

**FIRST AMENDMENT AND
SUMMARY OF MATERIAL MODIFICATION
TO THE
BOWDOIN COLLEGE
EMPLOYEE WELFARE BENEFIT PLAN
(AS EFFECTIVE JANUARY 1, 2023)**

The plan document and summary plan description for the Bowdoin College Employee Welfare Benefit Plan (the “Plan”) was last amended and restated, effective January 1, 2023. The Plan is hereby amended in the following respects:

1. The terms used in this Amendment shall have the meanings set forth in the Plan unless the context indicates otherwise.

2. The “*Medical: Open Access Health Plan, Open Access Plus HDHP Option #1, and Open Access Plus HDHP Option #2*” Section of *Schedule A, “Benefits”* of the Plan is hereby updated to read in its entirety as follows:

Medical: Open Access Health Plan, Open Access Plus HDHP Option #1, and Open Access Plus HDHP Option #2	
Provider or Program Administrator Contact Information	Cigna PO Box 182223 Chattanooga, TN 37422-7223 Customer Service: 1 (800) 244-6224 (24 hours a day, 365 days a year) www.myCigna.com
Funding Medium	Self-Insured
Claims Fiduciary	Cigna
Eligibility and entry date	<u>Employees:</u> All regular full-time and part-time employees who normally work at least 20 hours per week (“Eligible Employees”). <u>Eligible Dependents:</u> An Eligible Employee’s/Eligible Retiree’s spouse, the children under age 26 of an Eligible Employee/Eligible Retiree or their spouse, and the unmarried children aged 26 and older of an Eligible Employee/Eligible Retiree or their spouse if: (i) the child is mentally or physically disabled, (ii) the disability began before the child’s 26th birthday, and (iii) the child was covered under a Medical Benefit offered through

THE INFORMATION CONTAINED IN THIS DOCUMENT IS INTENDED TO SERVE AS A SUMMARY OF MATERIAL MODIFICATION OF THE TERMS OF THE PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION FOR THE BOWDOIN COLLEGE EMPLOYEE WELFARE BENEFIT PLAN. PLEASE KEEP A COPY OF THIS DOCUMENT WITH YOUR SUMMARY PLAN DESCRIPTION.

	<p>the Plan on and continuously since the child's 26th birthday ("Eligible Dependents"). To be an Eligible Dependent, individuals must be listed on the enrollment form completed by the Participant and meet all Dependent eligibility criteria established by the College.</p> <p>Retirees: Eligible Retirees under the age of 65. "Eligible Retirees" are retirees of Bowdoin College who: (i) have completed fifteen (15) continuous years of service in a regular, benefits-eligible position after attaining age 40, and (ii) were covered under a Medical Benefit offered through the Plan at the time of retirement.</p> <p>Retiree Dependents: Under age 65 Eligible Dependents of Eligible Retirees, who were covered under a Medical Benefit offered through the Plan immediately prior to and continuously since the Eligible Retiree's retirement.</p> <p>Entry for Eligible Employees and their Eligible Dependents is immediate upon hire or for a change in status the first of the month on or following the status change.</p>
--	--

3. A new Section of *Schedule A, "Benefits"* of the Plan is hereby added to read in its entirety as follows:

Retiree Health Reimbursement Accounts Plan	
Provider or Program Administrator Contact Information	Via Benefits 10975 South Sterling View Drive South Jordan, UT 84905 (844) 436-4123 My.ViaBenefits.com/Bowdoin
Funding Medium	Self-Insured
Claims Fiduciary	Vice President for Human Resources, Bowdoin College


THE INFORMATION CONTAINED IN THIS DOCUMENT IS INTENDED TO SERVE AS A SUMMARY OF MATERIAL MODIFICATION OF THE TERMS OF THE PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION FOR THE BOWDOIN COLLEGE EMPLOYEE WELFARE BENEFIT PLAN. PLEASE KEEP A COPY OF THIS DOCUMENT WITH YOUR SUMMARY PLAN DESCRIPTION.

Eligibility	<p>Retirees of Bowdoin College who:</p> <ul style="list-style-type: none"> (i) Were most recently hired before July 1, 2019; and (ii) Completed 15 continuous Years of Service in a regular, benefits-eligible position after attaining age 40; and (iii) Have attained age 65; and (iv) Are eligible for and enrolled in both Part A (hospital) and Part B (medical) of Medicare; and (v) Were covered under a Medical Benefit offered through the Plan at the time of retirement and, if applicable, by a Medical Benefit offered through the Plan from retirement until attaining age 65, <p>or</p> <p>Retired after attaining age 65.</p> <p>To maintain eligibility under the Health Reimbursement Accounts Plan (“HRA”), a Participant in the HRA must enroll in a Medicare Plan, Medicare Supplement Plan, or Medicare Advantage Plan of their choice through Via Benefits and continuously maintain enrollment through Via Benefits going forward.</p>
-------------	---

4. This Amendment shall be effective as of January 1, 2023.

IN WITNESS WHEREOF, Bowdoin College has caused this Amendment to be executed this 21st day of December, 2023.

BOWDOIN COLLEGE

By: 
Matthew P. Orlando
 Its: SVP for Finance and Administration & Treasurer

THE INFORMATION CONTAINED IN THIS DOCUMENT IS INTENDED TO SERVE AS A SUMMARY OF MATERIAL MODIFICATION OF THE TERMS OF THE PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION FOR THE BOWDOIN COLLEGE EMPLOYEE WELFARE BENEFIT PLAN. PLEASE KEEP A COPY OF THIS DOCUMENT WITH YOUR SUMMARY PLAN DESCRIPTION.