

**AMENDMENT #4**  
**TO THE**  
**SUMMARY PLAN DESCRIPTION**  
**for the**  
**XL AMERICA, INC. HEALTH & WELFARE PLAN - 2004086**

Effective January 1, 2025, the XL America, Inc. Health & 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)**”, “**PREVENTIVE CARE**” is replaced as follows:

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 NETWORK	NON-TIER 1 NETWORK	NON-NETWORK
<b>PREVENTIVE CARE</b>			
	100%, Deductible Waived	100%, Deductible Waived	60% after Deductible
<p><b>Covered Services:</b></p> <ul style="list-style-type: none"> <li>◆ Well-Child Care</li> <li>◆ Physical examinations</li> <li>◆ Pelvic examination and pap smear</li> <li>◆ Laboratory and testing</li> <li>◆ Hearing and vision screening</li> <li>◆ <i>Breast cancer screening (e.g., Mammograms, Magnetic Resonance Imaging (MRIs), Ultrasounds and similar breast cancer screening services)</i></li> <li>◆ Prostate cancer screening, Prostate-specific Antigen (PSA) or Digital Rectal Examination (DRE)</li> <li>◆ Cardiovascular screening blood tests</li> <li>◆ Colorectal cancer screening tests</li> <li>◆ Vaccinations and Immunizations recommended by Physician</li> <li>◆ BRCA1 and BRCA2 when medically indicated</li> <li>◆ Nutritional counseling</li> <li>◆ Well Women Preventive Care subject to Plan limitations on sterilization procedures</li> <li>◆ Additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit per Cigna Policy</li> <li>◆ Travel immunizations including, but not limited to: immunizations, medications and/or other preventive treatments for malaria and yellow fever</li> </ul> <p>Complete list of recommended preventive services can be viewed at:  <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</p> <p>If any diagnostic x-rays, labs or other tests or procedures are ordered or provided in connection with any of the Preventive Care covered services, those tests or procedures will not be covered as Preventive Care and will be subject to the cost sharing that applies to those specific services.</p>			

Within “**SCHEDULE OF MEDICAL BENEFITS - HDHPQ2 (H.S.A. Qualified)**”, “**PREVENTIVE CARE**” is replaced as follows:

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 NETWORK	NON-TIER 1 NETWORK	NON-NETWORK
<b>PREVENTIVE CARE</b>			
	100%, Deductible Waived	100%, Deductible Waived	60% after Deductible
<p><b>Covered Services:</b></p> <ul style="list-style-type: none"> <li>◆ Well-Child Care</li> <li>◆ Physical examinations</li> <li>◆ Pelvic examination and pap smear</li> <li>◆ Laboratory and testing</li> <li>◆ Hearing and vision screening</li> <li>◆ <i>Breast cancer screening (e.g., Mammograms, Magnetic Resonance Imaging (MRIs), Ultrasounds and similar breast cancer screening services)</i></li> <li>◆ Prostate cancer screening, Prostate-specific Antigen (PSA) or Digital Rectal Examination (DRE)</li> <li>◆ Cardiovascular screening blood tests</li> <li>◆ Colorectal cancer screening tests</li> <li>◆ Vaccinations and Immunizations recommended by Physician</li> <li>◆ BRCA1 and BRCA2 when medically indicated</li> <li>◆ Nutritional counseling</li> <li>◆ Well Women Preventive Care subject to Plan limitations on sterilization procedures</li> <li>◆ Additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit per Cigna Policy</li> <li>◆ Travel immunizations including, but not limited to: immunizations, medications and/or other preventive treatments for malaria and yellow fever</li> </ul> <p>Complete list of recommended preventive services can be viewed at:  <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</p> <p>If any diagnostic x-rays, labs or other tests or procedures are ordered or provided in connection with any of the Preventive Care covered services, those tests or procedures will not be covered as Preventive Care and will be subject to the cost sharing that applies to those specific services.</p>			

Within “**SCHEDULE OF MEDICAL BENEFITS - OAP**”, “**PREVENTIVE CARE**” is replaced as follows:

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 NETWORK	NON-TIER 1 NETWORK	NON-NETWORK
<b>PREVENTIVE CARE</b>			
	100%, Deductible Waived	100%, Deductible Waived	60% after Deductible
<p><b>Covered Services:</b></p> <ul style="list-style-type: none"> <li>◆ Well-Child Care</li> <li>◆ Physical examinations</li> <li>◆ Pelvic examination and pap smear</li> <li>◆ Laboratory and testing</li> <li>◆ Hearing and vision screening</li> <li>◆ <i>Breast cancer screening (e.g., Mammograms, Magnetic Resonance Imaging (MRIs), Ultrasounds and similar breast cancer screening services)</i></li> <li>◆ Prostate cancer screening, Prostate-specific Antigen (PSA) or Digital Rectal Examination (DRE)</li> <li>◆ Cardiovascular screening blood tests</li> <li>◆ Colorectal cancer screening tests</li> <li>◆ Vaccinations and Immunizations recommended by Physician</li> <li>◆ BRCA1 and BRCA2 when medically indicated</li> <li>◆ Nutritional counseling</li> <li>◆ Well Women Preventive Care subject to Plan limitations on sterilization procedures</li> <li>◆ Additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit per Cigna Policy</li> <li>◆ Travel immunizations including, but not limited to: immunizations, medications and/or other preventive treatments for malaria and yellow fever</li> </ul> <p>Complete list of recommended preventive services can be viewed at:  <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</p> <p>If any diagnostic x-rays, labs or other tests or procedures are ordered or provided in connection with any of the Preventive Care covered services, those tests or procedures will not be covered as Preventive Care and will be subject to the cost sharing that applies to those specific services.</p>			

Within “**SCHEDULE OF MEDICAL BENEFITS - INDPR**”, “**PREVENTIVE CARE**” is replaced as follows:

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE
<b>PREVENTIVE CARE</b>	
	100%, Deductible Waived
<p><b>Covered Services:</b></p> <ul style="list-style-type: none"> <li>◆ Well-Child Care</li> <li>◆ Physical examinations</li> <li>◆ Pelvic examination and pap smear</li> <li>◆ Laboratory and testing</li> <li>◆ Hearing and vision screening</li> <li>◆ <i>Breast cancer screening (e.g., Mammograms, Magnetic Resonance Imaging (MRIs), Ultrasounds and similar breast cancer screening services)</i></li> <li>◆ Prostate cancer screening, Prostate-specific Antigen (PSA) or Digital Rectal Examination (DRE)</li> <li>◆ Cardiovascular screening blood tests</li> <li>◆ Colorectal cancer screening tests</li> <li>◆ Vaccinations and Immunizations recommended by Physician</li> <li>◆ BRCA1 and BRCA2 when medically indicated</li> <li>◆ Nutritional counseling</li> <li>◆ Well Women Preventive Care subject to Plan limitations on sterilization procedures</li> <li>◆ Additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit per Cigna Policy</li> <li>◆ Travel immunizations including, but not limited to: immunizations, medications and/or other preventive treatments for malaria and yellow fever</li> </ul> <p>Complete list of recommended preventive services can be viewed at:  <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</p> <p>If any diagnostic x-rays, labs or other tests or procedures are ordered or provided in connection with any of the Preventive Care covered services, those tests or procedures will not be covered as Preventive Care and will be subject to the cost sharing that applies to those specific services.</p>	

Within “**MEDICAL BENEFITS**”, “**NUTRITIONAL COUNSELING**” is replaced as follows:

#### **NUTRITIONAL COUNSELING**

**Benefit limits apply as stated in the Schedule of Medical Benefits.**

Charges for treatment rendered by a registered dietician, or other Licensed Healthcare Provider, for individuals with medical conditions *or Mental Illness* that require a special diet *or counseling*. Such conditions include but may not be limited to, diabetes mellitus, coronary heart disease, congestive heart failure, severe obstructive airway disease, gout, renal failure, phenylketonuria, hyperlipidemias *and Mental Illness (e.g., anorexia, bulimia nervosa)*.

AX America, Inc. - 2004086  
Amendment #4 - Effective 1/1/2025  
Page 5

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.**

Signed by:  
BY: Joseph Palma  
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TITLE: Senior Benefits Partner