

AMENDMENT #3
TO THE
SUMMARY PLAN DESCRIPTION
for the
XL AMERICA, INC. HEALTH AND WELFARE PLAN - 2004086

Effective January 1, 2024, 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:

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	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 Speech Therapy. <i>Benefit limits are not applicable to Mental Illness conditions.</i>			
CHIROPRACTIC CARE			
	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. Chiropractic Treatment includes all services provided during a calendar day, including X-rays. <i>Benefit limits are not applicable to Mental Illness conditions.</i>			
COGNITIVE 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 Speech Therapy. <i>Benefit limits are not applicable to Mental Illness conditions.</i>			

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	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 Deductible	80% after Deductible	60% after Deductible
Office Visit Services	90% after Deductible	90% 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. <i>Benefit limits are not applicable to Mental Illness conditions.</i>			

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	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. <i>Benefit limits are not applicable to Mental Illness conditions.</i>			

RESPIRATORY 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	90% 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. <i>Benefit limits are not applicable to Mental Illness conditions.</i>			

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	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. <i>Benefit limits are not applicable to Mental Illness conditions.</i>			

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:

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	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 Speech Therapy. <i>Benefit limits are not applicable to Mental Illness conditions.</i>			
CHIROPRACTIC CARE			
	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. Chiropractic Treatment includes all services provided during a calendar day, including X-rays. <i>Benefit limits are not applicable to Mental Illness conditions.</i>			

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

COGNITIVE 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 Speech Therapy. <i>Benefit limits are not applicable to Mental Illness conditions.</i>			

OCCUPATIONAL 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	90% 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. <i>Benefit limits are not applicable to Mental Illness conditions.</i>			

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	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. <i>Benefit limits are not applicable to Mental Illness conditions.</i>			

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	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 Deductible	80% after Deductible	60% after Deductible
Office Visit Services	90% after Deductible	90% 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. <i>Benefit limits are not applicable to Mental Illness conditions.</i>			

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	90% 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. <i>Benefit limits are not applicable to Mental Illness conditions.</i>			

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	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 NETWORK	NON-TIER 1 NETWORK	NON-NETWORK

CARDIAC REHABILITATION THERAPY - OUTPATIENT

	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
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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 \$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
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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 Deductible	80% after Deductible	60% after Deductible
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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.

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	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 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 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 limits are not applicable to Mental Illness conditions.

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	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 Deductible	80% after Deductible	60% after Deductible
Office Visit Services	90% after Deductible	90% 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. <i>Benefit limits are not applicable to Mental Illness conditions.</i>			

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. <i>Benefit limits are not applicable to Mental Illness conditions.</i>			

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. <i>Benefit limits are not applicable to Mental Illness conditions.</i>	
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. <i>Benefit limits are not applicable to Mental Illness conditions.</i>	
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. <i>Benefit limits are not applicable to Mental Illness conditions.</i>	
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. <i>Benefit limits are not applicable to Mental Illness conditions.</i>	

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: Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary (Respiratory) Therapy, and Speech Therapy. <i>Benefit limits are not applicable to Mental Illness conditions.</i>	
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. <i>Benefit limits are not applicable to Mental Illness conditions.</i>	
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. <i>Benefit limits are not applicable to Mental Illness conditions.</i>	

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.

BY: _____

TITLE: _____