



# **Employee Benefit Plan Summary of Material Modifications**

## **Benefits Summary: What's New for 2022**

**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. Change to application of certain extensions under Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) for the election of COBRA coverage and payment of COBRA premiums:**

The disregarded period (one calendar year) for an individual to elect COBRA continuation coverage and the disregarded period (one calendar year) for the individual to make initial and subsequent COBRA premium payments will generally run concurrently.

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

(1) COVID-19 Vaccination

(2) Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. This benefit is in effect as of September 17, 2021, and includes:

- FDA-Approved Medication – Descovy and Truvada
- Kidney function testing (creatinine)
- Serologic testing for hepatitis B and C virus
- Testing for other STIs
- Pregnancy testing when appropriate
- Ongoing followup and monitoring including HIV testing every 3 months

(3) Pregnancy-related Wellness: Chlamydia and Gonorrhea Screening

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

(1) Page 5-2, Colorectal cancer screening should read:

Colorectal Cancer Screening - age 45-75 by any of the following methods:

- Fecal occult blood testing (FOBT)/fecal immunochemical test (FIT) annually; or
- Sigmoidoscopy every five years; or
- Colonoscopy every 10 years; or
- Computed tomographic colonography (virtual colonoscopy) every five years; or
- Double contrast barium enema (DCBE) every five years
- Stool-based deoxyribonucleic acid (DNA) (i.e., Cologuard) every one to three years

(2) Page 5-3, Diabetes screening should read:

Prediabetes and Type 2 Diabetes Screening – in adults aged 35 to 70 years who are overweight or obese

(3) Page 5-5, Delete:

“Digital breast tomosynthesis (3D mammography) is covered by the Plan when used as an alternative to the standard (2D) mammography. If both techniques are performed on the same day, the 3D mammography will be denied.”

(4) Page 5-4, Pregnancy-related Wellness change to Gestational diabetes from “24-28 weeks gestation” to “at 24 weeks or later”

(5) Page 5-13, Diabetes Management Pharmacy Benefits changes:

- The Plan now allows 90-day medication supply in addition to 34-day supply
- The Copayment for Tier 1, Tier 2, and Tier 3 medications was removed; The Diabetes Management Program now offers medications at no cost to Participants

4. Section 8. Utilization Management Program. Changes in Pre-Authorization Requirements:

(1) The following requirement is removed:

Intensive Outpatient Programs or Partial Hospitalizations for treatment of mental health or substance abuse

(2) During the Outbreak Period of COVID-19, this Plan waives the pre-authorization requirement for oxygen and supplies.

5. Section 9. Wellness Program. Changes in Wellness Program:

(1) Benefits of the program should read:

- Diabetic medications and testing supplies as well as medications to treat associated chronic diseases, which include: hypertension (high blood pressure), hyperlipidemia (high cholesterol), asthma, and cardiovascular diseases, at no cost to participants
- Glucose meters will be provided free of charge, one per year
- Regular A1C screenings free of charge
- A comprehensive medical review of program participant's medications will be performed
- Educational opportunities free of charge
- One-on-one meetings with the Health Advocate in a private and secure environment to assess participant's progress and opportunities for improvement

(2) Requirements of the program should read:

- All participant medications must be filled through the FiveStar Telehealth Clinic
- Participate in one educational event per quarter covering nutrition, general diabetes, exercise, blood sugar readings and impaired healing. The following education events are approved for this program:
  - i. Chancy Drugs' educational classes
  - ii. Training at a local hospital – Certification of Completion required
  - iii. Education Session with the Health Advocate
  - iv. Education courses through Health Portal – limited to one per year  
(Contact TLC Benefit Solutions for the schedule of events or how to access quizzes modules online)
- Take A1C test as required (8 or higher = update every 3 months; less than 8 = update every 6 months)

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

**Gastric Sleeve Surgery.** Helps obese patients lose weight by making them feel full more quickly, which reduces the intake of food. In gastric sleeve surgery, 80 percent of the patient's stomach is removed, and what remains resembles a "sleeve," hence the name. The procedure and the weight loss program associated with the procedure must be approved in advance by the Utilization Management. Patient adherence with recommended pre-surgery diet and lifestyle changes for a minimum of three (3) months is essential to the approval process.

You may be a candidate for weight loss surgery if you meet the following criteria:

- BMI of 40 or greater with or without coexisting medical problems,
- BMI of 35 or greater with one or more obesity-related co-morbidities, including type II diabetes, hypertension, obstructive sleep apnea (OSA), and hyperlipidemia,
- Inability to achieve sustainable weight loss with prior weight loss efforts.

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

**Obesity.** Care and treatment of obesity, including but not limited to gastric by-pass surgery and gastric banding, weight loss or dietary control whether or not it is, in any case, a part of the treatment Plan for another Sickness. This Plan offers limited bariatric benefit, refer to Gastric Sleeve Surgery in Section 10. Defined Terms. Obesity screening and counseling, when part of Preventive/Wellness exam, are covered under the Plan.

8. Section 11. Plan Exclusions. The following exclusion was removed:

**Residential Treatment.** A residential program or live-in facility to treat substance abuse, mental illness, or behavioral problems is not covered under the Plan.