

**SUMMARY OF MATERIAL MODIFICATIONS
for the**

G&A Outsourcing Section 125 Cafeteria Plan
(Name of Plan)

**I
INTRODUCTION**

This is a Summary of Material Modifications regarding the G&A Outsourcing Section 125 Cafeteria Plan ("Plan"). This is merely a summary of the most important changes to the Plan and information contained in the Summary Plan Description ("SPD") previously provided to you. It supplements and amends that SPD so you should retain a copy of this document with your copy of the SPD. If you have any questions, contact the Administrator. If there is any discrepancy between the terms of the Plan, as modified, and this Summary of Material Modifications, the provisions of the Plan will control.

**II
SUMMARY OF CHANGES**

This amendment is effective January 1, 2020.

You may now request reimbursement for the purchase of "over the counter" drugs without a prescription.

You may now request reimbursement of the purchase of menstrual care products, including tampons, pads, and other products.

You may now request reimbursement of telehealth services.

You may now request reimbursement for the purchase of personal protective equipment, such as masks, hand sanitizer, sanitizing wipes and any other equipment for the primary purpose of preventing the spread of COVID-19. For plan year 2020, you may have a change in status for health insurance (including medical, dental or vision) coverage:

- You may elect to enroll in medical health coverage on a prospective basis if you declined it during our enrollment period.
- You may elect to revoke your existing coverage and change it to another coverage option we offer (individual to family coverage, for example). If electing to enroll in different coverage, participant may elect a less expensive option but cannot move to a richer plan. Changes are allowed one time.
- You may elect to revoke your coverage with our insurance and enroll in coverage provided by another provider, including on the Health Exchange. However, you must sign a form stating that you will be obtaining coverage through other means.

For plan year 2021, you may have a change in status for health insurance (including medical, dental or vision) coverage:

- You may elect to enroll in medical health coverage on a prospective basis if you declined it during our enrollment period.
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- You may elect to revoke your existing coverage and change it to another coverage option we offer (individual to family coverage, for example). If electing to enroll in different coverage, participant may elect a less expensive option but cannot move to a richer plan. Changes are allowed one time.
- You may elect to revoke your coverage with our insurance and enroll in coverage provided by another provider, including on the Health Exchange. However, you must sign a form stating that you will be obtaining coverage through other means.

For plan year 2020, you may have a change in status for your Health Flexible Spending Account as described below.

- You may elect to contribute to your Health Flexible Spending Account if you declined to do so during the enrollment period.
- You may elect to increase your Health Flexible Spending Account, up to the maximum that we allow (*Plan annual maximum*).
- You may elect to decrease the amount you contribute to your Health Flexible Spending Account on a prospective basis (*however, it may not be less than the amount you have already contributed to the plan or have already been reimbursed, if greater*).

For plan year 2020, you may have a change in status for Dependent Care Flexible Spending Account:

- You may elect to contribute to your Dependent Care Flexible Spending Account if you declined to do so during the enrollment period.
- You may elect to increase your Dependent Care Flexible Spending Account, up to the maximum that we allow (*Plan annual maximum*).
- You may elect to decrease the amount you contribute to your Dependent Care Flexible Spending Account on a prospective basis (*however, it may not be less than the amount you have already contributed to the plan or have already been reimbursed, if greater*).

For plan year 2021, you may have a change in status for your Health Flexible Spending Account as described below.

- You may elect to contribute to your Health Flexible Spending Account if you declined to do so during the enrollment period.
- You may elect to increase your Health Flexible Spending Account, up to the maximum that we allow (*Plan annual maximum*).
- You may elect to decrease the amount you contribute to your Health Flexible Spending Account on a prospective basis (*however, it may not be less than the amount you have already contributed to the plan or have already been reimbursed, if greater*).

For plan year 2021, you may have a change in status for Dependent Care Flexible Spending Account:

- You may elect to contribute to your Dependent Care Flexible Spending Account if you declined to do so during the enrollment period.
- You may elect to increase your Dependent Care Flexible Spending Account, up to the maximum that we allow (*Plan annual maximum*).
- You may elect to decrease the amount you contribute to your Dependent Care Flexible Spending Account on a prospective basis (*however, it may not be less than the amount you have already contributed to the plan or have already been reimbursed, if greater*).

For Plans ending between 12/31/20 and 12/31/21, you may carryover a minimum of \$25 up to the remaining balance in your Dependent Care Flexible Spending Account. This means that amounts you did not use during the Plan Year can be carried over for 12 months after the end of the Plan Year and used for expenses incurred in the next Plan Year.

The deadlines for submitting claims, notifying the plan administrator of certain HIPAA special enrollment rights or certain COBRA qualifying events, electing COBRA coverage and making COBRA payments and making appeals, will be extended due to the pandemic. Your Administrator will provide you with details.