

# Summary of Material Modifications

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**To: Participants**

**From: Human Resources**

**Re: Amendment to the Scantron Corporation Health & Welfare Benefits Plan**

**Effective Date: February 1, 2023**

This Summary of Material Modifications (SMM) describes changes to the Scantron Corporation Health & Welfare Benefits Plan (Plan) and supplements or modifies the information presented in your Summary Plan Description (SPD) with respect to the Plan. You should keep this SMM with the Plan's SPD and associated benefits documents provided to you upon enrollment in each benefit plan.

## Summary of Changes

- 1. Changes to Insurance Policy Issuers and Contract Administrators.** As of the Effective Date above, Scantron Corporation has amended the Plan to modify the Plan's appointed group insurance policy issuers and/or contract administrators. The attached Appendices A (Insurance Policy Issuers and Contract Administrators) and B (Claims Administrator Contact Information) to the Plan's SPD shall supersede any prior versions of the SPD's Appendices A and B.
  - Benefit Plan changes include: Self-Funded Short-Term Disability policy will be administered through Unum Life Insurance Company.

**All other Plan provisions remain unchanged so long as they are consistent with these material modifications.**

For additional information regarding the Plan or to request a copy of the Plan's SPD contact:

Scantron Corporation  
1313 Lone Oak Road, Eagan, MN 55121  
Attn: Human Resources  
hr@scantron.com

If this SMM was delivered to you by electronic means, you have the right to receive a paper copy of the SMM upon request.

### **Plan Information:**

**Plan Name:** Scantron Corporation Health & Welfare Benefits Plan

**Plan Number:** 505

**Plan Year:** January 1 through December 31

# APPENDIX A

## SCANTRON CORPORATION HEALTH & WELFARE BENEFITS PLAN SUMMARY PLAN DESCRIPTION

### Insurance Policy Issuers and Contract Administrators of Component Plans

This Appendix A reflects the Plan benefits as of February 1, 2023. The Benefit Documents for the following Component Plans are incorporated by reference herein. All subsequent updates to such Benefit Documents will supersede any earlier versions for the periods defined in the updated materials.

Fully-Insured Component Plans	Policy/Group No.	Type of Benefit
Metropolitan Life Insurance Company (MetLife) 600 North King Street Wilmington, DE 19801	4685	Business Travel Accident (BTA)
Unum Life Insurance Company of America 2211 Congress Street Portland, Maine 04122	919614	Basic Life/AD&D Voluntary Life/AD&D Long-Term Disability Voluntary Accident Voluntary Critical Illness Voluntary Hospital Indemnity
Vision Service Plan (VSP) 3333 Quality Drive Rancho Cordova, CA 95670	30097681	Vision
Pre-Paid Legal Services, Inc. dba LegalShield 1 Pre-Paid Way, PO Box 145 Ada, OK 74820	204473	Prepaid Legal

Self-insured Component Plans	Contract No.	Type of Benefit
BlueCross BlueShield of Minnesota 3535 Blue Cross Road Eagan, MN 55122	267743	Medical – PPO Wellness Program
Delta Dental of Illinois 111 Shuman Boulevard Lisle, IL 60563	100173	Dental – PPO
Unum Life Insurance Company of America 2211 Congress Street Portland, Maine 04122	919614	Short-Term Disability
WEX Health PO Box 2926 Fargo, ND 58108	37397	General-Purpose Health FSA Limited-Purpose Health FSA

Self-insured Component Plans	Contract No.	Type of Benefit
Unum Life Insurance Company of America 2211 Congress Street Portland, Maine 04122	919614	Employee Assistance Program (EAP)

**Non-ERISA Benefits.** In addition to the above Component Plans, eligible employees are offered non-ERISA welfare benefits. Such non-ERISA benefits are not governed by ERISA or the “Statement of ERISA Rights” section of this SPD, and include the following benefit plan(s):

- Commuter Benefits administered by WEX
- Dependent Care FSA administered by WEX
- Health Savings Accounts administered by WEX

# APPENDIX B

## SCANTRON CORPORATION HEALTH & WELFARE BENEFITS PLAN SUMMARY PLAN DESCRIPTION

### Claims Administrator Contact Information

*Use the address and phone number provided on your ID Card if different.*

Benefit Type	Claims/Claims Appeals Contact Information		
	Mailing Address	Phone No.	Online
Medical	BCBS of Minnesota Attn: Claims Department PO Box 982805 El Paso, TX 79998-2805	800-538-8833 <i>Appeals:</i> 877-284-9302	<a href="http://www.bluecrossmn.com">www.bluecrossmn.com</a>
Dental	Delta Dental of Illinois Attn: DDIL – Group Claims PO Box 5402 Lisle, IL 60532	800-323-1743	<a href="http://www.deltadentalil.com">www.deltadentalil.com</a>
Vision	VSP Attn: Claims Department 3333 Quality Drive Rancho Cordova, CA 95670	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Life/AD&D	Unum 2211 Congress Street Portland, Maine 04122	800-445-0402	<a href="http://www.unum.com">www.unum.com</a>
Disability	Unum 2211 Congress Street Portland, Maine 04122	866-779-1054	<a href="http://www.unum.com">www.unum.com</a>
BTA	MetLife Attn: Worldwide Benefits 600 North King Street Wilmington, DE 19801	302-661-8674	<a href="http://www.metlife.com">www.metlife.com</a>
Voluntary Worksite Benefits	Unum 2211 Congress Street Portland, Maine 04122	800-653-5597	<a href="http://www.unum.com">www.unum.com</a>
FSA	WEX Health PO Box 2926 Fargo, ND 58108	866-451-3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
Prepaid Legal	Pre-Paid Legal Services, Inc. dba LegalShield 1 Pre-Paid Way, PO Box 145 Ada, OK 74820	800-654-7757	<a href="http://www.legalshield.com">www.legalshield.com</a>