

Amendment to Plan of Benefits

For Employees of: CradlePoint, Inc.
Master Services Agreement No.: 0803929

Effective January 1, 2022, the following changes have been made to your Booklet and Schedule of Benefits.

1. For those plans that use a network of providers, the following **Emergency services** benefit replaces the current **Emergency services** benefit now appearing in your booklet.

Emergency services

When you experience an **emergency medical condition**, you should go to the nearest emergency room. You can also dial 911 or your local emergency response service for medical and ambulance help.

Your coverage for **emergency services** will continue until your condition is stabilized and:

- Your attending **physician** determines that you are medically able to travel or to be transported, by non-medical or non-emergency medical transportation, to another **provider** if you need more care
- You are in a condition to be able to receive from the **out-of-network provider** delivering services the notice and consent criteria with respect to the services
- Your **out-of-network provider** delivering the services meets the notice and consent criteria with respect to the services

If your **physician** decides you need to stay in the **hospital** (emergency admission) or receive follow-up care, these are not **emergency services**. Different benefits and requirements apply. Please refer to the *How your plan works – Medical necessity and precertification requirements* section and the *Coverage and exclusions* section that fits your situation (for example, *Hospital care* or *Physician services*). You can also contact us or your **network physician** or **primary-care-physician (PCP)**.

Non-emergency services

If you go to an emergency room for what is not an **emergency medical condition**, the plan may not cover your expenses. See the schedule of benefits for more information.

2. For those plans that use a network of providers, the following is added to the **Emergency Services Important Note** now appearing in your Schedule of Benefits.

In the case of a surprise bill from an out-of-network provider, where you had no control of their participation in your **covered services**, you will pay the same cost share you would have if the **covered services** were received from a **network provider**. The cost share will be based on the median contracted rate. Contact us immediately if you receive such a bill.

3. For those plans that provide out-of-network coverage, the following information on involuntary services revises the involuntary services information now appearing in the **Recognized charge** section of your booklet.

The out-of-network plan rate does not apply to involuntary services. Involuntary services are services or supplies that are one of the following:

- Performed at a network facility by certain **out-of-network providers**
- Not available from a **network provider**
- **Emergency services**

We will calculate your cost share for involuntary services in the same way as we would if you received the services from a **network provider**. If you receive a surprise bill, your cost share will be calculated at the median contracted rate.

Important Note:

In the case of a surprise bill from an out-of-network provider, where you had no control of their participation in your **covered services**, you will pay the same cost share you would have if the **covered services** were received from a **network provider**. The cost share will be based on the median contracted rate. Contact us immediately if you receive such a bill.

4. For those plans that use a network of providers, the following sentence has been removed from the **Keeping a provider you go to now (continuity of care)** section of your booklet.

We will authorize coverage only if the **provider** agrees to our usual terms and conditions for contracting **providers**.