpatient Facility Services	100% after Deductible if available at NMC	100% after Deductible	No Benefit
Outpatient Professional Provider Services	100% after Deductible if available at NMC	100% after Deductible	No Benefit
Office Visit Services	100% after \$5 Copayment, Deductible Waived if available at NMC	100% after \$5 Copayment, Deductible Waived	No Benefit <i>100% after \$5 Copayment, Deductible Waived</i>

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

DocuSigned by
NORTHWESTERN MEDICAL CENTER, INC.

Stephanie Breault

BY:

439E2AC22238474

TITLE: Chief Financial officer