

# Summary of Material Modifications

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**To:** Participants  
**From:** Lemek, LLC (Lemek)  
Director of Human Resources  
**Re:** Amendment to the Lemek LLC Health and Welfare Plan  
Benefit Policy Details Changes

**Effective Date:** August 1, 2025

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 hereby amends the Plan to modify the Plan's appointed group insurance policy issuers as follows:

- UnitedHealthcare Insurance Company replaces Standard Insurance Company as the insurance issuer for the Plan's Dental, Voluntary Accident, Voluntary Critical Illness, and Voluntary Hospital Indemnity benefits.

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.

**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](mailto: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, 2025. 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	Basic Life/AD&D Voluntary Life Voluntary AD&D Short-Term Disability Long-Term Disability Employee Assistance Program (EAP)
Vision Service Plan (VSP) 3333 Quality Drive Rancho Cordova, CA 95670	12305389	Vision
UnitedHealthcare 185 Asylum Street Hartford, CT 06103-3408	911538	Dental - PPO Voluntary Accident Voluntary Critical Illness Voluntary Hospital Indemnity

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	<a href="http://www.myuhc.com">www.myuhc.com</a>
Dental	UHC (Dental) Attn: Dental Claims PO Box 30567 Salt Lake City, UT 84130-0567	866-877-6187	<a href="http://www.myuhc.com">www.myuhc.com</a>
Vision	<u>In-Network:</u> VSP PO Box 495907 Cincinnati, OH 45249-5907  <u>Out-of-Network:</u> VSP PO Box 495918 Cincinnati, OH 45249-5918	800-877-7195	<a href="http://www.vsp.com/faqs/claims-reimbursement">www.vsp.com/faqs/claims-reimbursement</a>
Health FSA HRA	WEX Health, Inc. Attn: Claims Administration PO Box 2926 Fargo, ND 58108	866-451-3399	<a href="http://www.wexinc.com/login/benefits-login">www.wexinc.com/login/benefits-login</a>
Life/AD&D	The Standard Attn: Employee Benefits Department PO Box 2800 Portland, OR 97208	800-628-8600	<a href="http://www.standard.com/individual">www.standard.com/individual</a>
STD	The Standard Attn: Employee Benefits Department PO Box 2800 Portland, OR 97208	800-368-2859	<a href="http://www.standard.com/individual">www.standard.com/individual</a>

Benefit Type	Claims/Claims Appeals Contact Information		
	Mailing Address	Phone No.	Online
LTD	The Standard Attn: Employee Benefits Department PO Box 2800 Portland, OR 97208	800-368-1135	<a href="http://www.standard.com/individual">www.standard.com/individual</a>
Voluntary Worksite Benefits	UHC Specialty Benefits Attn: VWB Claims PO Box 7466 Portland, ME 04112-7466	888-299-2070	<a href="http://www.myuhc.com">www.myuhc.com</a>