

**The Shadowfax Corporation Employee Benefits Plan**

**SUMMARY OF MATERIAL MODIFICATION**

Official Name of Plan: The Shadowfax Corporation Employee Benefits Plan

Plan Sponsor: The Shadowfax Corporation  
386 Pattison Street  
York, PA 17403

Employer Identification Number: 23-2368549

Plan Number: 503

This Summary of Material Modifications (“SMM”) describes important changes made to the The Shadowfax Corporation since the Plan’s Summary Plan Description (“SPD”) was last distributed. Unless otherwise specified herein, the changes described herein are effective as of March 1, 2021.

The SPD and this SMM will help you to understand the provisions of the Plan. We believe that these two documents accurately describe the provisions of the Plan. However, the Plan document itself, as interpreted by the Plan Administrator, controls the operation of the Plan. Additionally, as set forth in the SPD, the policies, contracts, or booklets for each underlying Plan feature govern the benefits to be provided and include more details on how the Plan features operate. If there is any conflict between this SMM and/or the SPD and such policies, contracts, or booklets, then such other documents will control, unless otherwise specified herein.

**Material Modifications**

Important changes to certain benefits under the plan will go into effect on March 1, 2021. In particular, coverage for the Group Medical shall be amended as follows:

**Schedule A**

**As of March 1, 2021, unless otherwise noted**

<b>I. Prescription Drug Plan Carrier (self-insured)</b>	<b>Benefit Type</b>	<b>Group No.</b>	<b>Funding by</b>
Pharmavail Woodstock, GA 30188 (800) 800-933-3734	Prescription Drugs (integrated with Group Medical)	02537545	The cost of the benefit is shared by the Plan Sponsor and the employees.