Summary Material Modification Updates
Nutritional Counseling SMM

ATTACHMENT I

New and Revised Covered Health Care Services:

Schedule of Benefits

Non-Preventive Nutritional Counseling- In order to ensure compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA), we are updating the Summary Plan Descriptions (SPDs) to clarify coverage of non-preventive nutritional counseling benefits for mental health/substance use disorder ("MH/SUD") diagnoses. Specifically, the SPD has been updated to clarify that no limits can be applied to non-preventive nutritional counseling for MH/SUD diagnoses and non-preventive nutritional counseling services for MH/SUD diagnoses cannot be excluded from plan coverage. A system update has been implemented to ensure that the mental health cost share applies to nutritional counseling services with mental health/substance use disorder ("MH/SUD") diagnosis codes.

Additional Coverage Details

Physician's Office Services - Sickness and Injury – updated as part of the Nutritional Counseling update to remove reference to lack of knowledge and patient self-management from Physician Office Services – Sickness and Injury to prevent any ambiguity.

Therapeutic Treatments – Outpatient – updated as part of the Nutritional Counseling update to remove reference to lack of knowledge and patient self-management from Therapeutic Treatments – Outpatient to prevent any ambiguity.

ATTACHMENT II

Summary of Material Modifications (SMM)

CITGO Group Health Benefit Plan

Group Number: 229556

Effective Date of this SMM: January 1, 2025

This notice applies to the Summary Plan Descriptions (SPDs) applicable for the CITGO Petroleum Corporation Medical, Dental, Vision, and Life Insurance Program For Salaried Employees. This SMM is issued by the Plan Sponsor as described below.

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 Sections titled *Definitions and Outpatient Prescription Drugs*. If you have any questions regarding this SMM or coverage described within this SMM, contact the Benefits HelpLine at benefits@citgo.com or UnitedHealthcare Customer Service at 1-866-317-6359.

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.

Medical Program – Covered Health Services

For Choice Plus PPO and SDHP Plans

Non-Preventive Nutritional Counseling See *Additional Coverage Details* for limits.	In-network: Covered only for mental health and substance-related and addictive disorders. Benefits for non-preventive nutritional counseling services for mental health and substance-related and addictive disorders will follow mental health and substance-related and addictive disorders services office visit.	Out-of-Network: Covered only for mental health and substance-related and addictive disorders. Benefits for non-preventive nutritional counseling services for mental health and substance-related and addictive disorders will follow mental health and substance-related and addictive disorders services office visit.

Medical Program – Covered Health Services

For Choice EPO and Non-Network Plans

Non-Preventive Nutritional Counseling See *Additional Coverage Details* for limits.	In-Network: Covered only for mental health and substance-related and addictive disorders. Benefits for non-preventive nutritional counseling services for mental health and substance-related and addictive disorders will follow mental health and substance-related and addictive disorders services office visit.

Additional Coverage Details

Non-Preventive Nutritional Counseling

The Plan covers non-preventive nutritional counseling services for mental health and substance-related and addictive disorders and medical diagnosis that are provided as part of treatment for a disease [and that are non-disease specific] by appropriately licensed or registered health care professionals.

When nutritional counseling services are billed as a preventive care service, these services will be paid as described under *Preventive Care Services* in the SPD.

The Plan covers non-preventive nutritional counseling services for mental health and substance-related and addictive disorders.

Physician's Office Services – Sickness and Injury

Benefits are paid by the Plan for Covered Health Services provided in a Physician's office for the diagnosis and treatment of a Sickness or Injury. Benefits are provided under this section regardless of whether the Physician's office is freestanding, located in a clinic or located in a Hospital. Benefits under this section include allergy injections.

Covered Health Services include medical education services that are provided in a Physician's office by appropriately licensed or registered healthcare professionals.

Covered Health Services include Genetic Counseling.

Benefits for preventive services are described under *Preventive Care Services* in the SPD.

Benefits under this section include lab, radiology/X-ray or other diagnostic services performed in the Physician's office. Benefits under this section do not include CT scans, PET scans, MRI, MRA, nuclear medicine and major diagnostic services.

When a test is performed or a sample is drawn in the Physician's office Benefits for the analysis or testing of a lab, radiology/X-ray, or other diagnostic service, whether performed in or out of the Physician's office, are described under *Lab, X-Ray and Diagnostics – Outpatient* in the SPD.

Therapeutic Treatments - Outpatient

The Plan pays Benefits for therapeutic treatments received on an outpatient basis at a Hospital or Alternate Facility [or in a Physician's office], including dialysis (both hemodialysis and peritoneal dialysis), intravenous chemotherapy or other intravenous infusion therapy and radiation oncology.

Covered Health Services include medical education services that are provided on an outpatient basis at a Hospital or Alternate Facility by appropriately licensed or registered healthcare professionals.

Benefits under this section include:

- The facility charge and the charge for related supplies and equipment.
- Physician services for anesthesiologists, pathologists, and radiologists. Benefits for other Physician services are described in this section under *Physician Fees for Surgical and Medical Services*.

[When these services are performed in a Physician's office, Benefits are described under *Physician's Office Services*.]

Exclusions and Limitations

Nutrition

Non-preventive nutritional counseling that is non-disease specific nutritional education such as general good eating habits or for the treatment of certain medical conditions. This exclusion does not apply to preventive care for which Benefits are provided under the United States Preventive Services Task Force or to Benefits provided under Non-Preventive Nutritional Counseling as described in *Additional Coverage Details*.