

**AMENDMENT NO. 1
FOR
WENTE FAMILY ESTATE PPO
MEDICAL PLAN WITH HEALTH REIMBURSEMENT ACCOUNT**

Effective January 1, 2023:

I. The section "SUMMARY PLAN DESCRIPTION" shall be amended as follows:

In the subsection "COBRA Continuation Coverage General Notice," the information shall be deleted in its entirety and the following substituted therefore:

COBRA Continuation Coverage General Notice

Introduction

You are getting this notice because you recently gained coverage under this group health *Plan*. This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the *Plan*. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under this *Plan* and under federal law, you should contact the *plan administrator*.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's, or domestic partner's plan), even if that plan generally doesn't accept *late enrollees*.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of *Plan* coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, domestic partner and your *dependent* children could become qualified beneficiaries if coverage under this *Plan* is lost because of the qualifying event. Under this *Plan*, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an *employee*, you'll become a qualified beneficiary if you lose your coverage under this *Plan* because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse or domestic partner of an *employee*, you'll become a qualified beneficiary if you lose your coverage under this *Plan* because of the following qualifying events:

- Your spouse or domestic partner dies;
- Your spouse's or domestic partner's hours of employment are reduced;
- Your spouse's or domestic partner's employment ends for any reason other than his or her gross misconduct;
- Your spouse or domestic partner becomes entitled to *Medicare* benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse or domestic partner.

Your *dependent* children will become qualified beneficiaries if they lose coverage under this *Plan* because of the following qualifying events:

- The parent-*employee* dies;
- The parent-*employee's* hours of employment are reduced;
- The parent-*employee's* employment ends for any reason other than his or her gross misconduct;
- The parent-*employee* becomes entitled to *Medicare* benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under this *Plan* as a “*dependent child*.”

When is COBRA continuation coverage available?

This *Plan* will offer COBRA continuation coverage to qualified beneficiaries only after the *plan administrator* has been notified that a qualifying event has occurred. The *employer* must notify the *plan administrator* of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the *employee*; or
- The *employee's* becoming entitled to *Medicare* benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the *employee*, spouse and domestic partner or a *dependent* child's losing eligibility for coverage as a *dependent* child), you must notify the *plan administrator* within 60 days after the qualifying event occurs. You must provide this notice to the *plan administrator* (or its designee).

How is COBRA continuation coverage provided?

Once the *plan administrator* receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered *employees* may elect COBRA continuation coverage on behalf of their spouses or domestic partners, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under this *Plan* is determined by Social Security to be disabled and you notify the *plan administrator* in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. The disabled person (or his representative) must submit written proof of the Social Security Administration's disability determination to *the plan administrator* (or its designee) within the initial eighteen (18) month period of continuation coverage and no later than sixty (60) days after the latest of:

- (i.) The date of the disability determination by the Social Security Administration;
- (ii.) The date of the 18-Month Qualifying Event;
- (iii.) The date on which the person loses (or would lose) coverage under this *Plan* as a result of the 18-Month Qualifying Event; or
- (iv.) The date on which the person is furnished with a copy of this Plan Document and Summary Plan Description.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse, domestic partner and *dependent* children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if this *Plan* is properly notified about the second qualifying

event. This extension may be available to the spouse or domestic partner and any *dependent* children getting COBRA continuation coverage if the *employee* or former *employee* dies; becomes entitled to *Medicare* benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the *dependent* child stops being eligible under this *Plan* as a *dependent* child. This extension is only available if the second qualifying event would have caused the spouse, domestic partner or *dependent* child to lose coverage under this *Plan* had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, *Medicare*, Medicaid, Children's Health Insurance Program (CHIP) or other group health plan coverage options (such as a spouse's or domestic partner's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in *Medicare* instead of COBRA Continuation Coverage after my group health plan coverage ends?

In general, if you don't enroll in *Medicare* Part A or B when you are first eligible because you are still employed, after the *Medicare* initial enrollment period, you have an 8-month special enrollment period to sign up for *Medicare* Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in *Medicare* and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in *Medicare* Part A or B before the COBRA continuation coverage ends, this *plan* may terminate your continuation coverage. However, if *Medicare* Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of *Medicare* entitlement, even if you enroll in the other part of *Medicare* after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and *Medicare*, *Medicare* will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to *Medicare*, even if you are not enrolled in *Medicare*.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning this *Plan* or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the *plan administrator* (or its designee) know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the *plan administrator* (or its designee).

Plan contact information

BRI
245 Kenneth Drive
Rochester, NY 14623
1-800-473-9595
participantservices@benefitresource.com

Received and accepted for: Wentz Family Estates

By: _____

Title: _____

Date: _____