



MEBA MEDICAL AND BENEFITS PLAN SUMMARY OF MATERIAL MODIFICATIONS

This Summary of Material Modifications advises you of changes in the information contained in the MEBA Medical and Benefits Plan Summary Plan Description (“SPD”), as required by the Employee Retirement Income Security Act of 1974. The Trustees of the MEBA Medical and Benefits Plan (the “Plan”) have amended the Plan to (1) provide additional coverage for gender reassignment surgery, provided that the guidelines referenced below are met; (2) provide additional coverage for nutritional counseling, provided that certain conditions described below are met; (3) provide additional coverage for gene therapy, provided that certain conditions described below are met; (4) provide additional coverage for SARs-CoV-2 and COVID-19 diagnostic testing and coronavirus preventative services, without imposing cost sharing requirements, provided that certain guidelines described below are met; and (5) provide additional coverage for telehealth services unrelated to the novel coronavirus during the public health emergency associated with COVID-19, subject to applicable Plan rules and cost-sharing requirements. The SPD will be changed as described below.

1. The Trustees have amended the Plan with respect to coverage for gender reassignment surgery. Accordingly, effective January 1, 2020, a new Section is inserted on page 23 of the SPD, after the Section entitled “Bariatric Procedures,” to read as follows:

Gender Reassignment Surgery

If an Eligible Employee or Dependent incurs Covered Medical Expenses in connection with gender reassignment surgery, such charges shall be payable in accordance with the Plan’s provisions for the payment of hospital, surgical, and medical benefits, provided the Eligible Employee or Dependent satisfies all the eligibility guidelines established by CareFirst for such surgery. Please contact CareFirst for information about the applicable eligibility guidelines for gender reassignment surgery.

2. The Trustees have amended the Plan with respect to coverage for nutritional counseling. Accordingly, effective October 25, 2018, the Section “Diabetes Treatment” on page 18 of the SPD is deleted entirely. Additionally, a new Section is inserted on page 18 of the SPD, after the Section entitled “Hospice Treatment”:

Nutritional Counseling

If an Eligible Employee or Dependent who is at risk due to nutritional history, current dietary intake, medication use, or chronic illness or condition incurs Covered Medical Expenses in connection with professional nutritional counseling, such charges will be payable in accordance with the Plan's provisions for the payment of hospital, surgical, and medical benefits, provided the Eligible Employee or Dependent satisfies all the eligibility guidelines established by CareFirst for such counseling. Please contact CareFirst for information about the applicable eligibility guidelines for nutritional counseling.

Nutritional counseling benefits are not provided for commercial weight loss or obesity programs, including but not limited to Diet Center®, Jenny Craig®, NutriSystem®, WeightWatchers®, or Physicians WEIGHT LOSS Centers®. Nutritional counseling beyond twelve (12) visits per condition per year is subject to medical review to determine medical necessity.

3. The Trustees have amended the Plan with respect to coverage for gene therapy. Accordingly, effective January 1, 2020, a new Section is inserted on page 23 of the SPD, after the new Section entitled "Gene Therapy," to read as follows:

Gene Therapy

Gene Therapy means a medically necessary nonexperimental technique approved by the Food and Drug Administration (FDA) that uses human genes to treat or prevent diseases, as defined in the Rules and Regulations. Non-human gene therapy does not constitute Gene Therapy and will not be covered.

If an Eligible Employee or Dependent incurs Covered Medical Expenses in connection with Gene Therapy, such charges will be payable in accordance with the Plan's provision for the payment of hospital, surgical, and medical benefits, provided the Gene Therapy is approved by the Food and Drug Administration ("FDA").

4. The Trustees have amended the Plan with respect to coverage of SARs-CoV-2 and COVID-19 testing and coronavirus preventive services to provide for coverage of testing and preventive services without imposing cost sharing requirements. Accordingly, effective March 18, 2020, the Section "Charges for Other Services and Supplies" on pages 22-23 of the SPD is amended by inserting the following bullet points:
 - SARs-CoV-2 and COVID-19 diagnostic testing, and items and services furnished to the Eligible Employee or Dependent during healthcare provider visits (including in-person visits and telemedicine visits), urgent care center visits, and emergency room visits to obtain such testing. The Plan shall pay 100% of such testing, items and services, regardless of whether such testing is provided by a PPO provider, subject to certain conditions described in the Plan Document. Coverage, with no cost-sharing, is limited to the period covered by the public health emergency declaration associated with COVID-19.

- Coronavirus preventive services, provided the item, service, or immunization has been approved by the United States Preventive Services Task Force (USPSTF), as specified in the Rules and Regulations, or recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC). The Plan will pay 100% of a coronavirus preventive service, effective not later than the 15th business day after a recommendation has been made by the appropriate authority.
5. The Trustees have amended the Plan with respect to coverage of telehealth services unrelated to the novel coronavirus during the public health emergency associated with COVID-19. Accordingly, effective March 18, 2020, the Section “Charges for Other Services and Supplies” on pages 22-23 of the SPD is amended by inserting the following bullet point:
- Covered medical services unrelated to COVID-19 provided by a PPO provider by telephone conference or video conference, subject to any applicable Plan rules and cost-sharing requirements that would apply to an in-person visit for the same service. Coverage is limited to the period covered by the public health emergency declaration associated with COVID-19.

If you have any questions regarding these changes, call the Plan Office’s Member Services Department at 410-547-9111 or 800-811-6322. Keep this notice with your SPD so that when you refer to the SPD, you will be reminded of the above changes.



Ann S. Gilchrist, Administrator