Summary of Material Modifications (SMM)
Franklin County Board of Commissioners
Group Health Benefit Plan
Group Number: 909362

Effective Date of this SMM: January 1, 2025

A Summary Plan Description (SPD) for the following Plans was published effective January 1, 2025, July 1, 2025, and January 1, 2026. This SMM to the Plan SPD is issued by the Plan Sponsor as described below. The SMM applies to the following plans:

- Incentive UHPD Plan
- Non-Incentive UHPD Plan
- EO Post January 2021 UHPD Plan
- EO Post January 2023 UHPD Plan
- Choice Plus FC EO Post January 2025 Plan

Because this SMM is part of a legal document, the Plan Sponsor wants to give you information about the document that will help you understand it. Certain capitalized words have special meanings. The definitions for these words are in the SPD in Section 14, Glossary.

What are the Modifications to the Plan?

These modifications and clarifications are intended as a summary to supplement the SPD. It is important that you keep this SMM with your *SPD* since this material plus the *SPD* is your complete SPD. In the event of any discrepancy between this SMM and the *SPD*, the provisions of this SMM shall govern.

The SMM modifies Benefits for speech aid devices as provided under *Durable Medical Equipment*

A) The Plan is amended to replace speech aid devices limits with the following dedicated speech-generating devices and tracheo-esophageal voice devices requirements as described under *Durable Medical Equipment (DME),* in Section 6*, Additional Coverage Details.*

Benefits also include dedicated speech-generating devices and tracheo-esophageal voice devices required for treatment of severe speech impairment or lack of speech directly attributed to Sickness or Injury. Benefits for the purchase of these devices are available only after completing a required three-month rental period.

Benefits for dedicated speech-generating devices and tracheo-esophageal voice devices are limited to the purchase of one device during the entire period of time a Covered Person is enrolled under the Plan. Benefits for repair/replacement are limited to once every 3 years.

B) The Plan is amended to add the following exclusion to *Medical Supplies and Appliances* in Section 8, *Exclusions: What the Medical Plan Will Not Cover***.**

Devices and computers to assist in communication and speech except for dedicated speech-generating devices and tracheo-esophageal voice devices for which Benefits are provided as described under *Durable Medical Equipment (DME),* in Section 6, *Additional Coverage Details.*