NRECA GROUP BENEFITS PROGRAM
SUMMARY OF MATERIAL MODIFICATIONS
For
NRECA PPO Medical Plan

EFFECTIVE: January 1, 2025

System name: ASSOCIATED ELECTRIC CO-OP
RUS/Subgroup Number: 01-26073-002

This Summary of Material Modifications (SMM) describes changes to the National Rural Electric Cooperative Association (NRECA) Medical Plan (the Plan) and supplements the Plan's Summary Plan Description (SPD), also known as the Benefits Booklet. The effective date of these changes is noted above, unless otherwise noted. You should read this SMM carefully and keep this SMM with your SPD for future reference. If you have questions about these changes, please see your benefits administrator.

Summary of Changes for your Medical Plan SPD:

Chapter 2: Plan Highlights

The third paragraph at the beginning of the chapter has been updated as follows:

For high-deductible health plans only, any cost share amounts listed for Teladoc general medical and mental health consultations will apply as of January 1, 2025, due to the end of the cost share waiver previously permitted to be in place for pre-deductible telehealth coverage. In the event that the federal government extends this flexibility beyond December 31, 2024, the cost share amounts listed for high-deductible health plans will be waived to the extent such time period is consistent with applicable federal law.

The subsection titled "Copayments" under "Overview of Your Cost-sharing" has been updated as follows:

Copayment	
Teladoc Mental Health Consultation	If you consult with a Teladoc psychiatrist, Teladoc is paid at 100%. If you consult with a Teladoc mental health, behavorial health, or substance abuse provider other than a psychiatrist, Teladoc is paid at 100%.

In the section titled "Prescription Drug Benefit Highlights," the footnote referring to the Extended Day Supply (EDS) Network, below the table titled "Prescription Drug Benefit Cost-sharing," has been updated as follows:

The Extended Day Supply (EDS) Network replaces Exclusive Choice in Oklahoma, Florida, Minnesota, Tennessee, and West Virginia. It includes chain and independent retail pharmacies willing to participate in the network, including the CVS Caremark Mail Service.

Chapter 3: Eligibility and Participation

The first paragraph in the section titled "Making Changes During the Year and Special Enrollment" has been updated as follows:

If you experience one of the events listed below, you may be able to add, change, or drop coverage for yourself or your dependents. Also, if you decline coverage during your initial enrollment period and later experience one of the events listed here, you may qualify to add coverage for yourself and your eligible dependents. If you experience a qualifying event, you have 31 days from the date of the event to request enrollment or disenrollment. You may enroll new dependents as indicated if they satisfy the requirements for Plan eligibility. There is no special enrollment rights for you to add coverage or add dependents as a result of your termination of employment if you were not already enrolled in coverage on your last day of employment.

Chapter 4: Your Benefits During a Leave of Absence

The first paragraph in the section titled "Eligibility to Participate During Your Leave of Absence" has been updated as follows:

If your employment continues and you are on an Employer-approved **compensated** leave of absence, eligibility to participate in this Plan generally continues as long as the required applicable premium is paid. Individuals who have elected to receive a lump sum payout under the terms of their long-term disability plan will be deemed to be on a compensated leave of absence until the date such individual reaches the age that disability benefits would have normally ended under their long-term disability plan.

Chapter 5: Medical Plan Benefits

The second paragraph in the subsection titled "Specific Exclusions – Prescription Drugs" has been updated as follows:

Infusion nursing services for select specialty medications that are administered in the home or in an ambulatory infusion center are covered through the pharmacy benefit and are coordinated through and dispensed under the prescription drug benefit. For non-oncology infused specialty medications that require administration by a medical professional, a CareTeam nurse will work with you and your provider to assess your clinical history and determine clinically appropriate options for clinician-infused specialty medications, such as a location for your infusion. Options may include home care, an ambulatory infusion center, a Physician's office, and so on. CareTeam nurses will contract all affected members to provide assistance and guidance.

The last paragraph in the subsection titled "Specific Exclusions – Prescription Drugs" has been updated as follows:

When the treating Physician provides written documentation 1) outlining the clinical rationale for requiring the patient to be treated at the designated facility and 2) confirming that the designated facility is unable to accept drugs dispensed from an in-network retail specialty pharmacy. Such written documentation will be reviewed and approved by CVS Caremark clinical personnel **before** allowing coverage for the requested drugs under the medical benefit.

Chapter 6: Prescription Drug Benefits

The subsection titled "How the Benefit Works – Exclusive Choice Network" has been updated as follows:

The Exclusive Choice Network is the Plan's preferred network of pharmacy providers. It includes CVS Pharmacy, Walmart, Sam's Club, Cardinal Health (Leader Drugs, Medicine Shoppe, Brookshire Drugs, and BI-LO Pharmacy), and the CVS Caremark Mail Order Pharmacy. You can fill prescriptions at any pharmacy, but you may receive a deeper discount by using a pharmacy in the Exclusive Choice Network. To find a participating retail network pharmacy, contact CVS Caremark.

The subsection titled "How the Benefit Works – Oklahoma Extended-Day Supply (EDS) Network" has been retitled and updated as follows:

Extended-Day Supply (EDS) Network

The Extended-Day Supply (EDS) Network is the Plan's preferred network of pharmacy providers in the state mandated any willing provider networks. It includes any chain or independent retail pharmacy willing to participate in the network, including CVS Caremark mail-order. You can fill a prescription at any pharmacy, but you will receive a deeper discount by using a pharmacy in the EDS Network. To find a participating retail network pharmacy, contact CVS Caremark.

The first paragraph in the subsection titled "How the Benefit Works – CVS Caremark Specialty Pharmacy" has been updated as follows:

Specialty medications are specialized, often expensive medications that are used to treat and manage chronic or complex conditions. Specialty and biotech drugs are not eligible for coverage through retail pharmacies. All specialty or biotech drug prescriptions must be filled by mail using CVS Caremark Specialty Pharmacy mail service, except in states where you have the option of filling your specialty prescription at select participating Specialty pharmacies in the network (options vary by state). The Plan limits specialty drugs to a 30-day supply at one time. This allows a dedicated CVS CareTeam to work closely with patients and Physicians to encourage patient treatment adherence, achieve better outcomes, and reduce medical costs.

Chapter 9: FutureMe Benefits and Resources

The subsection titled "FutureMe Powered by NRECA" has been updated as follows:

The NRECA Medical Plan gives you access to FutureMe, a well-being program powered by NRECA. The program's resources, described in this chapter, are designed to encourage improving your holistic health including physical, mental and financial well-being. NRECA has contracted with WebMD Health Services to provide components of the FutureMe program.

Appendix A: Key Terms

The Key Term "Preauthorization (Preauthorize, Prior Authorization or Predetermination of Medical Services)" has been retitled to "Preauthorization (Preauthorize or Prior Authorization of Medical Services) and a new Key Term "Predetermination" has been added as follows:

Predetermination
Predetermination of coverage allows the member to know in advance if a service is covered under the Plan. This is an optional review process that allows the provider and member to obtain a guarantee of benefits in writing.

No further changes have been made to your Plan's SPD.

All other rules, provisions, definitions and benefit amounts of the Plan SPD remain the same. If the terms of this SMM and the SPD conflict with any terms of the governing Plan document, then the terms of the governing Plan document will control in all cases.

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