AMENDMENT #3

TO THE SUMMARY PLAN DESCRIPTION

for the XL AMERICA, INC. HEALTH AND WELFARE PLAN - 2004086

DENIETT DEDCENTACE/CODAVMENT

Effective <u>January 1, 2024</u>, 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)", "CARDIAC REHABILITATION THERAPY - OUTPATIENT", "CHIROPRACTIC CARE", "COGNITIVE THERAPY - OUTPATIENT", "OCCUPATIONAL THERAPY - OUTPATIENT", "PHYSICAL THERAPY - OUTPATIENT", "RESPIRATORY THERAPY - OUTPATIENT" and "SPEECH THERAPY - OUTPATIENT" are replaced as follows:

	BENEFII PERCENTAGE/COPAYMENT				
TYPE OF SERVICE / LIMITATIONS	TIER 1 NETWORK	NON-TIER 1 NETWORK	NON-NETWORK		
CARDIAC REHABILITATION THERAP	Y - OUTPATIENT				
	90% after Deductible	80% after Deductible	60% after Deductible		
Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy. Benefit limits are not applicable to Mental Illness conditions.					

CHIROPRACTIC CARE

90% after	80% after	60% after
Deductible	Deductible	Deductible

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Chiropractic Treatment includes all services provided during a calendar day, including X-rays.

Benefit limits are not applicable to Mental Illness conditions.

COGNITIVE THERAPY - OUTPATIENT

90% after	80% after	60% after
Deductible	Deductible	Deductible

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

	BENEFIT PERCENTAGE/COPAYMENT		
TYPE OF SERVICE / LIMITATIONS	TIER 1 NETWORK	NON-TIER 1 NETWORK	NON-NETWORK

OCCUPATIONAL THERAPY - OUTPATIENT

Facility Services	Not Available	80% after Deductible	60% after Deductible
Professional Provider Services	90% after	80% after	60% after
	Deductible	Deductible	Deductible
Office Visit Services	90% after	90% after	60% after
	Deductible	Deductible	Deductible

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Benefit limits are not applicable to Mental Illness conditions.

PHYSICAL THERAPY - OUTPATIENT

Facility Services	Not Available	80% after Deductible	60% after Deductible
Professional Provider Services	90% after	80% after	60% after
	Deductible	Deductible	Deductible
Office Visit Services	90% after	80% after	60% after
	Deductible	Deductible	Deductible

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Benefit limits are not applicable to Mental Illness conditions.

RESPIRATORY THERAPY - OUTPATIENT

Facility Services	Not Available	80% after Deductible	60% after Deductible
Professional Provider Services	90% after	80% after	60% after
	Deductible	Deductible	Deductible
Office Visit Services	90% after	90% after	60% after
	Deductible	Deductible	Deductible

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

	BENEFIT PERCENTAGE/COPAYMENT		
TYPE OF SERVICE / LIMITATIONS	TIER 1 NETWORK	NON-TIER 1 NETWORK	NON-NETWORK
SPEECH THERAPY - OUTPATIENT			
Facility Services	Not Available	80% after Deductible	60% after Deductible
Professional Provider Services	90% after Deductible	80% after Deductible	60% after Deductible
Office Visit Services	90% after Deductible	80% after Deductible	60% after Deductible

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Benefit limits are not applicable to Mental Illness conditions.

Within "SCHEDULE OF MEDICAL BENEFITS - HDHPQ2 (H.S.A. Qualified)", "CARDIAC REHABILITATION THERAPY - OUTPATIENT", "CHIROPRACTIC CARE", "COGNITIVE THERAPY - OUTPATIENT", "OCCUPATIONAL THERAPY - OUTPATIENT", "PHYSICAL THERAPY - OUTPATIENT", "RESPIRATORY THERAPY - OUTPATIENT" and "SPEECH THERAPY - OUTPATIENT" are replaced as follows:

	BENEFIT PERCENTAGE/COPAYMENT			
TYPE OF SERVICE / LIMITATIONS	TIER 1 NETWORK	NON-TIER 1 NETWORK	NON-NETWORK	
CARDIAC REHABILITATION THERAPY - OUTPATIENT				
	90% after Deductible	80% after Deductible	60% after Deductible	
Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and				

Benefit limits are not applicable to Mental Illness conditions.

CHIROPRACTIC CARE

Speech Therapy.

90% after	80% after	60% after
Deductible	Deductible	Deductible

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Chiropractic Treatment includes all services provided during a calendar day, including X-rays.

	BENEFIT	PAYMENT	
TYPE OF SERVICE / LIMITATIONS	TIER 1 NETWORK	NON-TIER 1 NETWORK	NON-NETWORK
	NETWORK	NETWORK	
COGNITIVE THERAPY - OUTPATIENT			

90% after 80% after 60% after Deductible Deductible

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Benefit limits are not applicable to Mental Illness conditions.

OCCUPATIONAL THERAPY - OUTPATIENT

Facility Services	Not Available	80% after Deductible	60% after Deductible
Professional Provider Services	90% after	80% after	60% after
	Deductible	Deductible	Deductible
Office Visit Services	90% after	90% after	60% after
	Deductible	Deductible	Deductible

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Benefit limits are not applicable to Mental Illness conditions.

PHYSICAL THERAPY - OUTPATIENT

Facility Services	Not Available	80% after Deductible	60% after Deductible
Professional Provider Services	90% after	80% after	60% after
	Deductible	Deductible	Deductible
Office Visit Services	90% after	80% after	60% after
	Deductible	Deductible	Deductible

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

	BENEFIT PERCENTAGE/COPAYMENT		
TYPE OF SERVICE / LIMITATIONS	TIER 1 NETWORK	NON-TIER 1 NETWORK	NON-NETWORK

RESPIRATORY THERAPY - OUTPATIENT

Facility Services	Not Available	80% after Deductible	60% after Deductible
Professional Provider Services	90% after	80% after	60% after
	Deductible	Deductible	Deductible
Office Visit Services	90% after	90% after	60% after
	Deductible	Deductible	Deductible

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Benefit limits are not applicable to Mental Illness conditions.

SPEECH THERAPY - OUTPATIENT

Facility Services	Not Available	80% after Deductible	60% after Deductible
Professional Provider Services	90% after	80% after	60% after
	Deductible	Deductible	Deductible
Office Visit Services	90% after	90% after	60% after
	Deductible	Deductible	Deductible

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Within "SCHEDULE OF MEDICAL BENEFITS - OAP", "CARDIAC REHABILITATION THERAPY - OUTPATIENT", "CHIROPRACTIC CARE", "COGNITIVE THERAPY - OUTPATIENT", "OCCUPATIONAL THERAPY - OUTPATIENT", "PHYSICAL THERAPY - OUTPATIENT", "RESPIRATORY THERAPY - OUTPATIENT" and "SPEECH THERAPY - OUTPATIENT" are replaced as follows:

TYPE OF SERVICE / LIMITATIONS TIER 1 NON-TIER 1 NON-NET NETWORK CARDIAC REHABILITATION THERAPY - OUTPATIENT 100% after \$10 100% after \$25 60% a	WORK
100% after \$10	
Copayment for Primary Care or \$25 Copayment for Specialty Care Physician, Deductible Waived Copayment for Primary Care or \$50 Copayment for Specialty Care Physician, Deductible Waived Deductible Waived Copayment for Primary Care or Physician, Deductible Waived	

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Benefit limits are not applicable to Mental Illness conditions.

CHIROPRACTIC CARE

100% after \$10 Copayment for Primary Care or	100% after \$25 Copayment for Primary Care or	60% after Deductible
\$25 Copayment	\$50 Copayment	
for Specialty Care	for Specialty Care	
Physician,	Physician,	
Deductible	Deductible	
Waived	Waived	

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Chiropractic Treatment includes all services provided during a calendar day, including X-rays.

Benefit limits are not applicable to Mental Illness conditions.

COGNITIVE THERAPY - OUTPATIENT

90% after	80% after	60% after
Deductible	Deductible	Deductible
Deddelible	Deddelible	

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

	BENEFIT	PERCENTAGE/COR	PAYMENT
TYPE OF SERVICE / LIMITATIONS	TIER 1 NETWORK	NON-TIER 1 NETWORK	NON-NETWORK
OCCUPATIONAL THERAPY - OUTPA	TIENT		
Facility Services	Not Available	80% after Deductible	60% after Deductible
Professional Provider Services	90% after Deductible	80% after Deductible	60% after Deductible
Office Visit Services	100% after \$10 Copayment for Primary Care or \$25 Copayment for Specialty Care Physician, Deductible	100% after \$25 Copayment for Primary Care or \$50 Copayment for Specialty Care Physician, Deductible	60% after Deductible

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Waived

Waived

Benefit limits are not applicable to Mental Illness conditions.

PHYSICAL THERAPY - OUTPATIENT

Facility Services	Not Available	80% after Deductible	60% after Deductible
Professional Provider Services	90% after Deductible	80% after Deductible	60% after Deductible
Office Visit Services	100% after \$10 Copayment for Primary Care or \$25 Copayment for Specialty Care Physician, Deductible Waived	100% after \$25 Copayment for Primary Care or \$50 Copayment for Specialty Care Physician, Deductible Waived	60% after Deductible

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

	BENEFIT PERCENTAGE/COPAYMENT		
TYPE OF SERVICE / LIMITATIONS	TIER 1 NETWORK	NON-TIER 1 NETWORK	NON-NETWORK

RESPIRATORY THERAPY - OUTPATIENT

Facility Services	Not Available	80% after Deductible	60% after Deductible
Professional Provider Services	90% after	80% after	60% after
	Deductible	Deductible	Deductible
Office Visit Services	90% after	90% after	60% after
	Deductible	Deductible	Deductible

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Benefit limits are not applicable to Mental Illness conditions.

SPEECH THERAPY - OUTPATIENT

Facility Services	Not Available	80% after Deductible	60% after Deductible
Professional Provider Services	90% after Deductible	80% after Deductible	60% after Deductible
Office Visit Services	100% after \$10 Copayment for Primary Care or \$25 Copayment for Specialty Care Physician, Deductible Waived	100% after \$25 Copayment for Primary Care or \$50 Copayment for Specialty Care Physician, Deductible Waived	60% after Deductible

Benefit Limits: 90 days for Network services, and 45 days for Non-Network services, Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

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Within "SCHEDULE OF MEDICAL BENEFITS - INDPR", "CARDIAC REHABILITATION THERAPY - OUTPATIENT", "CHIROPRACTIC CARE", "COGNITIVE THERAPY - OUTPATIENT", "OCCUPATIONAL THERAPY - OUTPATIENT", "PHYSICAL THERAPY - OUTPATIENT", "RESPIRATORY THERAPY - OUTPATIENT" and "SPEECH THERAPY - OUTPATIENT" are replaced as follows:

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE

CARDIAC REHABILITATION THERAPY - OUTPATIENT

80% after Deductible

Benefit Limits: 90 days Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Benefit limits are not applicable to Mental Illness conditions.

CHIROPRACTIC CARE

80% after Deductible

Benefit Limits: 90 days Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Chiropractic Treatment includes all services provided during a calendar day, including X-rays.

Benefit limits are not applicable to Mental Illness conditions.

COGNITIVE THERAPY - OUTPATIENT

80% after Deductible

Benefit Limits: 90 days Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Benefit limits are not applicable to Mental Illness conditions.

OCCUPATIONAL THERAPY - OUTPATIENT

Outpatient Facility Services	80% after Deductible
Outpatient Professional Provider Services	80% after Deductible
Office Visit Services	80% after Deductible

Benefit Limits: 90 days Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

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TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE
PHYSICAL THERAPY - OUTPATIENT	
Facility Services	80% after Deductible
Professional Provider Services	80% after Deductible
Office Visit Services	80% after Deductible
Benefit Limits: 90 days Maximum Benefit per Benefit Period for all therapies combined including:	

Benefit Limits: 90 days Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Benefit limits are not applicable to Mental Illness conditions.

RESPIRATORY THERAPY - OUTPATIENT

Facility Services	80% after Deductible
Professional Provider Services	80% after Deductible
Office Visit Services	80% after Deductible

Benefit Limits: 90 days Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Benefit limits are not applicable to Mental Illness conditions.

SPEECH THERAPY - OUTPATIENT

Outpatient Facility Services	80% after Deductible
Outpatient Professional Provider Services	80% after Deductible
Office Visit Services	80% after Deductible

Benefit Limits: 90 days Maximum Benefit per Benefit Period for all therapies combined including: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy.

Benefit limits are not applicable to Mental Illness conditions.

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

XL AME	RICA, INC.
BY:	
TITLE:	