

SUMMARY OF MATERIAL MODIFICATIONS

TW Ventures Inc. Group Benefits Plan Update to Summary Plan Description

This document--called a Summary of Material Modifications—updates the Summary Plan Description (SPD) for the TW Ventures Inc. Group Benefits Plan (Plan) and describes the following changes to the information in the SPD:

- Changes to your medical benefits due to COVID-19
- Certain Plan deadlines extended during Outbreak Period, including examples

This document modifies certain information in the SPD, so keep it for future reference along with your SPD. Please share these materials with your covered family members.

Except for the changes noted below, all other provisions of the SPD remain unchanged. As always, TW Ventures Inc. reserves the right, at any time and at its discretion, to amend, supplement, modify or eliminate the benefits provided under the Plan.

Changes to your medical benefits due to COVID-19

Temporary removal of cost sharing for COVID-19 testing and related services

From March 18, 2020 until the Department of Health and Human Services determines the public health emergency due to COVID-19 has ended, the Plan will offer enhanced coverage to those employees and dependents enrolled in any of the Plan's medical benefit options to the extent required by law. You will not owe any copayments, coinsurance, or deductible for approved and authorized COVID-19 testing, as well as related items and services during a visit that results in an order for or administration of a COVID-19 test. The waiver of member cost-sharing applies in and out of network.

Temporary removal of cost sharing for COVID-19 treatment

The Aetna Medical Plan will waive cost-sharing (copayments, coinsurance, deductibles) for eligible inpatient medical expenses for covered services, both in network and out of network, when associated with COVID-19 diagnosis through December 31, 2020.

Temporary removal of cost sharing for telehealth services

Effective March 6th, 2020 through June 4th, 2020, the Plan waived cost-share (copayments, coinsurance, deductibles) for all telehealth services, regardless of whether such services were related to COVID-19. Effective March 6th, 2020 through December 31, 2020, the Plan will waive cost-share (co-payments, co-insurance, deductibles) for in-network telemedicine visits for outpatient behavioral health and mental health counseling services only.

Certain Plan deadlines extended during Outbreak Period

Recent government guidance issued in response to the COVID-19 National Emergency requires the Plan to disregard the Outbreak Period when determining certain Plan deadlines. This means that deadlines related to HIPAA Special Enrollment events, COBRA notifications, elections and payments, and certain ERISA Benefit Claims and Appeals rules will be tolled until the end of the Outbreak Period. This guidance impacts applicable deadlines and timeframes that begin during the Outbreak Period as well as those that began prior to the Outbreak Period but that had not yet lapsed.

The Outbreak Period is defined as the period from March 1, 2020, through 60 days after the announced end of the COVID-19 “National Emergency” (or such other time as the government agencies may announce in the future). While we don’t know when the Outbreak Period will end, this relief from Plan deadlines is temporary.

For examples of how some of these extensions impact these deadlines, please see the *Examples of how Extension Rules Will Work* section of this SMM.

HIPAA Special Enrollment Period

HIPAA special enrollment rights allow you to enroll yourself and/or your dependent(s) in medical, dental and vision coverage following certain circumstances.

- If you (or your dependents) lose other medical, dental or vision coverage or when a person becomes your dependent by birth, adoption, placement adoption or marriage, you generally have 30 days to enroll in the Plan.
- If you lose eligibility for coverage under a state Medicaid or CHIP program, or if you become eligible for state premium assistance under Medicaid or CHIP, you generally have 60 days to enroll in the Plan’s medical benefits.

The Plan will disregard the Outbreak Period for purposes of calculating the 30-day or 60-day HIPAA special enrollment period.

COBRA continuation coverage

Your right to continued group health plan coverage under COBRA are described in your COBRA general notice. The Plan will disregard the Outbreak Period for determining the following COBRA deadlines for participants or qualified beneficiaries:

- The deadline to elect COBRA continuation coverage (normally 60 days starting on the date the election notice is sent)
- The deadline for the payment of COBRA initial premiums (normally 45 days after the COBRA election) or subsequent COBRA premiums
- The deadline to notify the Plan of a qualifying event, such as divorce or a dependent aging off the plan, or determination of disability (normally within 60 days of the event or determination)

Contact TW Ventures, Inc. Benefits Department at (818) 972-8914 if you have any questions about COBRA for you and/or your dependents.

Benefit Claims and Appeals Deadlines (including Health Care FSA Runout Period)

Your SPD describes the benefit claim and appeal deadlines that apply to those Plan benefits that are covered by the Employee Retirement Income Security Act of 1974 (ERISA). The following deadlines are impacted:

- The Plan will disregard the Outbreak Period for determining the deadline by which benefit claims have to be submitted and appealed.
- The Plan will disregard the Outbreak Period for determining when the health care runout period for purposes of submitting claims incurred during the 2019 plan year if the runout period would have otherwise ended during the Outbreak Period. The runout is extended to 30 days after the Outbreak Period. **Note:** This extension relief does NOT apply to Dependent Care FSAs.
- The Plan will also disregard the Outbreak Period for determining the deadline by which a participant must file or perfect a request for external review of a medical benefits claim.

Examples of how Extension Rules Will Work (assumes National Emergency ends on September 30, 2020 and Outbreak Period ends on November 29, 2020):

HIPAA Special Enrollment Rights. On March 31, 2020, Mary has a baby and typically would have until April 30, 2020 to enroll the child in her employer's group health plan. Because the Outbreak Period is disregarded for purposes of determining the special enrollment period, Mary has until December 29, 2020 to enroll her baby, provided Mary pays the premiums for any period of coverage.

COBRA Election & Payment (Electing after Outbreak Period). Sam's work hours are reduced and he no longer meets the Plan's eligibility requirements. Sam's coverage will terminate on March 31, 2020, if he doesn't elect COBRA. Sam is provided with a COBRA election notice on April 1, 2020. Normally, he would be required to elect COBRA by May 30, 2020. But the Outbreak Period must be disregarded:

- *Sam has until January 28, 2021 to make his election (60 days after the end of the Outbreak Period). Sam elects coverage January 28, 2021, with coverage effectively retroactive to April 1, 2020.*
- *Sam has until 45 days after January 28, 2021 to pay his initial premium. All other prior months' premiums due must be paid at this time.*

COBRA Payments (Enrolled in COBRA prior to/during Outbreak Period). If Sam had already been enrolled in COBRA on March 1, 2020 when the Outbreak Period began, Sam has until 30 days after the end of the Outbreak Period to pay for all months for which payment was due during the Outbreak Period. So, for all months of COBRA coverage for which payment would have otherwise been due during the Outbreak Period, Sam must pay his premiums by December 29, 2020.

[Click Here](#) for a copy of your SPD, and if you have questions or concerns about this SMM, contact the TW Ventures Inc. Benefits Department at (818) 640-9437.