

AMENDMENT #2
TO THE
SUMMARY PLAN DESCRIPTION
for the
XL AMERICA, INC. HEALTH AND WELFARE PLAN - GROUP 2004086

Effective January 1, 2025, the XL America, Inc. Health and Welfare Plan is amended as follows (**red** and *italics* means change or addition and ~~strikeout~~ means deletion):

Within “**SCHEDULE OF MEDICAL BENEFITS - HDHPQ1 (H.S.A. Qualified)**”, “**DEDUCTIBLE**” within the “**COST SHARING PROVISIONS**” table is replaced as follows:

COST SHARING PROVISIONS	TIER 1 NETWORK	NON-TIER 1 NETWORK	NON- NETWORK
DEDUCTIBLE (Non-Embedded; Combined Medical/Pharmacy)			
Single Coverage per Benefit Period	\$1,600 <i>1,750</i>	\$1,600 <i>1,750</i>	\$3,000 <i>3,500</i>
Family Coverage per Benefit Period	\$3,200 <i>3,500</i>	\$3,200 <i>3,500</i>	\$6,000 <i>7,000</i>
<p>The Deductible (combined Medical/Pharmacy) applies to all benefits unless specifically indicated as waived.</p> <p>Network and Non-Network charges will cross accumulate towards the Network Deductible and Non-Network Deductible.</p> <p>“Single Coverage” means only the Employee is covered under the Plan. No benefits will be payable until satisfaction of the Single Coverage Deductible.</p> <p>“Family Coverage” means the Employee and one or more Dependent(s) are covered under the Plan. No benefits will be payable until satisfaction of the Family Coverage Deductible.</p>			

Nothing in this amendment is deemed to change any other provision of the Summary Plan Description of which it becomes a part.

XL AMERICA, INC.

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