

**FURMAN UNIVERSITY HEALTH WRAP PLAN  
SUMMARY OF MATERIAL MODIFICATIONS**

This Summary of Material Modifications or “SMM” contains information relating to the Furman University Health Wrap Plan (the “Plan”). This SMM reflects material changes that have been made to the Plan’s summary plan description (“SPD”). These changes update Component Plan information and took since the Plan provided you with the most recent SPD. Please keep this SMM with the SPD for future reference. This SMM reflects Plan changes, and where this SMM is inconsistent with the SPD, the SMM shall control. However, the official Plan documents and amendments shall govern in all cases.

If you have any questions regarding this SMM, please contact Kristin Austin at 864-294-3105 or kristin.austin@furman.edu.

**REVISIONS TO SPD**

1. Effective January 1, 2020, Section 3.1, “Beginning of Participation,” is amended by adding the following rows to the table:

<b>BENEFIT</b>	<b>EMPLOYEE ELIGIBILITY</b>	<b>DEPENDENT ELIGIBILITY</b>	<b>COVERAGE EFFECTIVE DATE</b>
Prepaid Legal	Employees normally working at least 30 hours per week for at least 39 weeks per year.	N/A	First day of the month following date of hire. If hired on the first day of the month, benefits are immediate.
Wellness Clinic	All Employees.	Employee’s spouse or domestic partner	Immediate.
Hospital Indemnity	All Employees who enroll in the HDHP H.S.A. Plan.	Spouse, domestic partner and children who are enrolled in the HDHP H.S.A. Plan	Concurrent with HDHP H.S.A. Plan coverage.
Group Accident	Employees normally working at least 30 hours per week for at least 39 weeks per year.	Spouse, domestic partner and unmarried, dependent children to age 25	First day of the month following date of hire. If hired on the first day of the month, benefits are immediate.
Critical Illness	Employees normally working at least 30 hours per week for at least 39 weeks per year.	Spouse, domestic partner and unmarried, dependent children to age 25	First day of the month following date of hire. If hired on the first day of the month, benefits are immediate.
Whole Life	Employees normally working at least 30 hours per week for at least 39 weeks per year.	Spouse, children and grandchildren	First day of the month following date of hire. If hired on the first day of the month, benefits are immediate.

2. Effective January 1, 2020 (except for the first row, which is effective September 1, 2020), Section 7.17, “Health Insurance Issuer,” is amended by restating the table in its entirety as follows:

NAME & ADDRESS OF ISSUER	EXTENT TO WHICH BENEFITS ARE GUARANTEED BY ISSUER	ADMINISTRATIVE SERVICES PROVIDED BY ISSUER
BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202	0%	Employee assistance and claims administration for the medical plan and retiree medical health plan
Unum Life Insurance Company of America 2211 Congress Street Portland, ME 04122	100%	Employee assistance and claims administration for the short-term disability plan, long-term disability plan, life and AD&D plan, hospital indemnity plan, group accident plan, critical illness plan, whole life plan and the retiree life plan
MetLife 200 Park Avenue New York, NY 10166	100%	Employee assistance and claims administration for the dental and vision plans
MetLife Legal Plans, Inc. 1111 Superior Avenue, Suite 800 Cleveland, OH 44114	100%	Employee assistance and claims administration for the prepaid legal plan
West Health Advocate Solutions, Inc. 3043 Walton Road Plymouth Meeting, PA 19462	0%	Employee assistance and claims administration for the EAP
Prisma Health 300 E McBee Avenue, Suite 501 Greenville, SC 29601	0%	Provision of services for the wellness clinic
Flores & Associates, LLC P.O. Box 31397 Charlotte, NC 28231	0%	Employee assistance and claims administration for the FSA

3. Effective January 1, 2020, Article VIII, “CONTINUATION OF GROUP HEALTH COVERAGE UNDER COBRA,” is replaced in its entirety as follows:

***Introduction***

This Article is important to you because you are covered under one of the following Component Plans: medical plan, employee assistance program, dental plan, vision plan, wellness clinic, health flexible spending arrangement component of the Flexible Benefits Plan, wellness plan or the retiree medical health plan (each a “Component Health Plan”). This Article has important information about your right to COBRA continuation coverage, which is a temporary

extension of coverage under the Component Health Plan. **This Article explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Component Health Plan and under federal law, you should review this document or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

### *What is COBRA continuation coverage?*

COBRA continuation coverage is a continuation of Component Health Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this Article. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Component Health Plan is lost because of the qualifying event. Under the Component Health Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Component Health Plan because of the following qualifying events:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Component Health Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Component Health Plan because of the following qualifying events:

- The parent-employee dies;

- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Component Health Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Furman University, and that bankruptcy results in the loss of coverage of any retired employee covered under a Component Health Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Component Health Plan.

***When is COBRA continuation coverage available?***

A Component Health Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The Employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the Employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator in writing within 60 days (unless a longer period is specified in a Component Health Plan) after the qualifying event occurs. You must provide this notice to:**

Flores & Associates  
 P.O. Box 31397  
 Charlotte, NC 28231-1397

***How is COBRA continuation coverage provided?***

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under a Component Health Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Component Health Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Component Health Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Component Health Plan had the first qualifying event not occurred.

***Are there other coverage options besides COBRA continuation coverage?***

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

***Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?***

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation

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<sup>1</sup> <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

***If you have questions***

Questions concerning your Component Health Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

***Keep the Plan informed of address changes***

To protect your family’s rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

***Plan contact information***

Flores & Associates  
P.O. Box 31397,  
Charlotte, NC 28231-1397  
(800) 532-3327 (Phone)  
(800) 726-9982 (Fax)

4. Effective January 1, 2020, Section 10.8, “Premium Assistance Under Medicaid and CHIP,” is amended by restating the table in its entirety as follows:

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext. 2131

ARKANSAS – Medicaid	INDIANA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584
CALIFORNIA – Medicaid	IOWA – Medicaid and CHIP (Hawki)
Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CA_U_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CA_U_cont.aspx</a> Phone: 916-440-5676	Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563
COLORADO – Medicaid and CHP+	KANSAS – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First: 1-800-221-3943 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI: 1-855-692-6442	Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a> Phone: 1-800-792-4884
KENTUCKY – Medicaid	NEVADA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihip.p.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihip.p.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPROGRAM@ky.gov">KIHIPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a> Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free: 1-800-852-3345, ext. 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-442-6003 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710

<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MINNESOTA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MONTANA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>NEBRASKA – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347 or 401-462-0311	Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
<b>SOUTH CAROLINA – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>SOUTH DAKOTA - Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>TEXAS – Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002

UTAH – Medicaid and CHIP	WYOMING – Medicaid
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

5. Effective January 1, 2020 (except for the first row, which is effective September 1, 2020), Exhibit A is renamed, “COMPONENT PLANS,” and the table is restated in its entirety as follows:

Plan	Insurer or Service Provider
Medical Plan (Basic Plan, Plus Plan and HSA Plan)	BlueCross BlueShield of South Carolina
Employee Assistance Program	West Health Advocate Solutions
Dental Plan	MetLife
Vision Plan	MetLife
Short-Term Disability Plan	Unum
Long-Term Disability Plan	Unum
Life and AD&D Plan (Basic Life, Supplemental Life, Basic AD&D, and Voluntary AD&D)	Unum
Flexible Benefits Plan (Flexible Spending Account Plan)	Flores & Associates
Wellness Program	Furman University and other vendors as needed
Prepaid Legal Plan	MetLife Legal Plans
Wellness Clinic	Prisma Health
Hospital Indemnity	Unum
Group Accident	Unum
Critical Illness	Unum
Whole Life	Unum
Retiree Medical Health Plan	BlueCross BlueShield of South Carolina
Retiree Life Insurance Plan	Unum

6. Effective January 1, 2020 (except for the first row, which is effective September 1, 2020), the chart in Exhibit B, “CERTIFICATES OF COVERAGE/BOOKLETS,” is amended by adding or restating the following rows:

Exhibit	Component Plan	Description of Plan Document
B-1	Medical Plan (Basic Plan, Plus Plan and HSA Plan)	Blue Cross Blue Shield of South Carolina Preferred Provider Basic Plan Summary Plan Description September 1, 2020  Blue Cross Blue Shield of South Carolina Preferred Provider Plus Plan Summary Plan Description September 1, 2020

		Blue Cross Blue Shield of South Carolina Preferred Provider Health Savings Account Plan Summary Plan Description September 1, 2020
B-2	Employee Assistance Program	Health Advocate Summary of Benefits
B-3	Dental Plan	High Option MetLife Certificate for Group Policy Number TM 05938567-G, revised November 5, 2019  Low Option MetLife Certificate for Group Policy Number TM 05938567-G, revised November 5, 2019
B-4	Vision Plan	High Option MetLife Certificate for Group Policy Number TM 05938567-G, revised January 8, 2020  Low Option MetLife Certificate for Group Policy Number TM 05938567-G, revised January 8, 2020
B-12	Legal Plan	MetLife Summary of Benefits
B-13	Wellness Clinic	Furman University Wellness Clinic Summary of Benefits
B-14	Hospital Indemnity	Unum Certificate for Policy No. R0581959 GRP_HSP_VOL_12 Effective January 1, 2019
B-15	Group Accident	Unum Certificate for Policy No. R0581959 GRP_ACC_VOL_11 Effective January 1, 2019
B-16	Critical Illness	Unum Certificate for Policy No. R0581959 GCI_EE_PAY Effective January 1, 2019
B-17	Whole Life	Unum Whole Life Insurance <i>Get lifetime coverage and useful cash benefits, too</i> Flyer

7. Effective January 1, 2019, Exhibit B-1 is amended by adding the following provision to each of the three summary plan descriptions following the Mental Health and Substance Use Disorder benefit highlights table (i.e., page 26 of the Open Access Plus Medical

Benefits Plus Plan SPD and page 27 of the Open Access Plus Medical Benefits Basic Plan and the Open Access Plus Medical Benefits Health Savings Account SPDs):

“The otherwise applicable deductibles and copays will not apply to participants who obtained mental health/substance use disorder benefits from January 1, 2019 through August 31, 2020 and had their claims incorrectly adjudicated by Cigna.”