

**SUMMARY OF MATERIAL MODIFICATION
AND
AMENDMENT #3
TO THE
CISION US, INC.
HEALTH & WELFARE BENEFIT PLAN
GROUP NO. 18230**

This Summary of Material Modification and Amendment describes changes to the Cision US, Inc. Health & Welfare Benefit Plan effective February 1, 2023. These changes are effective as of **January 1, 2024** and will remain in effect until amended in writing by the Plan Administrator.

This document should be read carefully and attached to the Plan Document and Summary Plan Description. Please contact the Plan Administrator identified in the Summary Plan Description if you have any questions regarding the changes described in this Summary of Material Modification.

Cision US, Inc. (the "Plan Sponsor") is amending the Cision US, Inc. Health & Welfare Benefit Plan (the "Plan") as follows:

1. *The **Infertility** benefit is hereby deleted and not replaced, the **Fertility/Infertility Services** benefit is hereby added alphabetically under the **Medical Schedule of Benefits: Choice POS Plan, Medical Schedule of Benefits: Value HDHP Plan** and the **Medical Schedule of Benefits: Saver HDHP Plan** as follows:*

MEDICAL SCHEDULE OF BENEFITS: CHOICE POS PLAN

CHOICE POS PLAN	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
MEDICAL BENEFITS		
Fertility/Infertility Services	80% after Deductible	60% after Deductible
Lifetime Maximum Benefit	\$25,000*	
<p>*NOTE: Any infertility medications received through the Prescription Drug Card Program will be subject to the Lifetime maximum shown above.</p> <p>*NOTE: Cryopreservation will be subject to the Lifetime maximum shown above.</p> <p>NOTE: To ensure services are Covered Expenses, contact with Care Coordinators by Quantum Health should be made prior to receipt. See the Care Coordination Process section of the Plan.</p> <p>NOTE: Includes any item or service not otherwise covered under the preventive services provision.</p>		

MEDICAL SCHEDULE OF BENEFITS: VALUE HDHP PLAN

VALUE HDHP PLAN	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
MEDICAL BENEFITS		
Fertility/Infertility Services	80% after Deductible	50% after Deductible
Lifetime Maximum Benefit	\$25,000*	
<p>*NOTE: Any infertility medications received through the Prescription Drug Card Program will be subject to the Lifetime maximum shown above.</p> <p>*NOTE: Cryopreservation will be subject to the Lifetime maximum shown above.</p> <p>NOTE: To ensure services are Covered Expenses, contact with Care Coordinators by Quantum Health should be made prior to receipt. See the Care Coordination Process section of the Plan.</p> <p>NOTE: Includes any item or service not otherwise covered under the preventive services provision.</p>		

MEDICAL SCHEDULE OF BENEFITS: SAVER HDHP PLAN

SAVER HDHP PLAN	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
MEDICAL BENEFITS		
Fertility/Infertility Services	100% after Deductible	100% after Deductible
Lifetime Maximum Benefit	\$25,000*	
<p>*NOTE: Any infertility medications received through the Prescription Drug Card Program will be subject to the Lifetime maximum shown above.</p> <p>*NOTE: Cryopreservation will be subject to the Lifetime maximum shown above.</p> <p>NOTE: To ensure services are Covered Expenses, contact with Care Coordinators by Quantum Health should be made prior to receipt. See the Care Coordination Process section of the Plan.</p> <p>NOTE: Includes any item or service not otherwise covered under the preventive services provision.</p>		

2. *Number (30) – Infertility is hereby deleted and not replaced, and Fertility/Infertility Services is hereby added alphabetically under the Eligible Medical Expenses section under the Eligible Medical Expenses section as follows:*

ELIGIBLE MEDICAL EXPENSES

- (#) **Fertility/Infertility Services:** Care, services and supplies rendered to enable conception will be payable under the plan up to the lifetime maximum. Benefits include impregnation procedures, such as but not limited to artificial insemination, invitro fertilization, embryo and fetal implantation, GIFT (Gamete Intrafallopian Transfer), ZIFT (Zygote Intrafallopian Transfer), low tubal ovum transfer, intracytoplasmic sperm injection and cryopreservation.

A Covered Person is not required to have a medical diagnosis of infertility in order to access fertility treatment services.

Benefits will not be provided for the following:

- (a) Services or supplies rendered to a surrogate, except that costs for procedures to obtain eggs, sperm or embryos from the Covered Person will be covered if a surrogate is used.
- (b) Travel costs for travel within 100 miles of the Covered Person's home or travel costs not Medically Necessary or required by the Plan.
- (c) Infertility treatments which are deemed Experimental/Investigational, in writing, by the American Society for Reproductive Medicine or the American College of Obstetricians or Gynecologists.
- (d) Infertility treatment rendered to Dependents under age 18.

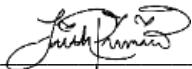
In addition to the above provisions, in-vitro fertilization, gamete intrafallopian tube transfer, zygote intrafallopian tube transfer, low tubal ovum transfer and intracytoplasmic sperm injection procedures must be performed at medical facilities that conform to the American College of Obstetricians and Gynecologists guidelines for in-vitro fertilization clinics or to the American Society for Reproductive Medicine minimal standards for programs of in-vitro fertilization.

To ensure services are Covered Expenses, contact with Care Coordinators by Quantum Health should be made prior to receipt. See the Care Coordination Process section of the Plan.

Eligible expenses will be payable as shown in the Medical Schedule of Benefits.

All other provisions of this Plan shall remain unchanged.

In Witness Whereof, Cision US, Inc. caused this Amendment to take effect, be attached to, and form a part of their Health & Welfare Benefit Plan.

	4/18/24	Head of Global Benefits
_____ Authorized Signature	_____ Date	_____ Title

_____ Witness	_____ Date	_____ Title
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