

SUMMARY OF MATERIAL MODIFICATION AND AMENDMENT #3 TO THE DICKINSON COLLEGE PLAN GROUP NO. 18610

This Summary of Material Modification and Amendment describes changes to the Dickinson College Plan effective July 1, 2022. These changes are effective as of **July 1, 2024** and will remain in effect until amended in writing by the Plan Administrator.

This document should be read carefully and attached to the Plan Document and Summary Plan Description. Please contact the Plan Administrator identified in the Summary Plan Description if you have any questions regarding the changes described in this Summary of Material Modification.

Dickinson College (the "Plan Sponsor") is amending the Dickinson College Plan (the "Plan") as follows:

1. ***Infertility and Travel and Lodging Expenses*** benefits are hereby added alphabetically under the ***Medical Schedule of Benefits*** section as follows:

MEDICAL SCHEDULE OF BENEFITS

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
MEDICAL BENEFITS		
Infertility	Paid based on place of service	Paid based on place of service
In Vitro Fertilization Lifetime Maximum Benefit	3 cycles	
NOTE: Includes any item or service not otherwise covered under the preventive services provision. Benefits include impregnation procedures. See Eligible Medical Expenses for additional information.		
Travel and Lodging Expenses	100%; Deductible waived	
NOTE: Please refer to the Travel and Lodging Expenses benefit under Eligible Medical Expenses for a more detailed description of this benefit, including maximums.		

2. ***Gender Reassignment Services*** is hereby added alphabetically; number ***(31)*** – ***Infertility*** is hereby deleted and replaced and ***Travel and Lodging Expenses*** is hereby added alphabetically under the ***Eligible Medical Expenses*** section as follows:

ELIGIBLE MEDICAL EXPENSES

- (#) **Gender Reassignment Services:** Services and supplies provided in connection with gender transition when you have been diagnosed with gender identity disorder or gender dysphoria by a Physician. This coverage is provided according to the terms and conditions of the Plan that apply to all other covered medical conditions, including Medical Necessity requirements, Medical Management, and exclusions.

Coverage includes, but is not limited to, Medically Necessary services related to gender transition such as transgender Surgery, hormone therapy and psychotherapy.

Coverage is provided for specific services according to Plan benefits that apply to that type of service generally, if the Plan includes coverage for the service in question. If a specific coverage is not included, the service will not be covered. For example, transgender Surgery would be covered on the same basis as any other covered, Medically Necessary Surgery; hormone therapy would be covered under the Plan's Prescription Drug benefits (if such benefits are included).

Eligible expenses will be payable as shown in the Medical Schedule of Benefits.

- (31) **Infertility:** Diagnosis and testing of infertility (the inability to conceive) and the correction of an underlying medical condition. Care, services and supplies rendered for the evaluation and treatment of infertility, including drug therapy. Benefits include impregnation procedures, such as but not limited to artificial insemination, invitro fertilization, embryo and fetal implementation and GIFT (Gamete Intrafallopian Transfer).

- (a) Consultation.
- (b) Evaluation.
- (c) Laboratory tests.

The Plan covers the following infertility treatment:

- (a) All treatment that starts when preparatory medications are administered for ovarian stimulation for oocyte retrieval with the intent of undergoing invitro fertilization using a fresh embryo transfer or medications are administered for endometrial preparation with the intent of undergoing in-vitro fertilization using a frozen embryo transfer.
- (b) Oocyte and/or embryo storage in connection with an intended invitro fertilization if Medically Necessary until the 3 required in-vitro fertilization cycles are provided.
- (c) Ova or sperm collection, freezing and storage and other standard fertility preservation services that are not Experimental and/or Investigational.
- (d) Limited to 3 invitro fertilization cycles per lifetime and subject to pre-authorization.

Eligible expenses will be payable as shown in the Medical Schedule of Benefits.

- (#) **Travel and Lodging Expenses:** Travel and lodging expenses for eligible Covered Expenses, subject to the following conditions:

- (a) The Covered Person is unable to locate a Participating Provider within a 100-mile radius from their residence; and
- (b) The service that travel and lodging is being utilized for must be a Covered Expense as shown in the Eligible Medical Expenses.

Travel and lodging reimbursement is subject to the following reimbursement conditions:

- (a) Travel allowances. Travel is reimbursed between the patient's home and the facility for round trip (air, train, shuttle, ferry, taxi, or bus) transportation costs (coach class only). If traveling by the Covered Person's vehicle to the facility, mileage, parking, and toll cost will be reimbursed per IRS guidelines.
- (b) Lodging allowances. Reimbursement of expenses Incurred by the patient and any companion for hotel lodging away from home is reimbursed at a rate of \$50 per night per person, to a maximum of \$100 per night.
- (c) Overall maximum. Travel and lodging reimbursements are limited to \$4,000 for any one procedure type/service per Plan Year. This is a combined maximum for the patient and companion.

- (d) Companions. One companion is permitted per adult and 2 parents or guardians are permitted per Child.

The following are excluded:

- (a) Meals and/or groceries;
- (b) Personal care items and/or souvenirs;
- (c) Vehicle rental; and
- (d) Fuel.

Eligible expenses will be payable as shown in the Medical Schedule of Benefits.

NOTE: This benefit does not include any travel and lodging expenses related to a transplant procedure covered under the Plan. See the Aetna Institute of Excellence (IOE) section of the Plan for information regarding any travel and lodging benefits available through the IOE program.

- 3. Under the **General Exclusions and Limitations** section, number **(10) – Cosmetic Procedures** and number **(61) – Surrogate** are hereby deleted and replaced as follows. In addition, number **(54) – Sex Transformation** is hereby deleted and not replaced.

GENERAL EXCLUSIONS AND LIMITATIONS

- (10) **Cosmetic Procedures:** Expenses for Cosmetic and reconstructive procedures will not be considered eligible, except as specified under Eligible Medical Expenses. This exclusion will not apply to gender reassignment services.
- (61) **Surrogate:** Expenses relating to a surrogate pregnancy of any person who is not covered under this Plan will not be considered eligible, including but not limited to pre-pregnancy, conception, prenatal, childbirth and postnatal expenses.

- 4. The **Appointment of Authorized Representative** subsection under **Claims Procedures** is hereby deleted and replaced with the following:

CLAIM PROCEDURES

Appointment of Authorized Representative

A Covered Person is permitted to appoint an authorized representative to act on his or her behalf with respect to a benefit claim or appeal of a denial. An assignment of benefits by a Covered Person to a provider will not constitute appointment of that provider as an authorized representative. To appoint such a representative, the Covered Person must complete a form which can be obtained from the Plan Administrator or the Third Party Administrator. However, in connection with a claim involving urgent care or services rendered by a Participating Provider, the Plan will permit a health care professional with knowledge of the Covered Person's medical condition to act as the Covered Person's authorized representative without completion of this form. In the event a Covered Person designates an authorized representative, all future communications from the Plan will be with the representative, rather than the Covered Person, unless the Covered Person directs the Plan Administrator, in writing, to the contrary.

All other provisions of this Plan shall remain unchanged.

In Witness Whereof, Dickinson College has caused this Amendment to take effect, be attached to, and form a part of their Plan.

 5/15/24
Authorized Signature Date

VP, HRS
Title

 5/15/24
Witness Date

Asst Dir of Benefits
Title