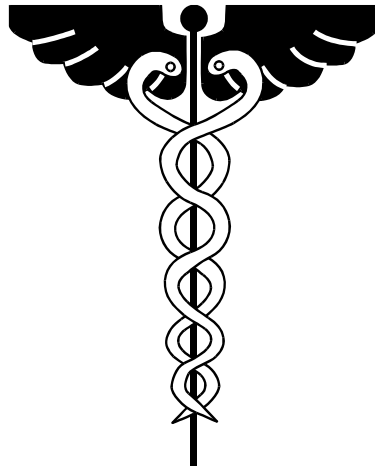


Sumner County Employees Insurance Trust Fund

Option's 1 & 2

Health Benefit Plan Summary of Material Modification



NOTICE

Please read this Summary of Material Modification (SMM) carefully and keep it in a safe place for future reference. It explains Your benefits as administered by BlueCross BlueShield of Tennessee, Inc. This SMM is effective June 1, 2023.

The EOC You received is hereby modified in the following sections:

1. SECTION IX - TERMINATION OF MEMBER COVERAGE, Sections 2. Termination of Coverage Due to Loss of Eligibility, & 3. Termination or Recession of Coverage, are removed and replaced as follows:

“2. Termination of Coverage Due to Loss of Eligibility

Your Coverage will terminate if You do not continue to meet the eligibility requirements agreed to by the Employer and the administrator during the term of the ASA. Coverage for a Member who has lost his or her eligibility shall automatically terminate at 12:00 midnight on the day of the final divorce decree. Dependents aging out of Coverage will be covered until the end of the month that

the Dependent ages out. For health insurance, Dependents age out at 26. For all other terminations of Coverage due to loss of eligibility, Coverage will continue until the end of the month of termination as long as the Premiums are paid in full.

Should You and Your spouse divorce, there are certain requirements and notices You are required to provide under State law.

If the divorce changes the level of Coverage, (from family to 2 person or 2 person to single coverage) Employer will use a give and take approach. If the final divorce date is first half of the month, the Employee will be refunded the difference; if it falls in the second half of the month the Employee will be responsible for the entire monthly amount.

3. Termination or Rescission of Coverage

The Plan may terminate Your Coverage, if You fail to make a required Member payment when it is due. (The fact that You have made a Payment contribution to the Employer will not prevent the administrator from terminating Your Coverage if the Employer fails to submit the full Payment for Your Coverage to the administrator when due). An Employee has a maximum of ten days after their final payroll to provide any unpaid Premiums or the Coverage will terminate at midnight on the day of termination. If Coverage is terminated on midnight of the day of termination, any unnecessary Premiums, if collected, will be refunded; or

- 1. You act in such a disruptive manner as to prevent or adversely affect the ordinary operations of the Plan; or*
- 2. You fail to cooperate with the Plan or Employer as required; or*
- 3. You have made a misrepresentation of fact or committed fraud against the Plan. This provision includes, but is not limited to, furnishing incorrect or misleading information or permitting the improper use of the membership ID card.*

At its discretion, the Plan may terminate or Rescind Coverage if You have made an intentional misrepresentation of material fact or committed fraud in connection with Coverage. If applicable, the Plan will return all Premiums paid after the termination date less claims paid after that date. If claims paid after the termination date are more than Premiums paid after that date, the Plan has the right to collect that amount from You or Your terminated dependents to the extent allowed by law. You will be notified thirty (30) days in advance of any Rescission.”

If You have any questions about this SMM or any other matter related to Your membership in the Plan, please write or call Us at:

**CUSTOMER SERVICE DEPARTMENT
BLUECROSS BLUESHIELD OF TENNESSEE, INC.,
ADMINISTRATOR
1 CAMERON HILL CIRCLE
CHATTANOOGA, TENNESSEE 37402
(800) 565-9140**



**BlueCross BlueShield
of Tennessee***

1 Cameron Hill Circle
Chattanooga, Tennessee
37402

www.bcbst.com

BENEFIT QUESTIONS?
Call the Customer Service
Number on the membership I.D. Card

SELF-FUNDED EOC (9/01)

Sumner County Employees

**Dental Benefit Plan
Summary of Material
Modification**



NOTICE

Please read this Summary of Material Modification (SMM) carefully and keep it in a safe place for future reference. It explains Your benefits as administered by BlueCross BlueShield of Tennessee, Inc. This SMM is effective June 1, 2023.

The EOC You received is hereby modified in the following sections:

1. **The ELIGIBILITY Section 2.b., under Covered Dependents** is removed and replaced as follows:

“b. The unmarried, natural, legally adopted, foster or step-child(ren) of the Subscriber or the Subscriber's spouse. Dependents aging out of Coverage will be covered until the end of the month that the Dependent ages out. For dental insurance, a Dependent ages out at 19. If the Dependent is a full time student, and at least 50% dependent on the Employee for support, they age out at 25.”

If You have any questions about this SMM or any other matter related to Your membership in the Plan, please write or call Us at:

**CUSTOMER SERVICE DEPARTMENT
BLUECROSS BLUESHIELD OF TENNESSEE, INC.,
ADMINISTRATOR
1 CAMERON HILL CIRCLE
CHATTANOOGA, TENNESSEE 37402
(800) 565-9140**



**BlueCross BlueShield
of Tennessee***

1 Cameron Hill Circle
Chattanooga, Tennessee
37402

www.bcbst.com

BENEFIT QUESTIONS?

Call the Customer Service
Number on the membership I.D. Card

SELF-FUNDED EOC (9/01)

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association
® Registered marks of the BlueCross BlueShield Association, an Association of Independent BlueCross BlueShield Plans