

AMENDMENT TO PLAN DOCUMENT

GROUP PLAN ADMINISTRATOR: Ascot Enterprises, Inc.
GROUP PLAN NUMBER: 1251
AMENDMENT NUMBER: Three
EFFECTIVE DATE OF AMENDMENT(S): August 1, 2015

It is hereby understood and agreed that the above-mentioned Plan Document is amended as follows:

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SECTION 6A. ESSENTIAL BENEFITS (added)

SECTION 4. DEFINITIONS

ACTIVE FULL-TIME – change from thirty-two (32) hours per week to thirty (30) hours per week.

DEPENDENT – Coverage for dependent children will change from coverage ending on 26th birthday to coverage ending on the last day of the month of the 26th birthday.

Essential Benefits (added)

The benefits designated by the State of Alabama as “essential benefits”, as that term is defined in 42 USC 1802 and listed in Section 6A.

SECTION 6A. ESSENTIAL BENEFITS (added)

1. Primary Care Visit to Treat an Injury or Illness
2. Specialist Visit
3. Other Practitioner Office Visit (Nurse, Physician Assistant)
4. Outpatient Facility Fee (e.g., Ambulatory Surgery Center)
5. Outpatient Surgery Physician/Surgical Services
6. Hospice Services
7. Infertility Treatment
8. Urgent Care Centers or Facilities
9. Home Health Care Services
10. Emergency Room Services
11. Emergency Transportation/Ambulance
12. Inpatient Hospital Services (e.g., Hospital Stay)
13. Inpatient Physician and Surgical Services
14. Pre-natal and Post-natal Care
15. Delivery and All Inpatient Services for Maternity Care
16. Mental/Behavioral Health Outpatient Services
17. Mental/Behavioral Health Inpatient Services
18. Substance Abuse Disorder Outpatient Services
19. Substance Abuse Disorder Inpatient Services

20. Generic Drugs
21. Preferred Brand Drugs
22. Non-Preferred Brand Drugs
23. Specialty Drugs
24. Outpatient Rehabilitation Services
25. Habilitation Services
26. Chiropractic Care
27. Durable Medical Equipment
28. Imaging (CT/PET Scans, MRIs)
29. Preventive Care/Screening/Immunization
30. Routine Eye Exam for Children
31. Eye Glasses for Children
32. Dental Check-Up for Children
33. Laboratory Outpatient and Professional Services
34. X-rays and Diagnostic Imaging
35. Basic Dental Care – Child
36. Orthodontia – Child
37. Major Dental Care – Child
38. Off Label Prescription Drugs

SECTION 7. MEDICAL PLAN EXCLUSIONS (added # 42)

42. The following Essential Benefits (as shown in Section 6A), are not covered under this Plan:

- Infertility Treatment
- Routine Eye Exam for Children
- Eye Glasses for Children
- Dental Check-Up for Children
- Basic Dental Care – Child
- Orthodontia – Child
- Major Dental Care – Child

Alan Sands VP
DATED: 6/17/2015 PLAN ADMINISTRATOR: Ascot Enterprises, Inc.
WITNESS: Anna Huff BY: Alan Sands VP