

Summary of Material Modification

Marmon Healthcare Plan Plan Level - D

Effective Date of Change – January 1, 2015

Effective January 1, 2015 the Summary Plan Description for the Marmon Healthcare Plan is modified as noted below with respect to benefits potentially provided under the Plan's "D" level of benefits.

- The Hospital Emergency Care Copayment is increased to \$125.
- The family Out-of-Pocket limit per Benefit Period relating to benefits under the terms of the Outpatient Prescription Drug Program is \$4,500.
- Benefits for prescription drugs that are listed as part of the Prime Therapeutics Specialty Drug Program will only be available under the terms of that program. Plan benefits for drugs on the Specialty Drug listing will not be available if obtained on an Out-of-Network basis, nor will a benefit be available if they are obtained from a retail pharmacy
- Benefits for prescription drugs obtained from a Prescription Drug Provider will be limited to a (thirty) 30 day supply, unless obtained through the Outpatient Prescription Drug Program's mail-order alternative or as part of the Prime Therapeutics Specialty Drug Program.
- Prescription drug benefits obtained under the Outpatient Prescription Drug Program will be governed by a claims protocol known as "Member Pay the Difference" which means that the benefit will be calculated based on the difference in the cost for prescriptions when a brand name drug has a generic equivalent. The member (meaning Eligible Person) will be responsible for the non-formulary brand copayment plus the difference in cost between the non-formulary brand drug and its generic equivalent. However, if the member's doctor has a particular clinical reason for prescribing the brand drug and indicates "do not substitute" or "dispense as written" on the prescription, the cost to the member would be limited to the non-formulary brand copayment.
- Benefits for prescription drugs purchased In-Network will be provided in compliance with the Affordable Care Act and its associated regulations.
- Subject to all of the terms and conditions of the Plan, Medically Necessary Inpatient benefits are available for the diagnosis and/or treatment of Mental Illness and Substance Use Disorders in a Residential Treatment Center. The limitation of (one) 1 course of such treatment In-Network per lifetime is removed.
- A program of medical and/or behavioral telecommunications based consultations will be available through an organization known as MDLIVE. The cost of the consultations will be borne by the member (meaning Eligible Person) and be counted as part of the annual medical Out-of-Pocket limit for In-Network services.

The Marmon Group LLC
Plan Administrator
181 West Madison Street
Floor 26
Chicago, IL 60602