

Summary of Material Modifications

To: Participants

**From: Imagine Early Learning Centers
HR Director**

**Re: Amendment to the Imagine Early Learning Centers Employee Benefits Plan
Benefit Policy Details Changes and Mandatory Legislative Updates**

Effective Date: November 1, 2023

This Summary of Material Modifications (SMM) describes changes to the Imagine Early Learning Centers Employee Benefits Plan (Plan) and supplements or modifies the information presented in your Summary Plan Description (SPD) with respect to the Plan. You should keep this SMM with the Plan's SPD and associated benefits documents provided to you upon enrollment in each benefit plan.

Summary of Plan Changes

- 1. Benefit Plan Changes.** Imagine Early Learning Centers ("IELC") hereby amends the Plan to modify the Plan's appointed group insurance policy issuers and contract administrators as follows:
 - Effective December 31, 2021, the Flexible Spending Account administered by WageWorks are terminated.
 - Effective February 1, 2022, IELC hereby adds Basic Life and Basic AD&D benefits administered by Prudential Life Insurance Company.

As of the Effective Date, the attached Appendix A ("Insurance Policy Issuers of Component Plans") and Appendix B ("Claims Administrator Contact Information") (**Attachment 1**) lists the Plan's appointed insurance policy issuers and claims administrators and shall supersede all prior versions of the same Appendices A and B to your SPD.

- 2. Expansion of the ACA's Patient Protections.** The Consolidated Appropriations Act of 2021 ("CAA") expands upon the original ACA patient protection rules.
 - a.** Effective as of January 1, 2022, the "Patient Protections" provisions under the "Affordable Care Act" section of the SPD's "ADDITIONAL HEALTH PLAN PROVISIONS" section shall be replaced in its entirety with the following:

Patient Protections

Designation of Primary Care Provider and Pediatrician. If a group health plan requires or allows a participant to designate a primary care provider (including for dependent child(ren)), or if the plan automatically designates a primary care provider for a participant, then the participant has the right to designate any primary care provider who participates in the group health plan's network and who is available to accept the participant or participant's family members. For dependent children this means a physician (allopathic or osteopathic) who specializes in pediatrics (including pediatric subspecialties).

Direct Access to Obstetrical and Gynecological Care. A participant, regardless of age, shall not need prior authorization from a group health plan or from any other person (including a primary care provider) to obtain access to obstetrical or gynecological care from a health care professional in the Plan's network who specializes in obstetrics or gynecology.

- b.** Effective as of January 1, 2022, the following new section ("Emergency Services and Surprise Medical Billing Protections") is hereby added to the SPD's "ADDITIONAL HEALTH PLAN PROVISIONS" section:

Emergency Services and Surprise Medical Billing Protections

Emergency Services. A group health plan that covers emergency services generally must provide such services regardless of whether the provider is in- or out-of-network and without requiring prior authorization. The group health plan generally cannot impose any cost-sharing requirement (i.e., copayment, coinsurance, deductible) greater than (or an administrative requirement/limitation more restrictive than) what would be imposed if the services were provided in-network.

Nonemergency Services. A group health plan that covers out-of-network nonemergency services performed in an in-network facility generally must cover such services without any cost-sharing requirement that is greater than would apply if provided in-network. However, the out-of-network provider is not prohibited from balance billing certain services so long as the participant receives prior notice and consents to the treatment.

Any cost-sharing payments made by a participant for the above out-of-network emergency or nonemergency services must count towards the group health plan's in-network deductible (if applicable) and out-of-pocket maximum.

Continuity of Care. When a group health plan provider ceases to be an in-network provider during a continuing care patient's ongoing course of treatment (as specified under the CAA) the plan generally must provide timely notice to the participant and potentially provide transitional care under the same terms and conditions as would have applied had no change occurred.

All other Plan provisions remain unchanged so long as they are consistent with these material modifications.

For additional information regarding the Plan or to request a copy of the Plan's SPD contact:

Imagine Early Learning Centers
Attn: HR Director
250 Bedford Park Boulevard West
Bronx, NY 10468
718-960-8553 or josie@imagineelc.com

If this SMM was delivered to you by electronic means, you have the right to receive a paper copy of the SMM upon request.

Plan Information:

Plan Name: Imagine Early Learning Centers Employee Benefits Plan

Plan Number: 502

Plan Year: November 1 through October 31 of the following calendar year.

APPENDIX A

IMAGINE EARLY LEARNING CENTERS EMPLOYEE BENEFITS PLAN SUMMARY PLAN DESCRIPTION

Insurance Policy Issuers of Component Plans

This Appendix A reflects the Plan benefits as of November 1, 2023. The Benefit Documents for the following Component Plans are incorporated by reference herein. All subsequent updates to such Benefit Documents will supersede any earlier versions for the periods defined in the updated materials.

Fully-Insured Component Plans	Policy/Group No.	Type of Benefit
Cigna 900 Cottage Grove Road Bloomfield, CT 06002	10184777	Dental – DHMO Dental – PPO
	3338263	Vision
EmblemHealth 55 Water Street New York, NY 10041	1100427	Medical – EPO Medical – HMO
Prudential Life Insurance Company 751 Broad Street Newark, NJ 07102	71034	Basic Life/AD&D

APPENDIX B

IMAGINE EARLY LEARNING CENTERS EMPLOYEE BENEFITS PLAN SUMMARY PLAN DESCRIPTION

Claims Administrator Contact Information

Use the address and phone number provided on your ID Card if different.

Benefit Type	Claims/Claims Appeals Contact Information		
	Mailing Address	Phone No.	Online
Medical	EmblemHealth Attn: Claims Department PO Box 2845 New York, NY 10116 <u>Claims Appeals:</u> EmblemHealth Attn: Member Appeals PO Box 2844 New York, NY 10116	866-274-0060	www.emblemhealth.com
Dental	Cigna Dental Attn: Claims Department PO Box 188037 Chattanooga, TN 37422-8037	800-244-6224	www.mycigna.com
Vision	Cigna Vision Attn: Claims Department PO Box 385020 Birmingham, AL 35238	800-244-6224	www.mycigna.com
Life/AD&D	Prudential Attn: Claims Department PO Box 70182 Philadelphia, PA 19176	800-524-0542	www.prudential.com/mybenefits