

## **An Important Notice Regarding Changes to the Smiths Group Services Corp. Employee Benefit Plans**

### **Summary of Material Modifications**

May 2023

This Notice is a summary of material modifications (SMM) to the Smiths Group Services Corp. employee benefit plans which are subject to ERISA (collectively, the Plans”). A complete list of the Plans can be found at [smithsgroupprofitscenter.com](https://smithsgroupprofitscenter.com).

This SMM amends and updates the summary plan description (SPD) for the Plans to reflect changes on account of the COVID-19 national emergency and the COVID-19 public health emergency. You should keep this SMM together with your SPD and other documents related to the Plans. This SMM must be read together with the SPD. If you have any questions about this SMM or you need an additional copy of the SPD for any of the Plans, you should contact the Smiths Group Benefits Center at 1.866.330.6555. You can also find the SPD for the Plans on the website for the Smiths Group Benefits Center at [smithsgroupprofitscenter.com](https://smithsgroupprofitscenter.com) (click the Resource page).

### **COVID-19 Testing and Other Services**

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This change applies to the Medical Plan.

#### **Coverage for COVID-19 Testing and Other Services:**

During the COVID-19 public health emergency, the Medical Plan covered (at no cost to you) your expenses for COVID-19 diagnostic testing (including the related visit to receive the testing), COVID-19 vaccines, and over-the-counter COVID-19 tests. The Secretary of the Department of Health and Human Services (HHS) has announced that the public health emergency will end on May 11, 2023.

**This means that effective May 12, 2023 the following important changes will apply to the Medical Plan:**

- COVID-19 diagnostic lab tests will be covered in the same manner as other lab tests. This means that the deductible (if any) must be satisfied before the Medical Plan pays for covered services, and participant co-insurance may apply.
- If you visit a doctor to receive COVID-19 diagnostic testing, your visit will be covered in the same manner as other office visits. This means that the deductible (if any) must be satisfied before the Medical Plan pays for covered services, and participant co-insurance may apply.
- COVID-19 vaccines will be covered in the same manner as other immunizations and as required by law. This means that the vaccine will be covered at no cost to you if received from an in-network provider.
- Over-the-counter COVID-19 tests will **not** be covered. However, the cost of an OTC COVID-19 test may be reimbursed from a health flexible spending account or health savings account.

These changes apply to services received or purchased on or after May 12, 2023.

### **End of COVID-19 National Emergency and Impact on ERISA and COBRA Deadlines**

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In 2020, the U.S. Department of Labor and the Department of Treasury (the “Agencies”) announced a temporary extension of various ERISA and COBRA deadlines and time periods which ordinarily apply to employee benefit programs on account of the COVID-19 National Emergency declared by the government (the “COVID-19 Suspension Period”). The COVID-19 Suspension Period may not last longer than one year with respect to a particular deadline that applies to an individual. The COVID-19 National Emergency is ending, and the Agencies have announced that the COVID-19 Suspension Period will end on July 10, 2023.

Please read this SMM carefully to determine whether this change applies to you and if so the deadline for taking the actions described below. For questions regarding these extended deadlines, you should contact the Smiths Group Benefits Center at 1.866.330.6555.

## **1. Claims and Appeals Deadlines**

During the COVID-19 Suspension Period, the time periods for filing a claim for benefits or an appeal of an adverse benefit determination under the Plans have been suspended (but not for longer than one year). As a reminder, this suspension does not apply to any benefit plans which are not subject to ERISA, like the Dependent Care FSA.

Once the COVID-19 Suspension Period ends on July 10, 2023, any suspended deadline for filing a claim for benefits or an adverse benefit determination will begin to run again. This will only apply to you if your claim or appeal deadline was previously suspended and that suspension (which cannot be longer than one year) is still in effect on July 10, 2023. For example, if you received a claim denial under the Medical Plan on April 1, 2023, you must file an appeal within 180 days after July 10, 2023 (which is January 6, 2024). . For questions about medical, dental or vision claims and appeal deadlines, contact the insurer or claims administrator using the number on your ID card.

For claims and appeals filing deadlines triggered after July 10, 2023, the regular deadlines and rules set forth in the applicable SPD will apply.

## **2. COBRA Continuation Coverage Deadlines**

During the COVID-19 Suspension Period, the time periods for taking the following COBRA-related actions have been suspended (but not for longer than one year):

- *Notice of Initial COBRA Qualifying Event:* The 60-day period for notifying the plan administrator of an initial COBRA qualifying event, such as divorce or a dependent aging out of the plan;
- *COBRA Coverage Election:* The 60-day period for electing COBRA continuation coverage;
- *COBRA Premium Payment:* The 45-day (initial payment) and 30-day (ongoing payments) period for paying for COBRA continuation coverage; and
- *Notice of Second Qualifying Event or Disability Determination:* The 60-day period for notifying the COBRA administrator of a second qualifying event or a disability determination.

Once the COVID-19 Suspension Period ends on July 10, 2023, any suspended COBRA-related deadline will begin to run again. This will only apply to you if your COBRA-related deadline was previously suspended and that suspension (which cannot be longer than one year) is still in effect on July 10, 2023. For example, if you experience a COBRA qualifying event and you are given a COBRA election notice on May 1, 2023, you must elect COBRA coverage within 60 days after July 10, 2023 (which is September 8, 2023). You should contact WageWorks at 1.877.630.7215 to determine your revised COBRA deadline or payment due date on account of the end of the COVID-19 Suspension Period.

For COBRA deadlines that begin after July 10, 2023, the regular deadlines and rules set forth in the applicable SPD apply.

### **3. HIPAA Special Enrollment Deadlines**

During the COVID-19 Suspension Period, the time period for enrolling in the Medical Plan following a HIPAA special enrollment event has been suspended (but not for longer than one year). A HIPAA special enrollment event may include acquiring a new dependent on account of marriage, birth or adoption, loss of eligibility for other health coverage, including coverage under Medicaid and the Children's Health Insurance Program (CHIP), and eligibility for premium assistance through Medicaid or a CHIP plan.

Once the COVID-19 Suspension Period ends on July 10, 2023, any suspended deadline for enrolling in the Medical Plan following a HIPAA special enrollment event will begin to run again. This will only apply to you if your enrollment deadline was previously suspended and that suspension (which cannot be longer than one year) is still in effect on July 10, 2023. For example, if you get married on April 1, 2023, you must enroll your new spouse in the Medical Plan within 30 days after July 10, 2023. You should contact the Smiths Group Benefits Center at 1.866.330.6555 to determine your revised deadline for enrolling in the Medical Plan following a HIPAA special enrollment event.

For HIPAA special enrollment deadlines that begin after July 10, 2023, the regular deadlines and rules set forth in the applicable SPD apply.

### **4. Medical Plan External Review Deadlines**

During the COVID-19 Suspension Period, the time period for requesting external review of a denied claim or perfect a request for external review under the Medical Plan has been suspended (but not for longer than one year). The SPD for the Medical Plan provides information regarding requests for external review.

Once the COVID-19 Suspension Period ends on July 10, 2023, any suspended deadline for requesting (or perfecting a request) for external review will begin to run again. This will only apply to you if your external review deadline was previously suspended and that suspension (which cannot be longer than one year) is still in effect on July 10, 2023. You should contact Anthem using the number on your ID card to determine your revised external review deadline.

For external review deadlines that begin after July 10, 2023, the regular deadlines and rules set forth in the applicable SPD apply.

*Nothing in this SMM makes you eligible for the Plans unless the official documents provide for such eligibility or benefits. No benefits will be paid or provided unless and until the Plan Administrator determines, in its sole discretion, that you are entitled to such benefits. While the Company currently intends to continue the Plans, the Company reserves the right to amend, modify or terminate the Plans at any time.*