

AMENDMENT TO THE PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION OF
GREENWICH HOSPITALITY CORPORATION GROUP HEALTH PLAN

EFFECTIVE MARCH 1, 2023, THE PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION OF GREENWICH HOSPITALITY CORPORATION ARE HEREBY AMENDED AS FOLLOWS:

Under **DEFINITIONS**, the following is added:

“Antineoplastic Drugs”

“Antineoplastic Drugs” are medications used to treat cancer, including but not limited to chemotherapy.

Under **SUMMARY OF MEDICAL BENEFITS**, the following benefits are amended as indicated in bold below.

Covered Medical Expenses	Network	Non-Network	Limits & Other Important Information
Allergy Services			
Office Visit and Testing – Primary Care Physician	\$25 copay per visit; no deductible	60% after deductible	
Office Visit and Testing - Specialist	\$50 copay per visit; no deductible	60% after deductible	
Chiropractic Care	\$50 copay per visit; no deductible	60% after deductible	Limited to 20 visits per Plan Year.
Diagnostic Procedures Office and Outpatient			
X-ray, Laboratory and other Diagnostic Services- Primary Care Office	\$25 copay per visit; no deductible	60% after deductible	If surgery or testing is performed on the same day as an office visit, only one copay will apply.
X-ray, Laboratory and other Diagnostic Services- Specialist Office	\$50 copay per visit; no deductible	60% after deductible	
Mental Health			
Office Visit/Outpatient Therapy	\$25 copay per visit; no deductible	60% after deductible	
Physician Services			
Office Visit – Primary Care	\$25 copay per visit; no deductible	60% after deductible	If surgery or testing is done in the physician’s office only one copay will apply.
Office Visit – Specialist	\$50 copay per visit; no deductible	60% after deductible	
Substance Abuse			
Office Visit/Outpatient Physician	\$25 copay per visit; no deductible	60% after deductible	

Covered Medical Expenses	Network	Non-Network	Limits & Other Important Information
Surgical Services – Inpatient and Outpatient			
Surgeon Office/Primary	\$25 copay per visit; no deductible	60% after deductible	If surgery or testing is done in the physician's office only one copay will apply.
Surgeon Office/Specialist	\$50 copay per visit; no deductible	60% after deductible	
Therapy			
Occupational/Physical/Speech	\$25 copay per visit; no deductible	60% after deductible	Limited to 60 visits combined per Plan Year.

Under **Prescription Drug Benefits**, the copayment for non-preferred brand drugs is revised as noted below in bold print.

Prescription Drug Benefits

Covered Prescription Drug Expenses:	Participating Pharmacy	Non-Participating Pharmacy
Pharmacy Option: (30 day supply. For a 90 day supply at retail, three retail copays apply).		
Copayment per prescription or refill, for non-preferred name brands	\$60 copay per prescription; no deductible	Not Covered
Mail Order Maintenance Option: (90 day supply).		
Copayment per prescription or refill, for non-preferred name brands	\$150 copay per prescription; no deductible	Not Covered

Under the **SUMMARY OF DENTAL BENEFITS**, the Plan Year maximum benefit for Type I, II and III is increased as noted in bold and coverage for Type IV (Orthodontic) is added as noted in bold.

Deductible per Individual per Plan Year (Basic, and Major only)	\$50
Deductible per Family per Plan Year (Basic and Major only)	\$150
Maximum benefit per Individual per Plan Year (Type I, II, III)	\$2,500
Maximum benefit per Individual per Lifetime (Type IV)	\$2,000

Covered Dental Expenses:	Payment Level
Preventive (Type I Services)	100%
Basic (Type II Services)	80%
Major (Type III Services)	50%
Orthodontic (Type IV Services dependents under age 19)	50%
<i>Charges are limited to Usual and Customary fees.</i>	

Dental Benefits are separate from and in addition to the Medical Benefits of this Plan. These benefits are available only if elected by an Employee for himself/herself and eligible Dependents.

A covered charge for orthodontic treatment is incurred on the date the active appliance is first placed.

Under **UTILIZATION MANAGEMENT**, all wording under **Oncology Care Integration Program** is deleted and replaced with the following:

ONCOLOGY CARE INTEGRATION PROGRAM

To Pre-certify the following services call: 1-800-983-1590

- **Antineoplastic Treatment including Supportive Medications; and**
- **Radiation Treatment**

This provision describes a special medical management program designed for certain aspects of care received by cancer patients.

Your Plan has entered into an arrangement with a company specializing in oncology management, to assist you and your oncologist during the course of cancer treatment when administered either in an outpatient setting (e.g. in the physician's office or other covered outpatient setting) or an inpatient setting. The program applies to radiation and/or antineoplastic treatment and other oncology pharmaceuticals to be used in connection with your cancer treatment.

In order to initiate these oncology management services, your oncologist should contact your Third Party Administrator to verify Plan benefits. At that time, your oncologist will be asked to contact at the following number and to provide to your assigned Oncology Nurse Specialist (ONS) a copy of the treatment plan that your oncologist has prescribed for you.

1-800-983-1590

**Available to you and your oncologist
24 hours a day 7 days a week**

Once the oncologist has contacted the oncology management company, your assigned ONS will contact you periodically to provide support, education, and answer any questions you might have about your disease and your treatment plan. Your assigned Oncology Nurse Specialist will remain in contact with you and your oncologist for the duration of your radiation and/or antineoplastic treatment. In addition, clinical oncology pharmacists will be available to you and your oncologist on a 24/7 basis by contacting 1-800-983-1590. You will be encouraged to call this number if you have questions regarding the cancer drugs being used to treat your cancer, related side effects and other quality of life issues.

If your oncologist determines that oral anti-cancer drugs and/or supportive medications should be taken in your home following inpatient or outpatient antineoplastic treatment, your oncologist should contact the oncology management company and those drugs will be sent directly to your home address or available at your local pharmacy in time to meet the medication schedule specified by your oncologist. A clinical oncology pharmacist will call you to discuss the medications and answer any questions you may have about the specific drugs you are taking at home.

Reduced Benefits for Failure to Follow Required Review Procedures:

Failure to pre-certify will result in a reduction in benefits of 20% to a maximum of \$500 per incident or course of treatment for therapy, in addition to any applicable deductible and/or copayment before the Plan will consider the remaining covered expenses for reimbursement. If the services are determined not to be Medically Necessary, the Participant will be fully responsible for any expenses that are incurred.

The reduction in benefits assessed when you do not comply with the review procedures does not apply toward your deductible and/or out-of-pocket maximum.

In order to receive benefit payments under the Plan, your oncologist's radiation and/or antineoplastic plan of treatment must be received by the oncology management company and deemed not to be Experimental/Investigational as defined by the Plan.

Under **DENTAL BENEFITS, PRE-TREATMENT REVIEW**, the following provision is added:

A treatment plan must always be sent to the Third Party Administrator before orthodontic treatment starts.

Under **DENTAL BENEFITS, DEDUCTIBLE**, the following provision is added:

Type IV Orthodontic Services

This Plan provides benefits for Type IV orthodontic services for dependents under age 19. These charges must be Incurred while the individual is covered under this Plan.

Covered Type IV expenses are paid at the payment rate shown in the Summary of Benefits. Using the treatment plan, the total benefits are calculated. The total benefit to be paid is divided into equal payments, which are spread out over the shorter of two years or the proposed length of treatment.

The initial payment is made when the active appliance is first placed. Further payments are made at the end of each subsequent three-month period. But treatment must continue and the Participant must remain covered. What is paid is subject to the orthodontic lifetime maximum shown in the Summary of Benefits and to all of the terms of this plan.

Orthodontic benefits will not be charged against the Plan Year maximum limit that applies to all other services.

Under **DENTAL BENEFITS, COVERED DENTAL EXPENSES**, the first paragraph is deleted and replaced with the following:

The services covered by this plan are named in the following list. Each service on this list has been placed in one of four groups. Each type of service is covered as shown in the Summary of Benefits. Type I services are preventive services. Type II services are basic services. Type III services are major services. Type IV services are orthodontic services.

Under **DENTAL BENEFITS, COVERED DENTAL EXPENSES**, the following is added:

TYPE IV - ORTHODONTIC SERVICES

Any Type I, II or III services furnished in connection with orthodontic treatment.

Surgical exposure of impacted or unerupted teeth in connection with orthodontic treatment - Allowance includes routine x-rays, local anesthetics and post-surgical care.

Active appliances - all types - Allowance includes diagnostic services, the treatment plan, the fitting, making and placing of the active appliance, and all related office visits including post-treatment stabilization.

Under **DENTAL BENEFITS, EXCLUSIONS**, number 3 is deleted.

The **SUMMARY OF VISIONS BENEFITS** is deleted.

IN WITNESS WHEREOF, the Plan Sponsor has caused this Plan to be amended, as of the Effective Date of March 1, 2023.

GREENWICH HOSPITALITY CORPORATION

By: *S. Nasiri*

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Date: 03/01/2023

Title: CFO/COO

2023-01