

AMENDMENT NO. 1

to the Summary Plan Description of the

LAKESIDE INDUSTRIES, INC. GROUP MEDICAL AND DENTAL PLAN

The Summary Plan Description effective 01/01/2023 is amended effective 05/12/2023, as follows:

Within the **Pre-Authorization of Inpatient Medical Facility Admissions and Outpatient Surgery** provisions, delete the **Pre-authorization** language as follows:

Delete:

Pre-authorization is not required for services related to the treatment of COVID-19.

Within the **Schedule of Benefits** delete the **COVID-19 Benefit**:

Delete:**COVID-19 BENEFIT****Diagnostic Testing and Laboratory**

Includes all related tests received the same day and includes services received in an Emergency room, urgent care facility, physician's office, or other diagnostic testing facility or laboratory. Services received from an Out-of-Network provider will be based upon billed charges.

Over the counter (OTC) tests are not covered under the medical benefits of the Plan. Please see the Pharmacy Benefits for details regarding the purchase of OTC tests.

100%
deductible waived

100%
deductible waived

100%
deductible waived

Office Visits/Treatment

Paid the same as any
other illness

Paid the same as
any other illness

Paid the same as
any other illness

Within the **General Exclusions to the Medical Plan**, revise the **Routine Services** exclusion as follows:

Routine Services - Services or supplies that are not directly or related to an illness, injury, or distinct physical symptoms. Routine services include health examinations required:

- By a third party, including examinations and treatments required to obtain or maintain employment (excluding exams required by the Department of Transportation), or which
- An employer is required to provide under a labor agreement;
- For securing insurance, school admissions or professional or other licenses;
- For administrative purposes;

- As a premarital requirement;
- To travel;
- To attend a camp, sporting event, or to participate in other recreational activities;
- Any special medical reports not directly related to treatment except when provided as part of covered service.

This exclusion does not apply to services and supplies specified under the Preventive Care Benefit, to routine mammograms.

Within the **General Exclusions to the Medical Plan**, revise the **Government Facility** exclusion as follows:

Government Facility - Charges by a facility owned or operated by the United States or any state or local government unless you are legally obligated to pay. This does not apply to covered expenses rendered by a medical facility owned or operated by the United States Veteran's Administration when the services are provided to you for a non-service related illness or injury. The exclusion also does not apply to covered expenses rendered by a United States military medical facility to you if you are not on active military duty.

Within the **General Definitions**, delete the definition of **Alternative Sites of Care** as follows:

Delete:

ALTERNATIVE SITES OF CARE – The Plan will consider alternate sites of care specifically set up by local, state, or federal authorities for the testing and treatment of COVID-19, the same as any other licensed facility for the purposes of payment of services by this Plan.

Within the **General Definitions**, revise the definition of **Medical Facility (Hospital)** as follows:

MEDICAL FACILITY (HOSPITAL) - An institution accredited by the Joint Commission on Accreditation of Healthcare Organizations and which receives compensation from its patients for services rendered. On an inpatient basis, it is primarily engaged in providing all of the following:

- Diagnostic and therapeutic facilities for the surgical and medical diagnosis, treatment, and care of injured and ill Participants, such as yourself.
- Services performed by or under the supervision of a staff of physicians/providers who are duly licensed to practice medicine.
- Continuous 24 hours a day nursing services by registered nurses.

For the services covered under this Plan and for no other purpose, inpatient treatment of mental illness or substance use, provided by any psychiatric medical facility licensed by the State Board of Health or the Department of Mental Health, will be considered services rendered in a medical facility as defined subject to the limitations shown in this booklet.

The term "Hospital" or "Medical Facility" will **not** include an institution which is primarily: a place for rest or retirement; a residential treatment facility (except as provided under the Substance Use Disorder Treatment or Mental Health Services benefit); a health resort; a place for the aged; a convalescent home; juvenile boot camps (e.g., Outward Bound, wilderness survival programs); or a nursing home.

Summary Plan Description Amendment Approval Notification

It is agreed by **Lakeside Industries, Inc.** that the provisions in the Summary Plan Description are amended and that these amendments are acceptable and will be the basis for the administration of the Plan as described herein.

Signed at **Issaquah, WA**, this _____ day of 6/23/2023 2023, for an effective date of May 12th, 2023.

Plan Representative

DocuSigned by:
Rhianna Argudo

Signature

Rhianna Argudo

Print Name

Benefits & Compensation Specialist

Title