2021 Summary of Material Modifications for The Nelson Trust Active Participant Plan

Please keep this Summary of Material Modifications ("SMM") with your Summary Plan Description ("SPD"). Together, these documents inform you of your rights and benefits under your Plan. The SPD and all SMMs are available from the Trust Office (see address below) or on-line at www.nelsonbenefits.org.

SUMMARY OF CHANGES FOR 2021

This SMM recaps changes to the Active Participant Plan approved by The Nelson Trust's Board of Trustees, effective January 1, 2021. Please review this SMM so that you understand what is changing. There are three areas which changed:

- Interim COVID-19 Benefits: Some temporary COVID benefits are ending
- Specialty Prescriptions: Some copays are changing, and a copay assistance program added
- Dental Plan: A benefit update that integrates current clinical and administration practices

1. INTERIM COVID-19 BENEFITS

Some of the Trust's interim COVID-19 Benefits, added temporarily in 2020, are ending December 31, 2020. The chart below summarizes the benefits which did and did not change. The most significant change is the end of the temporary waiver of deductibles and copays for telehealth services. However, the waiver of cost-sharing for COVID Testing will continue for the foreseeable future.

Benefits and Services	Available thru December 31, 2020	Available after January 1, 2021
Virtual Visits with your Physician (network primary care providers)	No Cost Share	$10 copay, no deductible
Doctor on Demand (video conferencing)	No Cost Share	*Service discontinued*
98point6 (Text-Based Care)	No Cost Share	*Service discontinued*
24-Hour NurseLine (Provided by Premera BlueCross)	No Cost Share	No Cost Share
COVID-19 Testing (provider ordered, FDA approved tests)	No Cost Share	No Cost Share (until further notice)
COVID-19 Treatment & Services (professional, hospitalization, Rx)	Regular Cost Sharing	Regular Cost Sharing

2. SPECIALTY PRESCRIPTION MEDICATIONS

Specialty medications, up to a 30-day supply, must be filled by MaxorPlus Specialty Pharmacy. Starting January 1, 2021, there are two changes to specialty medications. First, there are two new copayment tiers for specialty medications. Second, there is a new service to lower specialty copayments for members when copay assistance is available from a drug manufacturer.

- The new Tier 4 copay applies when copayment assistance is available. MaxorPlus will work with both the member and the drug manufacturer when copay assistance is available.
  - ✓ Using copay assistance will likely lower your copayment for the specialty medication. To make sure you are protected, your copay will not exceed the $100 copay for a 30-day supply that would apply under Tier 5.
  - ✓ Maxor reports that in 2020 member copayments, after copay assistance, range from $0 to $25 for a 30-day supply. You should note that copay assistance programs can change or terminate at any time, at the manufacturer's discretion.
- The new Tier 5 copay applies when no copay assistance available. The member pays 20% of the prescription cost. The 20% copay is capped at $100 per prescription for a 30-day supply.
- All prescription copayments which the member pays accumulate toward the annual prescription out-of-pocket limit of $2,600 per person and $5,200 per family.

PRESCRIPTION DRUGS **Retail & Specialty: 30-Day Supply**	Benefits thru December 31, 2020	Benefits after January 1, 2021
Tier 1: Generic Drugs	$10 copay	$10 copay
Tier 2: Formulary / Preferred Brand	30% coinsurance to: ▪ $30 copay minimum ▪ $60 copay maximum	30% coinsurance to: ▪ $30 copay minimum ▪ $60 copay maximum
Tier 3: Non-Formulary / Non-Preferred Brand	50% coinsurance to: ▪ $50 copay minimum ▪ $100 copay maximum	50% coinsurance to: ▪ $50 copay minimum ▪ $100 copay maximum
Tier 4: Specialty Medications ***with*** Copay Assistance *New Tier*	Tier 1, 2, or 3 copays apply	20% coinsurance reduced by copay assistance. Copay will not be more than Tier 5 copay.
Tier 5: Specialty Medications ***without*** Copay Assistance *New Tier*	Tier 1, 2, or 3 copays apply	20% coinsurance to a maximum of $100 for a 30-day supply

3. DENTAL PLAN: A COMPREHENSIVE UPDATE

The Trust's Dental Plan is changing to include the most up-to-date clinical and dental practices as reflected on the dental benefit chart below. The changes begin January 1, 2021. If you have dental questions, call Delta Dental of Oregon at (877) 277-7280 or the Trust Office (numbers below).

DENTAL SERVICES	Benefits thru December 31, 2020	Benefits after January 1, 2021
Accidental injury	Accidental injury coverage was secondary to medical	Standard Coordination of Benefits (COB) rules to determine the primary or secondary order
Athletic Mouthguard	Athletic mouthguards were not previously covered	Cover athletic mouthguards at 50% once every 12 months for members age 15 and under and once every 24 months age 16 and over. Over the counter athletic mouthguards not covered
Bone replacement graft	Bone replacement graft was covered subject to consultant review	Bone replacement grafts are limited to once per single tooth or multiple teeth within a quadrant in any 3-year period
Composite restoration	Composite restoration in posterior tooth was not covered. Member paid the difference between amalgam and composite	Composite restoration in posterior tooth is covered
Consultation	Consultation was covered regardless of whether the related services were covered	Consultation in conjunction with non-covered services is denied
Endodontic services	Retrograde fillings were covered	Retrograde fillings by the same dentists within a 2-year period of the initial retrograde filling is not covered
Implants	Implant was not previously covered	Add implant placement and removal as being covered once per lifetime per tooth space

DENTAL SERVICES	Benefits thru December 31, 2020	Benefits after January 1, 2021
Inlays	Inlays were considered an optional service and an alternate benefit of an amalgam filling will be provided	Inlays are an optional service and the alternate benefit will now be composite filling
Interim caries arresting medicament	Not covered	Interim caries arresting medicament application is covered twice per tooth per benefit year Restorations within 3 months of interim caries arresting medicaments are not covered
Nightguard (occlusal guard)	Occlusal guard was not previously covered	Occlusal guard is covered at 100%; no deductible up to a maximum of $150. Repairs and relines are not covered within initial 6 months of placement. After that 6-month period, repairs and relines are only covered once in every 12-month period
Osseous surgery	Osseous surgery was covered subject to consultant review	Osseous surgery is limited to 2 quadrants per date of service
Periodic or comprehensive exams	Problem focused, detailed, extensive oral evaluations were covered twice per year separate from periodic and comprehensive exams	Problem focused, detailed, extensive oral evaluations are covered as a periodic and comprehensive exam
Post-operative care for oral and maxillofacial surgery	Post-operative care for oral and maxillofacial surgery was covered subject to consultant review within 30 days of the surgical service	A separate charge for post-operative care done within 30 days following oral surgery is not covered

DENTAL SERVICES	Benefits thru December 31, 2020	Benefits after January 1, 2021
Prosthodontic services	Re-cement or re-bond implant/abutment supported crown or fixed partial denture was covered	Re-cement or re-bond implant/abutment supported crown or fixed partial denture is limited to once in any 12-month period
Pulp Capping	Pulp capping was covered only when there was exposure of the pulp	A separate charge for pulp capping is not covered
Re-cement and Re-bond	Re-cement or re-bond of a crown, inlay, onlay or veneer are covered	Re-cement or re-bond of a crown, inlay, onlay or veneer, by the same dentist, is limited to once per lifetime
Repair to crown, inlay and onlay	The Plan reviewed for necessity if the repair was made to a crown, inlay or onlay within 24 months by a different dentist	Repair made to a crown, inlay or onlay within 24 months is denied
Restorative services clarification	N/A	Added language that the Plan denies post and core in addition to a crown unless less than half the coronal tooth structure remains
Space maintainer	The Plan allowed once per space. Space maintainers for primary anterior teeth or missing permanent teeth or for members age 14 or over are not covered	The Plan allows once per space per quadrant as a lifetime benefit. Space maintainers for primary anterior teeth or missing permanent teeth or for members age 14 or over are not covered