

**SUMMARY OF MATERIAL MODIFICATION
AND
AMENDMENT #6
TO THE
GENUINE FINANCIAL HOLDINGS, LLC
HEALTH & WELFARE PLAN
GROUP NO. 18322**

This Summary of Material Modification and Amendment describes changes to the Genuine Financial Holdings, LLC Health & Welfare Plan effective January 1, 2022. These changes are effective as of **January 1, 2024** and will remain in effect until amended in writing by the Plan Administrator.

This document should be read carefully and attached to the Plan Document and Summary Plan Description. Please contact the Plan Administrator identified in the Summary Plan Description if you have any questions regarding the changes described in this Summary of Material Modification.

Genuine Financial Holdings, LLC (the “Plan Sponsor”) is amending the Genuine Financial Holdings, LLC Health & Welfare Plan (the “Plan”) as follows:

1. *The **Home Health Care and Infusion Therapy (Outpatient)** benefits are hereby deleted and replaced under the **Medical Schedule of Benefits – Core Plan** as follows:*

MEDICAL SCHEDULE OF BENEFITS – CORE PLAN

CORE PLAN	Participating providers	Non-Participating Providers (Subject to Usual and Customary Charges)
MEDICAL BENEFITS	COVERED PERSON PAYS	
Home Health Care	\$55 - \$125	\$150
Calendar Year Maximum Benefit	50 visits	
NOTE: Any Prescription Drugs that may have been able to obtain assistance through VIVIO Health and the Covered Person did not contact VIVIO Health, those Prescription Drugs will not be considered eligible under the Plan and you will be responsible for 100% of their cost. This does not apply to drugs received in an Inpatient (e.g., overnight) setting, or are transplant related. Administration costs of all Prescription Drugs including those received through the VIVIO Health program are covered under the Plan.		
Infusion Therapy (Outpatient)	\$925 - \$2,050	\$2,500
NOTE: Any Prescription Drugs that may have been able to obtain assistance through VIVIO Health and the Covered Person did not contact VIVIO Health, those Prescription Drugs will not be considered eligible under the Plan and you will be responsible for 100% of their cost. This does not apply to drugs received in an Inpatient (e.g., overnight) setting, or are transplant related. Administration costs of all Prescription Drugs including those received through the VIVIO Health program are covered under the Plan.		

2. *The **Prescription Drug Schedule of Benefits – Core Plan** is hereby deleted and replaced as shown in **Exhibit A**.*

3. **Under the Eligible Medical Expenses** section, the following **Note** is hereby added before the numbered list of eligible medical expenses; number (24) - **Gender Identity Disorder and Gender Dysphoria Services**, number (26) - **Home Health care**, number (30) - **Infusion Therapy**, number (40) - **Off-Label Drug use** and number (45) - **Prescription Drugs** are hereby deleted and replaced as follows:

ELIGIBLE MEDICAL EXPENSES

NOTE: Certain specialty drugs are subject to the VIVIO Health program. You will be directed to use a specific pharmacy or provider that has agreed to accept the Program's offered pricing for Managed Drugs. The use of any other pharmacy or provider will not be reimbursed unless approved by VIVIO. This provision does not apply to drugs administered in an Inpatient (e.g., overnight) setting, or transplant related. Administration costs of all Prescription Drugs including those received through the VIVIO Health program are covered under the Plan. The list of Specialty Drugs is available upon request by calling (800) 470-4034. Please contact the Plan Administrator for additional information.

- (24) **Gender Reassignment Services:** Services and supplies provided in connection with gender transition when you have been diagnosed with gender identity disorder or gender dysphoria by a Physician. This coverage is provided according to the terms and conditions of the Plan that apply to all other covered medical conditions, including Medical Necessity requirements, Medical Management, Prescription Drug programs, and exclusions for Cosmetic services (except as allowed per guidelines). Additional guidelines or requirements may need to be satisfied before benefits are paid under the Plan. Coverage includes, but is not limited to, Medically Necessary services related to gender transition such as gender reassignment (sex change) Surgery, breast removal, gonadectomy, breast implants, hormone therapy, and psychotherapy.

Services that are excluded on the basis that they are Cosmetic include, but are not limited to: abdominoplasty; blepharoplasty; body contouring (liposuction of waist); brow lift; calf implants; cheek/malar implants; chin/nose implants; collagen injections; construction of a clitoral hood; drugs for hair loss or growth; face lifting; facial bone reduction; facial feminization and masculinization Surgery; feminization of torso; forehead lift; jaw reduction (jaw contouring); hair removal (e.g., electrolysis, laser hair removal; exception: a limited number of electrolysis or laser hair removal sessions are considered Medically Necessary for skin graft preparation for genital Surgery); hair transplantation; lip enhancement; lip reduction; liposuction; masculinization of torso; mastopexy; neck tightening; nipple reconstruction; nose implants; pectoral implants; pitch-raising Surgery; removal of redundant skin; rhinoplasty; skin resurfacing (dermabrasion/chemical peel); tracheal shave (reduction thyroid chondroplasty); voice modification Surgery (laryngoplasty, cricothyroid approximation or shortening of the vocal cords); and voice therapy/voice lessons.

Gender Reassignment Surgery Travel Expense: Certain travel expenses incurred by the Covered Person, up to a maximum of \$10,000 per Surgery or series of Surgeries (if multiple Surgical Procedures are performed) will be covered. All travel expenses are limited to the maximum shown above at the time services are rendered and must be approved in advance by the Plan.

Travel expenses include the following for the Covered Person and one companion:

- (a) Ground transportation to and from the approved facility when the facility is 75 miles or more from the Covered Person's home. Air transportation by coach is available when the distance is 300 miles or more.
- (b) Lodging.

A completed travel reimbursement form and itemized copies of all applicable receipts must be submitted to be reimbursed for travel expenses. Covered travel expenses are not subject to the Deductible or Copays.

Travel expenses that will not be considered include, but are not limited to: meals; alcohol; tobacco, or any other non-food item; child care; mileage within the city where the approved facility is located; rental cars, buses, taxis or shuttle services, except as specifically approved by the Plan; frequent flyer miles; coupons, vouchers or travel tickets; prepayments or deposits; services for a condition that is not directly related to, or a direct result of, the transgender procedure; telephone calls; laundry; postage; or entertainment.

(26) **Home Health Care:** Services provided by a Home Health Care Agency to a Covered Person in the home. The following are considered eligible home health care services:

- (a) Home nursing care;
- (b) Services of a home health aide or licensed practical nurse (L.P.N.), under the supervision of a registered nurse (R. N.);
- (c) Visits provided by a medical social worker (MSW);
- (d) Physical, occupational, speech, or respiratory therapy if provided by the Home Health Care Agency;
- (e) Medical supplies, drugs and medications prescribed by a Physician;
- (f) Laboratory services; and
- (g) Nutritional counseling by a licensed dietician.

For the purpose of determining the benefits for home health care available to a Covered Person, each visit by a member of a Home Health Care Agency shall be considered as one home health care visit and each 4 hours of home health aide services shall be considered as one home health care visit.

In no event will the services of a Close Relative, transportation services, housekeeping services and meals, etc., be considered an eligible expense.

Eligible expenses will be payable as shown in the Medical Schedule of Benefits.

NOTE: Certain specialty drugs are subject to the VIVIO Health program. You will be directed to use a specific pharmacy or provider that has agreed to accept the program's offered pricing for managed drugs. The use of any other pharmacy or provider will not be reimbursed unless approved by VIVIO. This provision does not apply to drugs administered in an Inpatient (e.g., overnight) setting, or transplant related. Administration costs of all Prescription Drugs including those received through the VIVIO Health program are covered under the Plan. The list of Specialty Drugs is available upon request by calling (800) 470-4034. Please contact the Plan Administrator for additional information.

(30) **Infusion Therapy:** Services, supplies and equipment necessary for infusion therapy provided:

- (a) By a free-standing facility;
- (b) By an outpatient department of a Hospital;
- (c) By a Physician in his/her office; or
- (d) In your home.

Infusion therapy is the intravenous or continuous administration of medications or solutions that are a part of your course of treatment. Charges for the following outpatient infusion therapy services and supplies are Covered Expenses:

- (a) The pharmaceutical when administered in connection with infusion therapy and any medical supplies, equipment and nursing services required to support the infusion therapy*;

- (b) Professional services;
- (c) Total parenteral nutrition (TPN)*;
- (d) Chemotherapy;
- (e) Drug therapy (includes antibiotic and antivirals)*;
- (f) Pain management (narcotics)*; and
- (g) Hydration therapy (includes fluids, electrolytes and other additives).

Eligible expenses will be payable as shown in the Medical Schedule of Benefits.

Infusion therapy provided by a Home Health Care Agency will not be subject to the Home Health Care maximum benefit.

****NOTE: Certain specialty drugs are subject to the VIVIO Health program. You will be directed to use a specific pharmacy or provider that has agreed to accept the program's offered pricing for managed drugs. The use of any other pharmacy or provider will not be reimbursed unless approved by VIVIO. This provision does not apply to drugs administered in an Inpatient (e.g., overnight) setting, or transplant related. Administration costs of all Prescription Drugs including those received through the VIVIO Health program are covered under the Plan. The list of Specialty Drugs is available upon request by calling (800) 470-4034. Please contact the Plan Administrator for additional information.***

- (40) **Off-Label Drug Use:** Services and supplies related to Off-Label Drug Use (the use of a drug for a purpose other than that for which it was approved by the FDA) will be eligible for coverage when all of the following criteria have been satisfied:
- (a) The named drug is not specifically excluded under the General Exclusions and Limitations section of the Plan*; and
 - (b) The named drug has been approved by the FDA*; and
 - (c) The Off-Label Drug Use is appropriate and generally accepted by the medical community for the condition being treated*; and
 - (d) If the drug is used for the treatment of cancer, The American Hospital Formulary Service Drug Information or NCCN Drugs and Biologics Compendium recognize it as an appropriate treatment for that form of cancer*.

****NOTE: Certain specialty drugs are subject to the VIVIO Health program. You will be directed to use a specific pharmacy or provider that has agreed to accept the program's offered pricing for managed drugs. The use of any other pharmacy or provider will not be reimbursed unless approved by VIVIO. This provision does not apply to drugs administered in an Inpatient (e.g., overnight) setting, or transplant related. Administration costs of all Prescription Drugs including those received through the VIVIO Health program are covered under the Plan. The list of Specialty Drugs is available upon request by calling (800) 470-4034. Please contact the Plan Administrator for additional information.***

- (45) **Prescription Drugs (Those drugs that are not part of VIVIO Health):** Prescription Drugs, injectables or supplies used for the treatment of a covered illness or injury, which are dispensed through the Physician's office, infusion center or other clinical setting, or the Covered Person's home by a third party, and take-home Prescription Drugs from a Hospital are covered under the major medical benefits of this Plan and separate from the Prescription Drug Card Program benefits. If the Plan has a Specialty Drug program in place, Specialty Drugs will only be eligible under this provision if those drugs fall outside the Specialty Pharmacy Program (as noted in the Prescription Drug Card Program section). Benefits will be paid as billed by provider.

NOTE: Certain specialty drugs are subject to the VIVIO Health program. You will be directed to use a specific pharmacy or provider that has agreed to accept the program's offered pricing for managed drugs. The use of any other pharmacy or provider will not be reimbursed unless approved by VIVIO. This provision does not apply to drugs administered in an Inpatient (e.g., overnight) setting, or transplant related. Administration costs of all Prescription Drugs including those received through the VIVIO Health program are covered under the Plan. The list of Specialty Drugs is available upon request by calling (800) 470-4034. Please contact the Plan Administrator for additional information.

4. **Specialty Drugs** is hereby added alphabetically and number (63) – **Surrogate** is hereby deleted and replaced under the **General Exclusions and Limitations** section as follows:

GENERAL EXCLUSIONS AND LIMITATIONS

- (#) **Specialty Drugs:** Expenses for Specialty Drugs subject to the VIVIO Health program will not be considered eligible.
- (63) **Surrogate:** Expenses relating to a surrogate pregnancy of any person who is not covered under this Plan will not be considered eligible, including but not limited to pre-pregnancy, conception, prenatal, childbirth and postnatal expenses.

5. The **VIVIO Health** subsection (added in Amendment #3), and the **Mandatory Specialty Pharmacy Program** subsection are hereby deleted and replaced under the **Prescription Drug Program** section as follows:

PRESCRIPTION DRUG CARD PROGRAM

VIVIO Health

The Plan is including a program through VIVIO Health to assist with your costs for Specialty Drugs. The VIVIO Program is separate from this Plan's medical benefits and Prescription Drug benefits. You are automatically enrolled in this program when you enroll for coverage under the Plan. You will be directed to use a specific pharmacy or provider that has agreed to accept the program's offered pricing for Specialty Drugs. The use of any other pharmacy or provider will not be reimbursed unless approved by VIVIO.

Authorization is required for all Specialty Drugs unless this requirement is specifically waived by the program. The program will contact your prescribing Physician to initiate the VIVIO therapy planning process. Any authorization that is issued as a result of the therapy planning process may be specific to a pharmacy, provider, a period of time, dosing frequency, maximum dose quantity, reimbursement limits, outcome measurements, and/or specific warranties required of the drug manufacturer.

The program may make its coverage determination using any combination of the following methods; (1) documented Plan coverage, (2) externally referenceable standards of clinical practice, (3) clinical trial data supplied by manufacturers, or (4) disease specific clinical models developed by VIVIO. Coverage may only be provided for a preferred drug for the treatment of your condition, or your Physician may be required to provide data to prove that a preferred drug is not appropriate for the treatment of your condition before another drug may be considered for coverage. In addition, the program will require ongoing disease activity measures to assess whether ongoing therapies are effective in moving toward remission or managing disease progression.

A Covered Person can only accumulate Out-of-Pocket costs for Specialty Drug therapies approved by the VIVIO Health program. Any direct reimbursement for Out-of-Pocket costs for a Specialty Drug by that drug's manufacturer or affiliated company provided to the Covered Person is considered outside of and a violation of the Plan. If such reimbursement is accepted by the Covered Person, then no portion of the drug will be covered by the Plan and if any portion was paid, the Covered Person must reimburse any Plan paid portions. In addition, the Covered Person may be subject to income tax on those reimbursements as they are outside of the Plan and should report those earnings to the IRS.

For more information you can call VIVIO Health at (800) 470-4034 or visiting their website at: www.myvivio.com.

EXHIBIT A

PRESCRIPTION DRUG SCHEDULE OF BENEFITS – CORE PLAN

BENEFIT DESCRIPTION	BENEFIT
NOTE: There is no coverage under the Plan for Prescription Drugs obtained from a Non-Participating Provider.	
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (combined with major medical Out-of-Pocket)	
Single	\$5,750
Family	\$11,500
Retail Pharmacy: 31-day supply	
Generic Drug	\$5 - \$20
Preferred Drug	\$45 - \$85
Non-Preferred Drug	\$65 - \$130
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 (100% paid)
Mandatory Specialty Pharmacy Program: 31-day supply	
Specialty Drug	\$0
NOTE: Specialty Drugs MUST be obtained directly from the specialty pharmacy. Specialty Drugs are not available at retail or mail order pharmacies and there are no grace fills provided to Covered Persons.	
NOTE: The VIVIO Program is separate from this Plan's medical benefits and Prescription Drug benefits. Plan participants are automatically enrolled in VIVIO Program coverage when enrolling in medical coverage under this Plan. Specialty drugs on the VIVIO list of managed drugs are only covered when approved through the VIVIO Program whether administered at home, pharmacy, Physician's office, ambulatory center, or other outpatient location. For more information you can call VIVIO Health at (800) 470-4034 or visit their website at: www.myvivio.com	
*A greater supply limit may be allowed under Vivio Health.	
Mail Order Pharmacy: 90-day supply	
Generic Drug	\$10
Preferred Drug	\$90
Non-Preferred Drug	\$130
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 (100% paid)

NOTE: Certain Prescription Drug classes are subject to Step Therapy. (See the Prescription Drug Card Program section for further details regarding Step Therapy.)

NOTE: Certain Prescription Drugs require approval before the drug can be dispensed. A current list of drugs that require prior authorization can be obtained by contacting the Prescription Drug Card Program Administrator.

Dispense as Written

The Plan requires pharmacies dispense Generic Drugs when available unless the Physician specifically prescribes a Preferred or Non-Preferred Drug and marks the script "Dispense as Written" (DAW). Should a Covered Person choose a Preferred or Non-Preferred Drug rather than the Generic equivalent when the Physician allowed a Generic Drug to be dispensed, the Covered Person will also be responsible for the cost difference between the Generic and Preferred or Non-Preferred Drug. The cost difference is not covered by the Plan and will not accumulate toward your Out-of-Pocket Maximum.

VIVIO Health

The Plan is including a program through VIVIO Health to assist with your costs for Specialty Drugs. The VIVIO Program is separate from this Plan's medical benefits and Prescription Drug benefits. You are automatically enrolled in this program when you enroll for coverage under the Plan. You will be directed to use a specific pharmacy or provider that has agreed to accept the program's offered pricing for Specialty Drugs. The use of any other pharmacy or provider will not be reimbursed unless approved by VIVIO.

Authorization is required for all Specialty Drugs unless this requirement is specifically waived by the program. The program will contact your prescribing Physician to initiate the VIVIO therapy planning process. Any authorization that is issued as a result of the therapy planning process may be specific to a pharmacy, provider, a period of time, dosing frequency, maximum dose quantity, reimbursement limits, outcome measurements, and/or specific warranties required of the drug manufacturer.

The program may make its coverage determination using any combination of the following methods; (1) documented Plan coverage, (2) externally referenceable standards of clinical practice, (3) clinical trial data supplied by manufacturers, or (4) disease specific clinical models developed by VIVIO. Coverage may only be provided for a preferred drug for the treatment of your condition, or your Physician may be required to provide data to prove that a preferred drug is not appropriate for the treatment of your condition before another drug may be considered for coverage. In addition, the program will require ongoing disease activity measures to assess whether ongoing therapies are effective in moving toward remission or managing disease progression.

A Covered Person can only accumulate Out-of-Pocket costs for Specialty Drug therapies approved by the VIVIO Health program. Any direct reimbursement for Out-of-Pocket costs for a Specialty Drug by that drug's manufacturer or affiliated company provided to the Covered Person is considered outside of and a violation of the Plan. If such reimbursement is accepted by the Covered Person, then no portion of the drug will be covered by the Plan and if any portion was paid, the Covered Person must reimburse any Plan paid portions. In addition, the Covered Person may be subject to income tax on those reimbursements as they are outside of the Plan and should report those earnings to the IRS.

For more information you can call VIVIO Health at (800) 470-4034 or visiting their website at: www.myvivio.com.

Mandatory Specialty Pharmacy Program

Self-administered Specialty Drugs that do not require administration under the direct supervision of a Physician must be obtained directly from the specialty pharmacy program. For additional information, please contact VIVIO Health at (800) 470-4034.

Preventive Drug means items which have been identified by the U.S. Department of Health and Human Services (HHS) as a preventive service. You may view the guidelines established by HHS by visiting the following website:

<https://www.healthcare.gov/what-are-my-preventive-care-benefits>

For a list of Preventive Drugs, contact the Prescription Drug Card Program Administrator identified in the General Plan Information section of this Plan.