An Amendment and Summary of Material Modifications (SMM) to the Summary Plan Description for the Woods Services, LLC Claim Watcher Health Plan
Effective November 1, 2024

Woods Services, LLC sponsors the Woods Services, LLC Claim Watcher Health Plan. This document is intended to notify you of important plan changes to the Woods Services, LLC Claim Watcher Health Plan which are effective as of November 1, 2024, unless otherwise noted. This SMM supplements the November 1, 2023 Summary Plan Description (SPD).

Except as amended by this SMM, all terms, conditions, limitations, and exclusions of the SPD as noted will remain in full force and effect. In the event of any discrepancy between this SMM and the SPD, the provisions of this SMM shall govern.

Changes include the following:

1. **Mental Health/Illness**:
    a. Reduction of Outpatient Professional/Facility Services/Office Visit from a $30 copayment to a $20 copayment.
2. **Ambulance Pre-Authorization Clarification**:
    a. Pre-Authorization is no longer required for emergency air ambulance usage.
3. **Autism Coverage**:
    a. Language is updated to tie the annual maximum for the screening, diagnosis, and treatment of autism to the annual Consumer Price Index for Urban Customers (CPI-U), which will increase to $48,876 starting November 1, 2024; clarify that members under 21 are eligible for autism coverage, rather than members 21 years and younger, to be consistent with Pennsylvania law; and clarify other language. Please see language changes below.
4. **Fertility Benefit**:
    a. The Health Plan will reduce its coverage of in-vitro fertilization from a maximum of 4 cycles to a maximum of 3 cycles. There will also be a family lifetime maximum benefit of $18,000. Please see language changes below.

AUTISM

The following language will be eliminated from "Plan Definitions:"

> "Essential Health Benefits" means, under section 1302(b) of the Patient Protection and Affordable Care Act, those health benefits to include at least the following general categories and the items and services covered within the categories: ambulatory patient services; Emergency Services; Hospitalization; maternity and newborn care; Mental Health and Substance Abuse disorder services, including behavioral health treatment; Prescription Drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic Disease Management; and pediatric services, including oral and vision care.

The following language will be <u>eliminated</u> from "Plan Exclusions and Limitations:"

Autism. Services for Autism Spectrum Disorders that exceed the Annual Benefit Maximum shown in the Schedule of Covered Expenses**.** Educational services and treatment of behavioral disorders, together with services for remedial education including evaluation or treatment of learning disabilities, minimal brain dysfunction, developmental and learning disorders, behavioral training, and cognitive rehabilitation. This includes services, treatment or educational testing and training related to behavioral (conduct) problems, learning disabilities, or developmental delays. Special education, including lessons in sign language to instruct a Covered Person, whose ability to speak has been lost or impaired, to function without that ability, are not covered. This item does not apply to the treatment of Mental or Nervous Disorders, including Pervasive Developmental Disorders, developmental disabilities and Autism as provided in the Article entitled "Medical Benefits."

The following language will be <u>added</u> under "Medical Benefits:"

Autism - Diagnosis and Treatment of Autism and Other Developmental Disabilities

The Plan provides coverage for dependent children under age 21 for charges for the screening and diagnosis of autism and covers Medically Necessary and Appropriate treatment focused on the core deficits of Autism Spectrum Disorder (ASD), including Behavioral Interventions Based on Applied Behavior Analysis (ABA) and Related Structured Behavioral Programs. For the screening, diagnosis, and treatment of autism, there is an Annual Benefit Maximum of $48,876. *If there is an increase in the annual Consumer Price Index for Urban Customers (CPI-U), the Annual Benefit Maximum will increase at the same percentage. Contact Customer Service at the phone number on the Member Identification Card to obtain the current Annual Benefit Maximum.*

Copayments, Deductibles, and Coinsurance paid by the Covered Person are not included in the Annual Benefit Maximum.

Interventions and programs must be prescribed in a treatment plan that is:

1. Provided by a Board-Certified Applied Behavior Analyst (BCBA) or other qualified provider under the appropriate supervision.
2. Focused on treating maladaptive/stereotypic behaviors that are posing danger to self, others and property and impairment in daily functioning.

Definition of Behavioral Interventions Based on Applied Behavioral Analysis (ABA):

ABA is a commonly used approach for managing ASD symptoms and to help improve other cognitive conditions, focusing on behavior and consequence, with treatment goals usually centered around improving social and communication skills and sharpening other abilities. ABA therapy can help individuals with developmental disabilities increase their independence in daily living skills, like dressing, eating and other personal care. Developmental Disabilities are defined as a group of conditions due to an impairment in physical, learning, language, or behavior areas.

For the purposes of this Plan Document, the manifestations or symptoms of the condition must be present in childhood years and expected to be present for life. Developmental Disability includes, but is not limited to, severe disabilities attributable to intellectual disability; autism; cerebral palsy; epilepsy; spina-bifida; and other neurological impairments where the above criteria are met.

If a Covered Person's primary diagnosis is autism or another Developmental Disability, coverage is provided for the following Medically Necessary and Appropriate Therapy Services, as prescribed in a treatment plan:

- Occupational Therapy needed to develop the Covered Person's ability to perform the ordinary tasks of daily living.
- Physical Therapy needed to develop the Covered Person's physical functions, and
- Speech Therapy needed to treat the Covered Person's speech impairment.

Benefits for these services are payable on the same basis as for other conditions.

The following language will be <u>added</u> in the "Plan Exclusions and Limitations" section:

Additional coverage limitations determined by plan or provider type are shown in the Schedule of Medical Benefits. Payment for the following is specifically excluded from this plan:

1. Care required by state or federal law to be supplied by a public school system or school district.
2. Services solely educational in nature or otherwise paid under state or federal law for purely educational purposes.
3. Treatment of disorders diagnosed as organic mental disorders related to permanent dysfunction of the brain.
4. Services performed in connection with conditions not classified in the current edition of the International Classification of Diseases section on Mental and Behavioral Disorders or Diagnostic and Statistical Manual of the American Psychiatric Association.
5. Outside of an initial assessment, services as treatments for a primary diagnosis of conditions and problems that may be a focus of clinical attention but are specifically noted not to be mental disorders within the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association.
6. Outside of initial assessment, unspecified disorders for which the provider is not obligated to provide clinical rationale as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association.
7. Tuition for or services that are school based for children and adolescents required to be provided by, or paid for by, the school under the Individuals with Disabilities Education Act.
8. Transitional Living services.

9. Treatment of developmental delays or disorders, such as developmental reading, arithmetic, language, or articulation disorders.

The "Schedule of Medical Benefits" section on Autism will be fully replaced by the following:

AUTISM – DIAGNOSIS AND TREATMENT OF AUTISM AND OTHER DEVELOPMENTAL DISORDERS FOR DEPENDENT CHILDREN UNDER AGE 21

Occupational, Physical and Speech Therapy as prescribed in a treatment plan.**	$20 copay
Appropriate Behavioral Interventions (ABA) based on Applied Behavioral Analysis and Related Structured Behavioral Programs, if prescribed in a treatment plan.**	Payable similar to other conditions depending on the Provider rendering the Service

For the screening, diagnosis, and treatment of autism, there is an Annual Benefit Maximum of $48,876. If there is an increase in the annual Consumer Price Index for Urban Customers (CPI-U), the Annual Benefit Maximum will increase at the same percentage. Contact Customer Service at the phone number on the Member Identification Card to obtain the current Annual Benefit Maximum. Copayments, Deductibles, and Coinsurance are not included in the Annual Benefit Maximum.

INFERTILITY

The following language will be <u>eliminated</u> under "Plan Definitions":

"**Infertility**" means a Disease or condition that results in the abnormal function of the reproductive system such that:

1. A male is not able to impregnate a female;
2. A female is unable to conceive after 12 months of unprotected sexual intercourse;
3. The male or female is determined to be medically sterile; or
4. The female is not able to carry a Pregnancy to live birth.

Additionally, a female without a male partner may be considered infertile if:

1. For females under age 35, she is unable to conceive after at least 12 cycles of donor insemination.
2. For females age 35 or older, unable to conceive after at least 12 cycles of donor insemination.

The term does not apply to a person who has been voluntarily sterilized, regardless of whether the person has attempted to reverse the sterilization.

This language will be <u>replaced</u> by the following:

"**Infertility**" means a Disease or condition that results in the abnormal function of the reproductive system such that:

1. A male is unable to impregnate a female.
2. A female with a male partner and under 35 years of age is unable to conceive after 12 months of unprotected sexual intercourse.
3. A female with a male partner and 35 years of age or over is unable to conceive after six months of unprotected sexual intercourse.
4. A female without a male partner and under 35 years of age is unable to conceive after 12 failed attempts of intrauterine insemination under medical supervision.
5. A female without a male partner and over 35 years of age is unable to conceive after six failed attempts of intrauterine insemination under medical supervision.
6. Partners are unable to conceive as a result of involuntary medical sterility.
7. A person is unable to carry a pregnancy to live birth.

The term does not apply to a person who has been voluntarily sterilized, regardless of whether the person has attempted to reverse the sterilization.

The following language will be added under "Medical Benefits:"

The following treatments and services are covered, pursuant to the appropriate benefit levels:

- In vitro fertilization (IVF), including fresh and frozen embryo transfers, with (3) three completed egg retrievals per lifetime
- IVF using donor eggs, and IVF where the embryo is transferred to a gestational carrier (surrogate)
- Intracytoplasmic sperm injection (ICSI)
- Artificial insemination
- Assisted hatching
- Fertility surgery
- Fertility medications
- Gamete intrafallopian transfer (GIFT)
- Zygote intrafallopian transfer (ZIFT)
- Fertility testing and diagnostics
- Ovulation induction.
- Testing for infertility as a condition
- FDA approved prescription medications related to fertility treatment

<u>Maximum</u>
All health and pharmacy benefits covered under Infertility will be subject to a combined family lifetime maximum of $18,000.

The following language will be eliminated under "Plan Exclusions and Limitations:"

No more than four cycles of any and all types of IVF services are Covered.

The following language will be added under "Plan Exclusions and Limitations:"

No more than three cycles of any and all types of IVF services are Covered. All health and pharmacy benefits covered under Infertility will be subject to a combined family lifetime maximum of $18,000.