# Employee Benefit Plan Summary of Material Modifications

## Benefits Summary: What's New for 2021

**This document summarizes important changes to The Langdale Company Employee Benefit Plan. If you have any questions regarding the changes summarized in this Summary of Material Modifications ("SMM"), you should contact the Plan Administrator at the contact information provided below. You should keep a copy of this SMM with your Summary Plan Description for future reference.**

The Langdale Company ("Langdale") sponsors The Langdale Company Employee Benefit Plan (the "Plan"). The Plan provides eligible Langdale employees with various health care benefit coverage options, as provided by the Plan's Summary Plan Description and Plan Documents.

**If there is a conflict between this Benefit Summary and the Plan's Summary Plan Description (SPD), the SPD will control.**

**Summary of Changes:**

The following is a description of changes made to the **Health Plan**:

1. Section 1. Introduction. **New information regarding COVID-19 Relief:**

**Important Updates Regarding COVID-19 Relief – Tolling of Certain Plan Deadlines**

In accordance with 85 FR 26351, "Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by the COVID-19 Outbreak," notwithstanding any existing Plan language to the contrary, the Plan will disregard the period from March 1, 2020 until sixty (60) days after (1) the end of the National Emergency relating to COVID-19 and declared pursuant to 42 U.S.C. § 5121 *et seq.* or (2) such other date announced by the Departments of Treasury and/or Labor, for purposes of determining the following periods and dates:

1) The 30-day period (or 60-day period, if applicable) to request special enrollment under ERISA section 701(f) and Internal Revenue Code section 9801(f);
2) The 60-day election period for COBRA continuation coverage under ERISA section 605 and Internal Revenue Code section 4980B(f)(5);
3) The date for making COBRA premium payments pursuant to ERISA section 602(2)(C) and (3) and Internal Revenue Code section 4980B(f)(2)(B)(iii) and (C);
4) The date for individuals to notify the Plan of a qualifying event or determination of disability under ERISA section 606(a)(3) and Internal Revenue Code section 4980B(f)(6)(C);
5) The date within which individuals may file a benefit claim under the Plan's claims procedure pursuant to 29 CFR 2560.503-1;
6) The date within which Claimants may file an appeal of an Adverse Benefit Determination under the Plan's claims procedure pursuant to 29 CFR 2560.503-1(h);
7) The date within which Claimants may file a request for an external review after receipt of an Adverse Benefit Determination or Final Internal Adverse Benefit Determination pursuant to 29 CFR 2590.715-2719(d)(2)(i) and 26 CFR 54.9815-2719(d)(2)(i); and
8) The date within which a Claimant may file information to perfect a request for external review upon a finding that the request was not complete pursuant to 29 CFR 2590.715-2719(d)(2)(ii) and 26 CFR 54.9815-2719(d)(2)(ii).

This period may also be disregarded in determining the applicable date for the Plan's duty to provide a COBRA election notice under ERISA section 606(c) and Internal Revenue Code section 4980B(f)(6)(D), however, note that the Plan intends to continue follow all established COBRA parameters.

2. Section 5. Schedule of Benefits. **New Preventive/Wellness benefit:**

   (1) Testing for the 2019 Novel Coronavirus (COVID-19) – is covered at 100% without cost-sharing.

3. Section 5. Schedule of Benefits. **Changes in Preventive/Wellness benefits:**

   (1) Skin cancer behavioral counseling – age range increased from 10-24 years to persons aged 6 months to 24 years,
   (2) Osteoporosis screening – benefit expanded to postmenopausal women younger than 65 years at increased risk of osteoporosis,

(3) Breast pump kit – updated to:

- Double Electric pump kit, one time only
- Manual pump kit, one per subsequent pregnancy

4. Section 5. Schedule of Benefits. **New benefits:**

The following benefits were added to this Plan:

(1) Physical Therapy treatments provided by Chiropractors are now a covered benefit
(2) Telehealth office visit (outside of the Telehealth Mobile Clinic) – $15 Co-Payment; applicable to primary care providers (PCP) and behavioral health/substance use disorders counseling
(3) Telehealth Mobile Clinic – No Cost to Employees; Includes telehealth office visit with Miller County Hospitals' medical staff, lab tests performed by Clinch Memorial Hospital; and medication filled by Chancy Drugs.

5. Section 9. Wellness Program. **Changes in Wellness Program contact information:**

(1) Human Resources phone number changed to (229) 219-2336

6. Section 10. Defined Terms**. The following definition was added:**

**2019 Novel Coronavirus (COVID-19).** Covered Expenses associated with testing for COVID-19 include the following:

- *Diagnostic Tests.* The following items are covered at 100%, deductible waived, as provided in the Families First Coronavirus Response Act (FFCRA) and Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and notwithstanding any otherwise-applicable Medical Necessity or Experimental and/or Investigational requirements, and do not require Pre-Certification. These items are paid at the negotiated rate, if one exists. If no negotiated rate exists, the Plan will pay the cash price publicly posted on the Provider's website, or such other amount as may be negotiated by the Provider and Plan. If the cash price is not posted, reimbursement will be made in accordance with the current Plan terms.
    - In vitro diagnostic products for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19 (including all costs relating to the administration of such in vitro diagnostic products) which satisfy **one** of the following conditions:
        - that are approved, cleared, or authorized by the FDA;
        - for which the developer has requested or intends to request emergency use authorization under Section 564 of the Federal Food, Drug, and Cosmetic Act, unless and until such emergency use authorization request has been denied or the developer does not submit a request within a reasonable timeframe;
        - that are developed in and authorized by a State that has notified the Secretary of Health and Human Services of its intention to review tests intended to diagnose COVID-19; or

        - that are deemed appropriate by the Secretary of Health and Human Services.
    - Items and services furnished during an office visit (including both in-person and telehealth), urgent care visit, or emergency room visit which results in an order for or administration of an in vitro diagnostic product described above. Such items and services must relate to the furnishing of such diagnostic product or evaluation of the individual for purposes of determining the need for such product.
- *Qualifying Coronavirus Preventive Services.* The following items are covered at 100%, deductible waived, and do not require Pre-Certification.
    - An item, service, or immunization that has in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force; and
    - An immunization that has in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved.
- *Telehealth and Other Communication-Based Technology Services*. Participants can communicate with their doctors or certain other practitioners without going to the doctor's office in person. This is recommended if a Participant believes he or she has COVID-19 symptoms.
- *Requests for Prescription Refills*. When considering whether to cover a greater-than-30-day-supply of drugs, the Plan and its Prescription Drug Plan Administrator will, on a case-by-case, basis, consider each request and make decisions based on the circumstances of the patient.

The above benefits are specific to Diagnosis COVID-19. Participants who have been diagnosed with COVID-19 will continue to receive all other benefits covered by the Plan, in accordance with the Plan's guidelines.

7. Section 11. Plan Exclusions. **The following exclusions were modified:**

**Robotic Charges.** This Plan considers computer-aided tools and techniques (inclusive of HCPCS code S2900) to be integral to the primary surgical procedure and not a separately reimbursed service.