

## **PLAN DOCUMENT AMENDMENT & SUMMARY OF MATERIAL MODIFICATION**

This Summary of Material Modification (SMM) is being delivered to be attached to your Summary Plan Description (SPD). This document will also serve as an amendment to the Plan Document maintained by the Employer. Keep this SMM with your SPD for future reference. The changes described below have been adopted and executed by the Employer. You can request a copy of your SPD - Plan Documents from your Benefits Coordinator. These changes in no way effect any other term or condition stated in your Summary Plan Description unless that specific term is mentioned below.

### **Over The Counter Products (OTC)**

The limitations on OTC products stated in the SPD and Plan Document are removed. OTC products no longer require a prescription and can be reimbursed under your plan. OTC products must be for diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body. OTC products that are beneficial to an individual's general health are not covered unless they are determined by a physician to be necessary to treat or alleviate a specific physical or mental illness. Amounts paid for menstrual care products shall be treated as paid for medical care. The changes described above are effective for amounts paid on or after January 1, 2020 and continue in force until amended by the Employer.

### **The Family And Medical Leave Act ('The FMLA') and Unpaid Leave.**

The FMLA requires employers with 50 or more employees to provide unpaid leave for eligible employees under circumstances that are prescribed by applicable federal law, including the Family and Medical Leave Act of 1993 (29 U.S.C. 2611) as amended.

The payment option(s) for coverage while on unpaid Family Medical Leave Act leave and for unpaid leave for Healthcare Account Plans are:

- 1) Pre-pay. Under this option, you will pay your election amounts that will be due during your leave, before your FMLA leave begins. The payments may be either pre-tax or after-tax, according to the terms of your Salary Reduction Agreement.
- 2) Pay-as-you-go. Under this option, you will pay your share of your election amounts on the same schedule as if You were not on leave. If you fail to make payments under this Pay-as-you-go option, Your Employer is not required to continue coverage. However, if your Employer chooses to continue coverage, your employer is entitled to collect these amounts from you after You return from the FMLA leave.

If an Accountholder's coverage under the Plan ceased while on FMLA leave, the Accountholder will be entitled to resume coverage upon return from leave on the same participation basis in effect prior to the leave, or as otherwise required under the FMLA. The Accountholder will be entitled to elect reinstatement in the Plan at the coverage level that was in effect before the FMLA leave, with increased contributions if necessary, to reach their annual election. Or, the Accountholder can continue with the amount withheld from the Accountholder's compensation on payroll-by-payroll basis equal to the amount withheld before the FMLA leave.

In addition to the FMLA rights described above, this Plan will comply with the Emergency Family and Medical Leave Expansion Act (EFMLEA) by providing paid EFMLEA leave for a 'qualifying need related to a public health emergency', with respect to leave, means the employee is unable to work (or telework) due to a need for leave to care for the son or daughter under 18 years of age if the school or place of care has been closed, or the child care provider is unavailable, due to a public health emergency. This EFMLEA leave is mandated for all employers who employ fewer than 500 employees for any employee who has worked at least 30 calendar days with the employer with respect to whom leave is requested. This will apply to EFMLEA taken for dates starting April 1, 2020 and ending December 31, 2020. In no event shall such paid leave exceed \$200 per day and \$10,000 in the aggregate. Contact your Company or its FMLA Service Provider for details on required documentation to take EFMLEA leave, the payment options available for your elected Benefit Plans while you are on EFMLEA leave, and whether you have rights to be reinstated in your elected Benefit Plans when you return.

NOTE: Under the EFMLEA law, small employers with fewer than 50 employees and health care providers can be exempt from EFMLEA leave. If an employer is exempt, then the additional rights described above for EFMLEA will not be provided.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Employer: \_\_\_\_\_

By: \_\_\_\_\_

Printed: \_\_\_\_\_

Title: \_\_\_\_\_