

SUMMARY OF MATERIAL MODIFICATIONS TO THE SUMMARY PLAN DESCRIPTION FOR THE ADP TOTALSOURCE, INC. HEALTH AND WELFARE PLAN

Note: This document contains important information concerning your benefits. Please review this information carefully and retain this document with your benefit materials for future reference. Please note that eligibility varies by benefit option and your worksite employer's elections. Those benefit options you are entitled to are described in your benefits enrollment kit.

You previously received enrollment information for the ADP TotalSource, Inc. Health and Welfare Plan ("Plan"). This document is a Summary of Material Modifications ("SMM") for the Plan years beginning 2018 through 2024 for your review and records, and it contains changes to the Summary Plan Description ("SPD") that you previously received. You may obtain a copy of the SPD by logging on to My TotalSource at www.mytotalsource.com or contacting a MyLife Advisor at 1-800-554-1802 or by email at MyLifeAdvisor@adp.com.

This SMM is intended to summarize the Plan's amendments. If there is a conflict between this SMM and the language of the Plan, the Plan language controls.

Summaries of the Plan Modifications are as follows:

Effective November 1, 2018

Change in Flexible Spending Account (FSA) Claims Administrator and Health Savings Account (HSA) Provider

Effective 11/1/2018, **OptumHealth Financial Services** is the Health Savings Account provider and FSA claims administrator for the ADP TotalSource, Inc. Health and Welfare Plan. All references within the Summary Plan Description regarding online access for FSA claims information is changed from myspendingaccount.wageworks.com to www.optumbank.com.

Change to Flexible Spending Account (FSA) Online Access

On page 23 of the Summary Plan Description under the section titled **Requesting Reimbursement**, 3rd paragraph is changed to read:

"You can submit an online reimbursement request and access claim forms and further details on how to submit claims by visiting the OptumHealth Financial Service secure website at www.optumbank.com and logging in under your account. If it is your first visit to Optum, you will need to register on the website by clicking "Register for online access." Proof of claim can include copies of bills, receipts, cancelled checks, or an Explanation of Benefits from the insurance carrier."

On page 23, in the call-out box titled **Health Care FSA Spending Account Card**, the last sentence is changed to read:

"Learn more at www.optumbank.com."

On pages 26, the section titled **Managing Your FSA**, is changed to read:

"The best place for you to find all the information you need to manage your FSA, including details of eligible health care expenses for both the Health Care FSA and Limited Health Care FSA, is the secure Optum website at www.optumbank.com. If it is your first visit to Optum, you will need to register on the website by clicking "Register for online access." Alternatively, you can call a MyLife Advisor at 800-554-1802 to be transferred to the Optum service center. The Optum service center is staffed Monday through Friday from 8:00 a.m. to 10:00 p.m. Eastern Time."

On pages 28, the section titled **Managing Your FSA**, is changed to read:

"The secure spending account services website is the best place for you to find all the information you need to manage your Dependent Care FSA, including details of eligible dependent care expenses. You can access the spending account online services by logging on to www.optumbank.com. Alternatively, you can call a MyLife Advisor at 800-554-1802 to be transferred to the Optum service center. The Optum service center is staffed Monday through Friday from 8:00 a.m. to 10:00 p.m. Eastern Time."

On page 58 of the Summary Plan Description under the **FSA Claims Administrator** is changed as follows:

FSA Claims Administrator

Optum Bank, Inc.

11000 Optum Circle

Eden Prairie, MN 55344

Customer Service (800) 554-1802

Effective January 1, 2019

Change to High-Deductible Health Plan (HDHP) Annual Deductible and Out-of-Pocket Maximum for Calendar Year 2019

On page 14 of the Summary Plan Description under the section titled **HDHP Annual Deductible and Out-of-Pocket Maximum**, the 2019 Calendar Year requirements are added as follows:

2019 Calendar Year limits are as follows:

2019 Annual HDHP Minimum Deductibles:

Self-only coverage: \$1,350

Family coverage: \$2,700

2019 HDHP Maximum Out-of-Pocket Limits:

(includes deductibles, copayments and co-insurance, but not premiums)

Self-only coverage: \$6,750

Family coverage: \$13,500

Change to Health Savings Account (HSA) Contribution Limits for Calendar Year 2019

On page 30 of the Summary Plan Description under the section titled **Contribution Limits**, the HSA contribution limits are changed effective January 1, 2019 as follows:

- Contribution limit for individual coverage in 2019 is \$3,500
- Contribution limit for family coverage in 2019 is \$7,000

An individual who has reached the age of 55 by the end of the calendar year may contribute an additional \$1,000 per year. These maximums are subject to change by the IRS each January 1.

Effective June 1, 2019

Change to HIPAA Privacy Rights Information Access

On page 18 of the Summary Plan Description under the section titled **HIPAA Privacy Rights**, the second paragraph is changed to read:

"Please contact a MyLife Advisor at (800) 554-1802 or visit www.mytotalsource.com if you would like to receive a copy of the Plan's Notice of Privacy Practices. For Notices of Privacy Practices for all insured group health plans, contact the applicable insurance carrier."

Change to Health Care Flexible Spending Account (FSA) Contribution Limits

On page 26 of the Summary Plan Description under the section titled **Contribution Limits**, the stated Health Care FSA contribution limits are changed effective June 1, 2019 to \$2,700 per Plan Year and the first sentence is changed to read:

"For the 2019-2020 Plan Year, Health Care FSA contributions are limited to \$2,700 in accordance with the Affordable Care Act (indexed for cost-of-living adjustments per Plan Year)."

Change to the Flexible Spending Account (FSA) 2019-2020 Plan Year for incurring and filing FSA claims

The FSA 2019-2020 Plan Year end date of 5/31/20 is extended to 12/31/2020 for purposes of incurring eligible FSA claims for reimbursement under the ADP TotalSource, Inc. Health and Welfare Plan. For participants enrolled in either the Healthcare FSA, Limited Healthcare FSA and/or the Dependent Care FSA as of 5/31/20, any remaining FSA account balances can be used towards reimbursement of eligible FSA claims incurred through December 31, 2020. The 2019-2020 Plan Year claim filing deadline is changed to 3/1/2021. Healthcare FSA carryover amounts from the 2019-2020 Plan Year will be determined after 12/31/20.

Change to Definition of Highly Compensated Employee for the 2019-2020 Plan Year

On page 28 of the Summary Plan Description under the **Dependent Care FSA** section titled **Contribution Limits for Highly Compensated Employees**, the definition of "highly compensated employee" is updated to read:

"For the 2019-2020 Plan Year, a "highly-compensated employee" generally includes an individual who: (a) is a shareholder owning (or constructively owning) more than 5% of the voting power or value of all classes of stock of the Client company; (b) will be paid compensation in excess of \$125,000 annually (in 2019); or a spouse or dependent of an individual described herein in (a) or (b). The definition of a highly-compensated employee may change for future plan years."

Change to State Taxation of HSA Contributions

On page 31 of the Summary Plan Description under the **Health Savings Accounts** section titled **Employee Contributions**, the 3rd sentence is changed to read as follows:

"Please note that there are currently two states that tax HSA contributions: California and New Jersey."

Change to Disability Benefit Termination Date

On page 36 of the Summary Plan Description under the **Group Life and Disability Plan Options** section titled **When Coverage Under the Plan Ends**, the first paragraph is changed to read as follows:

"Coverage under the group life and disability benefit options will end on the last day of the month in which your employment ends and/or you experience a change in status including a temporary or permanent lay-off, non-qualified leave or reduction in hours that result in the termination of your benefits. If deductions were taken from your pay to cover the following month's costs, they will be reimbursed upon termination of coverage."

Additionally, on page 36, the disability call-out box is changed to read as follows:

"Disability benefits end on the last day of the month in which your employment ends or you are reclassified into an ineligible benefit class. If you are receiving disability benefits at the time your employment ends, your claims will continue to be paid according to the Plan provisions."

Change to Eligibility Following Return to Work from Nonqualified Leave of Absence

On page 51 of the Summary Plan Description under the **Nonqualified Leaves of Absence** section, the 3rd sentence of the second paragraph is changed to read as follows:

"If you choose to enroll, your benefits will be effective the first day of the month following your return to work."

Correction to ADP TotalSource, Inc. Flexible Benefits Plan

On page D-2 of the Flexible Benefits Plan under the section titled **Administration of HSA Options**, the first sentence is changed to read as follows:

"The Committee will transfer any pre-tax HSA contribution amounts elected by an Employee who is an HSA Eligible Individual either directly to the HSA trustee or custodian (in the case of an Eligible HSA described in D-3(a) above) or directly to the Worksite Employer (in the case of an Eligible HSA described in D-3(b) above).

Change to the Basic Life Product Name

On the introductory page, table of contents and page 34 of the Summary Plan Description under the section titled **Group Life and Disability Plan Options**, the basic life product name is changed to "**Basic Life and Accidental Death & Dismemberment**".

Effective January 1, 2020

Change to High-Deductible Health Plan (HDHP) Annual Deductible and Out-of-Pocket Maximum for Calendar Year 2020

On page 14 of the Summary Plan Description under the section titled **HDHP Annual Deductible and Out-of-Pocket Maximum**, the 2020 Calendar Year requirements are added as follows:

2020 Calendar Year limits are as follows:

2020 Annual HDHP Minimum Deductibles:

Self-only coverage: \$1,400
Family coverage: \$2,800

2020 HDHP Maximum Out-of-Pocket Limits:

(includes deductibles, copayments and co-insurance, but not premiums)
Self-only coverage: \$6,900
Family coverage: \$13,800

Change to Health Savings Account (HSA) Contribution Limits for Calendar Year 2020

On page 30 of the Summary Plan Description under the section titled **Contribution Limits**, the HSA contribution limits are changed effective January 1, 2020 as follows:

- Contribution limit for individual coverage in 2020 is \$3,550
- Contribution limit for family coverage in 2020 is \$7,100

An individual who has reached the age of 55 by the end of the calendar year may contribute an additional \$1,000 per year. These maximums are subject to change by the IRS each January 1.

Change to Ineligible Expenses under the Health Care Flexible Spending Account (FSA) - Over-the-Counter Drugs & Products

On page 27 of the Summary Plan Description under the section titled **Ineligible Health Care FSA Expenses**, the following bullet item is deleted:

“Over-the-Counter drugs (other than insulin) (including cosmetic, dietary supplements or other drugs that are merely beneficial to your general health), unless you have a prescription from an authorized health provider.”

Change to Eligible Expenses under the Health Care Flexible Spending Account (FSA) - Over-the-Counter Drugs & Products

On page 26 of the Summary Plan Description under the section titled Eligible Expenses, the 2nd paragraph is changed to read as follows:

“As allowed by the **Coronavirus Aid, Relief and Economic Security (CARES) Act**, individuals are permitted to use the Health Care FSA for the cost of over-the-counter medications purchased after December 31, 2019, without a physician's prescription. Insulin and diabetic supplies remain eligible without a prescription.”

On page 27 of the Summary Plan Description under the section titled **Eligible Health Care FSA Expenses**, the following bullet items are added:

- Over-the-Counter drugs purchased without a prescription after December 31, 2019
- Menstrual Care products purchased after December 31, 2019

Change to Ineligible Expenses under the Health Savings Account (HSA) - Over-the-Counter Drugs & Products

On page 32 of the Summary Plan Description, the call-out box is changed to read:

“In accordance with the Coronavirus Aid, Relief and Economic Security Act, HSA funds can be used for the purchase of over-the-counter (OTC) drugs and menstrual care products without a prescription. This applies to such expenses purchased after December 31, 2019.”

On page 32 of the Summary Plan Description, under the section titled **Facts About HSAs – What types of medical expenses can be paid from my HSA?**, the following bullet is added:

- Menstrual Care products purchased after December 31, 2019

Effective June 1, 2020

Change to Health Care Flexible Spending Account (FSA) Contribution Limits

On page 26 of the Summary Plan Description under the section titled **Contribution Limits**, the stated Health Care FSA contribution limits are changed effective June 1, 2020 to \$2,750 per Plan Year and the first sentence is changed to read:

“For the 2020-2021 Plan Year, Health Care FSA contributions are limited to \$2,750 in accordance with the Affordable Care Act (indexed for cost-of-living adjustments per Plan Year).”

Change to Health Care Flexible Spending Account (FSA) Carryover Allowance Amount

On pages 22, 23, 26 and 54 where the Health Care FSA carryover rules are mentioned and any other locations within the Summary Plan Description where referenced, the stated Health care FSA carryover allowance of \$500 is changed to **\$550**.

Change to Definition of Highly Compensated Employee for the 2020-2021 and 2021-2022 Plan Years

On page 28 of the Summary Plan Description under the **Dependent Care FSA** section titled **Contribution Limits for Highly Compensated Employees**, the definition of “highly compensated employee” is updated to read:

“**For the 2020-2021 and 2021-2022 Plan Years**, a “highly-compensated employee” generally includes an individual who: (a) is a shareholder owning (or constructively owning) more than 5% of the voting power or value of all classes of stock of the Client company; (b) will be paid compensation in excess of \$130,000 annually (in 2020); or a spouse or dependent of an individual described herein in (a) or (b). The definition of a highly-compensated employee may change for future plan years.”

Hawaii Prepaid Health Care Act (“PHC Act”)

The Hawaii Prepaid Health Care Act requires employers to provide health care coverage to any employee residing or working in Hawaii or with a base of operation (and if no base of operation, place from which service is directed or controlled) is in Hawaii that meets the following criteria:

- Works at least 20 hours per week; and
- Earns 86.67 times the current Hawaii minimum wage per month.

Under the PHC Act:

- If you are offered and elect health coverage, you must be permitted to begin receiving such coverage by the first day of the month following 4 consecutive weeks of employment. In order to satisfy the Hawaii law, if you are working or residing in Hawaii, your coverage will become effective no later than the first of the month following your date of hire.
- Employers are required to offer health plans approved by the State. ADP TotalSource health plan offerings available to Hawaii employees are PHC approved plans.
- An employee's cost share for health coverage cannot exceed 1.5% of the employee's wages. If you are working or residing in Hawaii, your health coverage contribution will not exceed the lesser of 50% of the single-tier lowest cost health plan or 1.5% of your monthly wages. Note this cost share limit only applies if you are enrolled in the lowest cost health plan offered. For commissioned and hourly employees, this amount may vary from month to month.

Effective January 1, 2021

Change to High-Deductible Health Plan (HDHP) Annual Deductible and Out-of-Pocket Maximum for Calendar Year 2021

On page 14 of the Summary Plan Description under the section titled **HDHP Annual Deductible and Out-of-Pocket Maximum**, the 2021 Calendar Year requirements are added as follows:

2021 Calendar Year limits are as follows:

2021 Annual HDHP Minimum Deductibles:

Self-only coverage: \$1,400
Family coverage: \$2,800

2021 HDHP Maximum Out-of-Pocket Limits:

(includes deductibles, copayments and co-insurance, but not premiums)
Self-only coverage: \$7,000
Family coverage: \$14,000

Change to Health Savings Account (HSA) Contribution Limits for Calendar Year 2021

On page 30 of the Summary Plan Description under the section titled **Contribution Limits**, the HSA contribution limits are changed effective January 1, 2021 as follows:

- Contribution limit for individual coverage in 2021 is \$3,600
- Contribution limit for family coverage in 2021 is \$7,200

An individual who has reached the age of 55 by the end of the calendar year may contribute an additional \$1,000 per year. These maximums are subject to change by the IRS each January 1.

Change to Health Savings Account (HSA) Excess Contribution Responsibility

On page 31 of the Summary Plan Description under the section titled **Employee Contributions**, the 5th paragraph is changed to read as follows:

“Employees are responsible for initiating and informing ADP TotalSource of any changes to their current elected contribution amounts throughout the year and/or during the annual Open Enrollment period. It is each individual account holder's responsibility to ensure that HSA contributions do not exceed maximum limits. ADP TotalSource will not adjust your elected contributions to an HSA account without your authorization. It is also the account holder's responsibility to make sure his/her distributions are for qualified medical expenses.”

Effective April 1, 2021

Change to Cost of COBRA Coverage

On page 55 of the Summary Plan Description under the section titled, **Cost of COBRA Coverage**, a second paragraph is added to read as follows:

"The American Rescue Plan Act of 2021 (ARPA) was signed into law on March 11, 2021. This new law provides for premium assistance to help assistance eligible individuals continue their health benefits. Assistance Eligible Individuals are not required to pay their COBRA continuation coverage premiums. Individuals may be eligible for premium assistance if they are eligible for and elect COBRA continuation coverage because of their own or a family member's reduction in hours or an involuntary termination of employment that causes them to lose employment-based group health coverage. The premium assistance applies to periods of health coverage **on or after April 1, 2021 through September 30, 2021** (including medical, dental and vision coverage but not Health Care FSA). Individuals are not eligible for COBRA premium assistance if they are eligible for other group health coverage such as through a new employer's plan or a spouse's plan, or if they are eligible for Medicare."

Change to COBRA Administrator

On page 58 of the Summary Plan Description under the section titled, **Facts About the Plan**, a new subsection is added as follows:

COBRA Administrator

OptumHealth Financial Services, Inc.
P.O. Box 2514
Omaha, NE 68103-2514
Customer Service: (833) 571-4098

Effective January 1, 2022

Change to High-Deductible Health Plan (HDHP) Annual Deductible and Out-of-Pocket Maximum for Calendar Year 2022

On page 14 of the Summary Plan Description under the section titled **HDHP Annual Deductible and Out-of-Pocket Maximum**, the 2022 Calendar Year requirements are added as follows:

2022 Calendar Year limits are as follows:

2022 Annual HDHP Minimum Deductibles:

Self-only coverage: \$1,400
Family coverage: \$2,800

2022 HDHP Maximum Out-of-Pocket Limits:

(includes deductibles, copayments and co-insurance, but not premiums)
Self-only coverage: \$7,050
Family coverage: \$14,100

Change to Health Savings Account (HSA) Contribution Limits for Calendar Year 2022

On page 30 of the Summary Plan Description under the section titled **Contribution Limits**, the HSA contribution limits are changed effective January 1, 2022 as follows:

- Contribution limit for individual coverage in 2022 is \$3,650
- Contribution limit for family coverage in 2022 is \$7,300

An individual who has reached the age of 55 by the end of the calendar year may contribute an additional \$1,000 per year. These maximums are subject to change by the IRS each January 1

Change to Definition of Highly Compensated Employee for the 2022-2023 Plan Year

On page 28 of the Summary Plan Description under the **Dependent Care FSA** section titled **Contribution Limits for Highly Compensated Employees**, the definition of "highly compensated employee" is updated to read:

"**For the 2022-2023 Plan Year**, a "highly-compensated employee" generally includes an individual who: (a) is a shareholder owning (or constructively owning) more than 5% of the voting power or value of all classes of stock of the Client company; (b) will be paid compensation in excess of \$135,000 annually (in 2022); or a spouse or dependent of an individual described herein in (a) or (b). The definition of a highly-compensated employee may change for future plan years."

Effective June 1, 2022

Change to Health Care Flexible Spending Account (FSA) Contribution Limits

On page 26 of the Summary Plan Description under the section titled **Contribution Limits**, the stated Health Care FSA contribution limits are changed effective June 1, 2022 to \$2,850 per Plan Year and the first sentence is changed to read:

“For the 2022-2023 Plan Year, Health Care FSA contributions are limited to \$2,850 in accordance with the Affordable Care Act (indexed for cost-of-living adjustments per Plan Year).”

Change to Health Care Flexible Spending Account (FSA) Carryover Allowance Amount

On pages 22, 23, 26 and 54 where the Health Care FSA carryover rules are mentioned and any other locations within the Summary Plan Description where referenced, the stated Health care FSA carryover allowance of \$500 is changed to **\$570**.

Effective January 1, 2023

Change to High-Deductible Health Plan (HDHP) Annual Deductible and Out-of-Pocket Maximum for Calendar Year 2023

On page 14 of the Summary Plan Description under the section titled **HDHP Annual Deductible and Out-of-Pocket Maximum**, the 2023 Calendar Year requirements are added as follows:

2023 Calendar Year limits are as follows:

2023 Annual HDHP Minimum Deductibles:

Self-only coverage: \$1,500
Family coverage: \$3,000

2023 HDHP Maximum Out-of-Pocket Limits:

(includes deductibles, copayments and co-insurance, but not premiums)
Self-only coverage: \$7,500
Family coverage: \$15,000

Change to Health Savings Account (HSA) Contribution Limits for Calendar Year 2023

On page 30 of the Summary Plan Description under the section titled **Contribution Limits**, the HSA contribution limits are changed effective January 1, 2023 as follows:

- Contribution limit for individual coverage in 2023 is \$3,850
- Contribution limit for family coverage in 2023 is \$7,750

An individual who has reached the age of 55 by the end of the calendar year may contribute an additional \$1,000 per year. These maximums are subject to change by the IRS each January 1.

Effective June 1, 2023

Change to Health Care Flexible Spending Account (FSA) Contribution Limits

On page 26 of the Summary Plan Description under the section titled **Contribution Limits**, the stated Health Care FSA contribution limits are changed effective June 1, 2023 to \$3,050 per Plan Year and the first sentence is changed to read:

“For the 2023-2024 Plan Year, Health Care FSA contributions are limited to \$3,050 in accordance with the Affordable Care Act (indexed for cost-of-living adjustments per Plan Year).”

Change to Health Care Flexible Spending Account (FSA) Carryover Allowance Amount

On pages 22, 23, 26 and 54 where the Health Care FSA carryover rules are mentioned and any other locations within the Summary Plan Description where referenced, the stated Health care FSA carryover allowance of \$570 is changed to **\$610**.

Change to Definition of Highly Compensated Employee for the 2023-2024 Plan Year

On page 28 of the Summary Plan Description under the **Dependent Care FSA** section titled **Contribution Limits for Highly Compensated Employees**, the definition of “highly compensated employee” is updated to read:

“**For the 2023-2024 Plan Year**, a “highly-compensated employee” generally includes an individual who: (a) is a shareholder owning (or constructively owning) more than 5% of the voting power or value of all classes of stock of the Client company; (b) will be paid compensation in excess of \$150,000 annually (in 2023); or a spouse or dependent of an individual described herein in (a) or (b). The definition of a highly-compensated employee may change for future plan years.”

Effective July 1, 2023

Change to Trustee of the ADP TotalSource, Inc. Health and Welfare Plan Trust

On page 58 of the Summary Plan Description under the section titled, **Facts About the Plan**, the Trustees of the ADP TotalSource, Inc. Health and Welfare Plan Trust are changed as follows:

The Trustees include:
George Michaels, SVP Health & Wealth
Jack Drewry, Chief Financial Officer

Effective October 13, 2023

On page 42 of the Summary Plan Description under the **HIPAA Special Enrollment Rights** section titled **Conditions Required to Qualify for a Special Enrollment**, the following is added:

- “If you or your dependent(s) lose coverage under Medicaid or Children’s Health Insurance Program (CHIP) at any time between March 31, 2023 and July 31, 2024 you may qualify for a special enrollment period which allows you to enroll in health coverage with the ADP TotalSource, Inc. Health and Welfare Plan without being subject to the Plan’s 60-day HIPAA special enrollment notification period. Enrollment in health coverage under the Plan will be effective on the 1st of the month following your enrollment request and proof of loss of Medicaid or CHIP coverage.

Effective January 1, 2024

Change to High-Deductible Health Plan (HDHP) Annual Deductible and Out-of-Pocket Maximum for Calendar Year 2024

On page 14 of the Summary Plan Description under the section titled **HDHP Annual Deductible and Out-of-Pocket Maximum**, the 2024 Calendar Year requirements are added as follows:

2024 Calendar Year limits are as follows:

2024 Annual HDHP Minimum Deductibles:

Self-only coverage: \$1,600
Family coverage: \$3,200

2024 HDHP Maximum Out-of-Pocket Limits:

(includes deductibles, copayments and co-insurance, but not premiums)
Self-only coverage: \$8,050
Family coverage: \$16,100

Change to Health Savings Account (HSA) Contribution Limits for Calendar Year 2024

On page 30 of the Summary Plan Description under the section titled **Contribution Limits**, the HSA contribution limits are changed effective January 1, 2024 as follows:

- Contribution limit for individual coverage in 2024 is \$4,150
- Contribution limit for family coverage in 2024 is \$8,300

An individual who has reached the age of 55 by the end of the calendar year may contribute an additional \$1,000 per year. These maximums are subject to change by the IRS each January 1.

Update to Eligibility for Continuation of Coverage Under COBRA

On page 52 of the Summary Plan Description under the **Continuation of Coverage Under COBRA** section titled, **Eligibility**, the following is added:

"The Plan will not offer you COBRA continuation coverage if the employer that made your health coverage available terminates its co-employment relationship with ADP TotalSource."

On page 53 of the Summary Plan Description under the **Continuation of Coverage Under COBRA** section titled, **Duration of COBRA Coverage**, the following is added:

"The Plan will not offer you COBRA continuation coverage if the employer that made your health coverage available terminates its co-employment relationship with ADP TotalSource."

On page 54 of the Summary Plan Description under the **Continuation of Coverage Under COBRA** section titled, **End of Coverage Before Maximum COBRA Coverage Period**, the following bullet is added:

- If the employer that made your health coverage available terminates its co-employment relationship with ADP TotalSource and maintains another group health plan following termination of the co-employment relationship. In that instance, your COBRA coverage through the Plan will end on the last day of the month following thirty days after termination of the co-employment relationship and you will need to obtain replacement COBRA coverage from that employer. You will receive advance notice that your COBRA coverage through the Plan will terminate.

Effective June 1, 2024

Change to Health Care Flexible Spending Account (FSA) Contribution Limits

On page 26 of the Summary Plan Description under the section titled **Contribution Limits**, the stated Health Care FSA contribution limits are changed effective June 1, 2024 to \$3,200 per Plan Year and the first sentence is changed to read:

"For the 2024-2025 Plan Year, Health Care FSA contributions are limited to \$3,200 in accordance with the Affordable Care Act (indexed for cost-of-living adjustments per Plan Year)."

Change to Health Care Flexible Spending Account (FSA) Carryover Allowance Amount

On pages 22, 23, 26 and 54 where the Health Care FSA carryover rules are mentioned and any other locations within the Summary Plan Description where referenced, the stated Health care FSA carryover allowance of \$570 is changed to **\$640**.

Change to Definition of Highly Compensated Employee for the 2023-2024 Plan Year

On page 28 of the Summary Plan Description under the **Dependent Care FSA** section titled **Contribution Limits for Highly Compensated Employees**, the definition of "highly compensated employee" is updated to read:

"For the 2024-2025 Plan Year, a "highly-compensated employee" generally includes an individual who: (a) is a shareholder owning (or constructively owning) more than 5% of the voting power or value of all classes of stock of the Client company; (b) will be paid compensation in excess of \$155,000 annually (in 2024); or a spouse or dependent of an individual described herein in (a) or (b). The definition of a highly-compensated employee may change for future plan years."

IMPORTANT ANNUAL BENEFIT NOTICE(S)

ANNUAL NOTICE REGARDING THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

This law requires plans that provide medical and surgical benefits for mastectomies to provide coverage for the following procedures, as requested from the patient in consultation with her physician:

- **Reconstruction of the breast on which the mastectomy has been performed;**
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis (e.g., breast implant); and
- Treatment for physical complications of all stages of the mastectomy, including lymphedemas

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 60 days after your other coverage ends. In addition, if you have a new dependent

as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

Under the Children's Health Insurance Program Reauthorization Act, you or your dependent that is eligible, but not enrolled in the Plan, may enroll if either of the following two conditions are met:

- (1) You or your dependent is covered under a Medicaid plan or under a State child health plan and the coverage is terminated due to loss of eligibility and you request coverage under the Plan no later than 60 days after the loss of eligibility; or
- (2) Your or your dependent become eligible for assistance for coverage under the Plan, a Medicaid plan or a State child health plan and you request coverage under the Plan no later than 60 days after you or your dependent is determined to be eligible for assistance.

PATIENT PROTECTION - PRIMARY CARE PHYSICIAN (PCP) AND OB/GYN SELECTION

Many of ADP TotalSource's health plans require participants to designate a primary care provider. You have the right to designate any primary care provider who participates in the health plan's network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from ADP TotalSource's health insurance carriers or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the health insurance carrier at the phone number indicated on the Benefit Summary provided in your benefits enrollment kit.