

Summary of Material Modifications

To: Participants
From: Lemek LLC
Director of Human Resources
Re: Amendment to the Lemek LLC Health and Welfare Plan
Benefit Plan Changes and Mandatory Legislative Updates
Effective Date: August 1, 2023

This Summary of Material Modifications (SMM) describes changes to the Lemek LLC Health and Welfare Plan (Plan) and supplements or modifies the information presented in your Summary Plan Description (SPD) with respect to the Plan. You should keep this SMM with the Plan's SPD and associated benefits documents provided to you upon enrollment in each benefit plan.

Summary of Plan Changes

- 1. Benefit Plan Changes.** Lemek LLC hereby amends the Plan to modify the Plan's appointed group insurance policy issuers and contract administrators as follows:
 - Effective 8/1/22, Lemek LLC has added Voluntary Worksite Benefits (Accident, Critical Illness, Hospital Indemnity) and Executive Long-Term Disability benefits to the Standard Insurance Company policy.
 - Effective 8/1/22, Lemek LLC has terminated the UnitedHealthcare Dental insurance policy and replaced it with a similar benefit plan component insured by The Standard Insurance Company.
 - Effective 8/1/23, Lemek LLC has added a Health Reimbursement Arrangement (HRA) to the WEX Health, Inc. administration.

As of the Effective Date, the attached Appendix A ("Insurance Policy Issuers and Contract Administrators of Component Plans") and Appendix B ("Claims Administrator Contact Information") (**Attachment 1**) lists the Plan's appointed insurance policy issuers/contract administrators and claims administrators and shall supersede all prior versions of the same Appendices A and B to your SPD.

- 2. Expansion of the ACA's Patient Protections.** The Consolidated Appropriations Act of 2021 ("CAA") expands upon the original ACA patient protection rules.
 - a.** Effective as of January 1, 2022, the "Patient Protections" provisions under the "Affordable Care Act" section of the SPD's "ADDITIONAL HEALTH PLAN PROVISIONS" section shall be replaced in its entirety with the following:

Patient Protections

Designation of Primary Care Provider and Pediatrician. If a group health plan requires or allows a participant to designate a primary care provider (including for dependent child(ren)), or if the plan automatically designates a primary care provider for a participant, then the participant has the right to designate any primary care provider who participates in the group health plan's network and who is available to accept the participant or participant's family members. For dependent children this means a physician (allopathic or osteopathic) who specializes in pediatrics (including pediatric subspecialties).

Direct Access to Obstetrical and Gynecological Care. A participant, regardless of age, shall not need prior authorization from a group health plan or from any other person (including a primary care provider) to obtain access to obstetrical or gynecological care from a health care professional in the Plan's network who specializes in obstetrics or gynecology.

- b.** Effective as of January 1, 2022, the following new section ("Emergency Services and Surprise Medical Billing Protections") is hereby added to the SPD's "ADDITIONAL HEALTH PLAN PROVISIONS" section:

Emergency Services and Surprise Medical Billing Protections

Emergency Services. A group health plan that covers emergency services generally must provide such services regardless of whether the provider is in- or out-of-network and without requiring prior authorization. The group health plan generally cannot impose any cost-sharing requirement (i.e., copayment, coinsurance, deductible) greater than (or an administrative requirement/limitation more restrictive than) what would be imposed if the services were provided in-network.

Nonemergency Services. A group health plan that covers out-of-network nonemergency services performed in an in-network facility generally must cover such services without any cost-sharing requirement that is greater than would apply if provided in-network. However, the out-of-network provider is not prohibited from balance billing certain services so long as the participant receives prior notice and consents to the treatment.

Any cost-sharing payments made by a participant for the above out-of-network emergency or nonemergency services must count towards the group health plan's in-network deductible (if applicable) and out-of-pocket maximum.

Continuity of Care. When a group health plan provider ceases to be an in-network provider during a continuing care patient's ongoing course of treatment (as specified under the CAA) the plan generally must provide timely notice to the participant and potentially provide transitional care under the same terms and conditions as would have applied had no change occurred.

- 3. Updated Premium Assistance Under Medicaid and CHIP Notice.** Your SPD's Appendix D "Premium Assistance under Medicaid and CHIP" is amended by replacing it in its entirety to update the list of states that provide group health plan premium assistance.

As of January 31, 2023, the attached Appendix D (Attachment 2) shall supersede all prior versions of the same Appendix D to your SPD.

All other Plan provisions remain unchanged so long as they are consistent with these material modifications.

For additional information regarding the Plan or to request a copy of the Plan's SPD contact:

Lemek LLC
Attn: Director of Human Resources
8184 Lark Brown Road
Elkridge, MD 21075
443-552-0702 or jphillips@lemekllc.com

If this SMM was delivered to you by electronic means, you have the right to receive a paper copy of the SMM upon request.

Plan Information:

Plan Name: Lemek LLC Health and Welfare Plan
Plan Number: 501
Plan Year: August 1 through July 31 of the following calendar year

APPENDIX A

LEMEK LLC HEALTH AND WELFARE PLAN SUMMARY PLAN DESCRIPTION

Insurance Policy Issuers and Contract Administrators of Component Plans

This Appendix A reflects the Plan benefits as of August 1, 2023. The Benefit Documents for the following Component Plans are incorporated by reference herein. All subsequent updates to such Benefit Documents will supersede any earlier versions for the periods defined in the updated materials.

Fully-Insured Component Plans	Policy/Group No.	Type of Benefit
Standard Insurance Company 1100 Southwest Sixth Avenue, Suite 711 Portland, OR 97204	159795	Dental – PPO Basic Life/AD&D Voluntary Life Voluntary AD&D Short-Term Disability Long-Term Disability Employee Assistance Program (EAP) Voluntary Worksite Benefits (Accident, Critical Illness, Hospital Indemnity)
Vision Service Plan (VSP) 3333 Quality Drive Rancho Cordova, CA 95670	12305389	Vision

Self-Insured Component Plans	Contract No.	Type of Benefit
UnitedHealthcare 185 Asylum Street Hartford, CT 06103-3408	911538	Medical – POS
WEX Health, Inc. 4321 20th Avenue South Fargo, ND 58103	20725	General-Purpose Health FSA Health Reimbursement Arrangement (HRA)

Non-ERISA Benefits. In addition to the above Component Plans, eligible employees are offered non-ERISA welfare benefits. Such non-ERISA benefits are not governed by ERISA or the “Statement of ERISA Rights” section of this SPD, and include the following benefit plan(s):

Dependent Care FSA administered by WEX Health, Inc.

APPENDIX B

LEMEK LLC HEALTH AND WELFARE PLAN SUMMARY PLAN DESCRIPTION

Claims Administrator Contact Information

Use the address and phone number provided on your ID Card if different.

Benefit Type	Claims/Claims Appeals Contact Information		
	Mailing Address	Phone No.	Online
Medical	UnitedHealthcare Attn: Claims Department PO Box 740800 Atlanta, GA 30374-0800 <u>Claims Appeals:</u> UnitedHealthcare Attn: Claims Appeals P.O. Box 740816 Atlanta, GA 30374-0816	866-633-2446	www.myuhc.com
Dental	The Standard Attn: Group Claims PO Box 82622 Lincoln, NE 68501 <u>Claims Appeals:</u> The Standard Attention: Quality Control PO Box 82629 Lincoln, NE 68501-2629	800-547-9515 <u>Appeals:</u> 888-418-6811	www.standard.com
Vision	VSP Attn: Claims Department PO Box 385018 Birmingham, AL 35238-5018 <u>Claims Appeals:</u> VSP Vision Care Attn: Appeals Department 3333 Quality Drive Rancho Cordova, CA 9567	800-877-7195	www.vsp.com
Health FSA HRA	WEX Health, Inc. Attn: Claims Administration PO Box 2926 Fargo, ND 58108	866-451-3399	www.wexinc.com/login/benefits-login
Life/AD&D	The Standard Attn: Employee Benefits Department PO Box 2800 Portland, OR 97208	800-628-8600	www.standard.com/individual

Benefit Type	Claims/Claims Appeals Contact Information		
	Mailing Address	Phone No.	Online
STD	The Standard Attn: Employee Benefits Department PO Box 2800 Portland, OR 97208	800-368-2859	www.standard.com/individual
LTD	The Standard Attn: Employee Benefits Department PO Box 2800 Portland, OR 97208	800-368-1135	www.standard.com/individual
Voluntary Worksite Benefits	The Standard Attn: Employee Benefits Department PO Box 85508 Lincoln, NE 68501-5508	866-851-5505	www.standard.com

APPENDIX D

LEMEK LLC HEALTH AND WELFARE PLAN SUMMARY PLAN DESCRIPTION

Premium Assistance under Medicaid and CHIP

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility.

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Medicaid and CHIP+	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

<p align="center">GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479</p> <p>All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
<p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children’s Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)</p>
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
<p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
TEXAS – Medicaid	UTAH – Medicaid and CHIP
<p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>	<p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924</p>
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
<p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565