

**SUMMARY PLAN DESCRIPTION
MATERIAL MODIFICATIONS**

I

INTRODUCTION

This is a Summary of Material Modifications regarding the ClubCorp Health Benefits Plan ("Plan"). Unless stated otherwise, the modifications described in this summary are effective as of January 1, 2026. This is merely a summary of the most important changes to the Plan and information contained in the Summary Plan Description ("SPD") previously provided to you. It supplements and amends that SPD so you should retain a copy of this document with your copy of the SPD. If you have any questions, contact the Administrator. If there is any discrepancy between the terms of the Plan, as modified, and this Summary of Material Modifications, the provisions of the Plan will control.

II

SUMMARY OF CHANGES

The Plan does not provide coverage for certain cellular and gene therapies. A list of specific cellular and gene therapies that are subject to this exclusion as of January 1, 2026 are set forth in the attached Appendix. The absence of a particular treatment from the Appendix does not indicate that the treatment is covered by the Plan. The Appendix will be periodically updated, and you should refer to the current Appendix for information about the potential application of this exclusion to you and your family members.

If you have any questions concerning these Plan changes, this SMM, or your SPD, please contact the Plan Administrator in writing at the following address:

Plan Administrator
ClubCorp USA, Inc. d/b/a Invited
5221 N. O'Connor Blvd., Suite 300
Irving, TX 75309

The SPD for the Plan should be read in conjunction with this Summary of Material Modifications. Please refer to the Statement of ERISA rights set forth in the SPD. If you have any questions regarding the Plan, please contact the Plan Administrator.

CLUBCORP HEALTH BENEFITS PLAN

APPENDIX

EXCLUDED SERVICES

Effective January 1, 2026

The following cellular and gene therapies are not covered by the Plan as eligible expenses for any Plan member in any treatment setting:

- Adstiladrin
- Beqvez
- Casgevy
- Elevidys
- Encelto
- Hemgenix
- Imlygic
- Lenmeldy
- Luxturna
- Lyfgenia
- Papzimeos
- Roctavian
- Skysona
- Vyjuvek
- Zevaskyn
- Zolgensma
- Zynteglo

This list is subject to change so please consult the most recent Appendix. Consult the Plan's Summary Plan Description of the Plan Administrator for more information regarding covered and excluded services and other important terms, conditions, and limitations.