

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 benefits or services

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 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

**COVID-19 HOME TESTS AMENDMENT
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 (red and *italics* means change/addition; ~~strikeout~~ means deletion):

Within "PHARMACY BENEFIT", "COST SHARING PROVISIONS - HSA (HDHP) PLAN" is replaced as follows:

COST SHARING PROVISIONS - HSA (HDHP) PLAN

The Deductible combined for Medical Benefits and Pharmacy Benefits will apply to all prescription drugs unless specifically indicated as waived. After the Deductible combined with Medical Benefits is satisfied, Prescriptions are subject to the Copayments.

Deductible per Benefit Period (Combined Medical/Pharmacy)
 Per Covered Person \$3,000
 Per Family \$6,000

Out-of-Pocket Maximum per Benefit Period (Combined Medical/Pharmacy)
 Per Covered Person \$5,000*
 Per Family \$10,000*

*Out-of-Pocket Maximum (combined medical and pharmacy) includes the Pharmacy Deductible and any applicable Pharmacy Copayments. Pharmacy Benefits are payable at 100% after satisfaction of the Pharmacy Out-of-Pocket Maximum for the remainder of the Benefit Period.

Copayment per Prescription (after Deductible)				
Drug Type	NMC and affiliated Pharmacies	Retail PBM Network	Mail Order	Specialty Drug (30-day supply)
Generic	\$5 (30-day) \$15 (90-day)	\$10 (30-day)	\$30 (90-day)	30%
Preferred Brand	\$20 (30-day) \$60 (90-day)	\$40 (30-day)	\$120 (90-day)	30%
Non-Preferred Brand	\$20 (30-day) \$60 (90-day)	\$50 (30-day)	\$150 (90-day)	30%

The following are payable at 100% and are not subject to any Deductible or Copayment:

1. Prescribed generic contraceptives or brand if generic is unavailable;
2. Smoking cessation products prescribed by a Physician or Licensed Health Care Provider; and
3. Over-the-counter (OTC) medications only when prescribed by a Physician or Licensed Health Care Provider, and only if listed as an A or B recommendation as a Preventive Service covered under the Affordable Care Act which can be viewed at: <https://www.healthcare.gov/coverage/preventive-care-benefits/>
4. *COVID-19 home tests up to 8 tests per month.*

Within "MEDICAL BENEFIT EXCLUSIONS", as amended, item 50 is added numerically as follows:

50. *Charges for COVID-19 Home Tests. Coverage is provided as outlined in the Pharmacy Benefit.*

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:

Ryan Hamel

TITLE:

CEO

**COVID-19 HOME TESTS AMENDMENT
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 (**red** and *italics* means change/addition; ~~strikeout~~ means deletion):

Within "PHARMACY BENEFIT", "COST SHARING PROVISIONS - NMC PLAN" is replaced as follows:

COST SHARING PROVISIONS - NMC PLAN OPTION

Pharmacy Deductible per Benefit Period

Per Covered Person..... \$50

NMC and affiliated pharmacies are not subject to the Pharmacy Deductible. Pharmacy Deductible applies only to retail PBM Network prescription drug charges payable through the Plan's PBM unless specifically indicated as waived. After satisfaction of the Pharmacy Deductible, Pharmacy Copayments apply as stated in this section.

Out-of-Pocket Maximum per Benefit Period (Combined Medical/Pharmacy)

Per Covered Person..... \$3,000*

Per Family \$6,000*

*Out-of-Pocket Maximum (combined medical and pharmacy) includes the Pharmacy Deductible and any applicable Pharmacy Copayments. Pharmacy Benefits are payable at 100% after satisfaction of the Pharmacy Out-of-Pocket Maximum for the remainder of the Benefit Period.

Copayment per Prescription				
Drug Type	NMC and affiliated Pharmacies	Retail PBM Network	Mail Order	Specialty Drug (30-day supply)
Generic	\$5 (30-day) \$15 (90-day)	\$10 (30-day)	\$30 (90-day)	30%
Preferred Brand	\$20 (30-day) \$60 (90-day)	\$40 (30-day)	\$120 (90-day)	30%
Non-Preferred Brand	\$20 (30-day) \$60 (90-day)	\$50 (30-day)	\$150 (90-day)	30%

The following are payable at 100% and are not subject to any Deductible or Copayment:

1. Prescribed generic contraceptives or brand if generic is unavailable;
2. Smoking cessation products prescribed by a Physician or Licensed Health Care Provider; and
3. Over-the-counter (OTC) medications only when prescribed by a Physician or Licensed Health Care Provider, and only if listed as an A or B recommendation as a Preventive Service covered under the Affordable Care Act which can be viewed at:
<https://www.healthcare.gov/coverage/preventive-care-benefits/>
4. ***COVID-19 home tests up to 8 tests per month.***

Within "MEDICAL BENEFIT EXCLUSIONS", as amended, item 50 is added numerically as follows:

50. *Charges for COVID-19 Home Tests. Coverage is provided as outlined in Pharmacy Benefit.*

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: Arian Hamel

TITLE: Chief People Officer