The Health Benefit Plan has been amended. The changes affecting the Plan are set forth in this Summary of Material Modifications and are effective as of May 1, 2019.

1. In the SCHEDULE FOR ELIGIBILITY AND PARTICIPATION section of the Plan document, the **ANNUAL OPEN ENROLLMENT PERIOD** provision will be revised to read as follows:

   **ANNUAL OPEN ENROLLMENT PERIOD**
   
   In May and/or June

2. The **ANNUAL OPEN ENROLLMENT PERIOD** section of the Plan document will be revised to read as follows:

   **ANNUAL OPEN ENROLLMENT PERIOD**
   
   The Plan will offer an Annual Open Enrollment Period in May and/or June each year for eligible individuals and their dependents to enroll or re-enroll for coverage under this Plan. For those individuals and their dependent(s), their elections will go into effect on July 1 following the Annual Open Enrollment Period.

   An eligible individual may complete a new election form and return it to the Plan Administrator during the Annual Open Enrollment Period before the first day of the subsequent Benefit Year. Further, the Plan Administrator may require an eligible individual to complete a new election form for a subsequent Benefit Year. If neither one of these situations applies, an individual’s election from the previous Benefit Year shall automatically continue for the subsequent Benefit Year.

   Employees who satisfy the Participant Eligibility Requirements for full-time and benefit-eligible part-time Employees as described in the Plan document and who continue to be eligible for Participant Coverage may enroll or re-enroll for coverage under the Plan during the Annual Open Enrollment Period.

   Any other Employee will be eligible to enroll or re-enroll for coverage under the Plan during the Annual Open Enrollment Period if he or she averaged 30 or more hours per week during the preceding 12-month Standard Measurement Period. Alternatively, an Employee who is eligible for coverage during his or her Initial Stability Period will be able to enroll or re-enroll for coverage under the Plan during the Annual Open Enrollment Period but coverage and the election will both terminate upon the expiration of the Initial Stability Period, unless the Employee maintains his or her eligibility for coverage under the terms of the Plan.
All other provisions of the Plan shall remain in effect and unchanged.

**NOTE:** If your health plan generally requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact ASR Health Benefits at (800) 968-2449.

You do not need prior authorization from the health plan 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 our 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 or 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 ASR Health Benefits at (800) 968-2449.