



See the following websites for more details:

<https://www.healthcare.gov/coverage/preventive-care-benefits/>;
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics>;
https://www.cdc.gov/acip-recs/hcp/vaccine-specific/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/index.html;
<https://www.aap.org/periodicityschedule>;
<https://www.hrsa.gov/womensguidelines/>.

***NOTE:** The Preventive Care services identified through the above links are recommended services. It is up to the Provider and/or Physician of care to determine which services to provide; the Plan Administrator has the authority to determine which services will be covered. Preventive Care services will be covered at 100% for Non-Network Providers if there is no Network Provider who can provide a required preventive service. Benefits include gender-specific Preventive Care services, regardless of the sex the Participant was assigned at birth, his or her gender identity, or his or her recorded gender.*

5. To amend the section, Medical Benefits, by inserting the following:

Telehealth. Charges for any Medically Necessary services, for which benefits are otherwise provided by the Plan, when those services are provided via audio or video communications.
NOTE: This benefit is not the same as a Teladoc or HealthiestYou type of benefit.

6. To amend the section, Plan Exclusions, by inserting the following:

Gender-Affirming Care. Related to gender-affirming care.

7. To amend the section, Plan Exclusions, by inserting the following:

Marijuana. For marijuana or marijuana-derived substances or compounds (like THC/CBD oil), even if the Participant has a prescription and marijuana is legal under the laws of the state in which he or she lives.

8. To amend the section, Plan Exclusions, by inserting the following:

Sexual Dysfunction. For any treatment of a sexual dysfunction, including but not limited to sexual counseling or therapy, implants and hormonal therapy, except of dysfunction due to organic disease or gender dysphoria, unless otherwise specified by the Plan.

9. To amend the provision, Covered Expenses, within the Prescription Drug Benefits section by inserting the following:

Allergy Sera. Charges for allergy sera.

10. To amend the provision, Employees on Military Leave, within the Termination of Coverage section by removing the section completely and inserting the following:



Continuation During USERRA

Participants who are absent from employment because they are in the Uniformed Services, and who are on active military duty, must be offered the right to continue health care benefits. If the military leave orders are for a period of 30 days or less, Participants cannot be required to pay more than the normal Participant contribution amount. After this period, Participants may elect to continue their coverage under this Plan for up to 24 months and Participants cannot be required to pay more than 102 percent of the full contribution amount during that time.

To continue coverage, Participants must comply with the terms of the Plan, including election during the Plan's annual enrollment period (if applicable), and pay their contributions, if any. In addition, USERRA also requires that, regardless of whether a Participant elected to continue his or her coverage under the Plan, his or her coverage and his or her Dependents' coverage be reinstated immediately upon his or her return to employment, so long as he or she meets certain requirements contained in USERRA. Participants should contact their participating Employer for information concerning their eligibility for USERRA and any requirements of the Plan.

11. To amend the provision, Trade Reform Act and Further Consolidated Appropriations Act, 2020, within the Continuation of Coverage section by removing the following section completely:

Trade Reform Act and Further Consolidated Appropriations Act, 2020

The Further Consolidated Appropriations Act, 2020 has extended certain provisions of the Trade Reform Act, which created a special COBRA right applicable to certain employees who have been terminated or experienced a reduction of hours and who qualify for a "trade readjustment allowance" or "alternative trade adjustment assistance." These individuals can either take a Health Coverage Tax Credit (HCTC) or get advance payment of the applicable percentage of premiums paid for qualified health insurance coverage, including COBRA continuation coverage. These individuals are also entitled to a second opportunity to elect COBRA coverage for themselves and certain family members (if they did not already elect COBRA coverage). This election must be made within the 60-day period that begins on the first day of the month in which the individual becomes eligible for assistance under the Trade Reform Act. However, this election may not be made more than six months after the date the individual's group health plan coverage ends.

A Participant's eligibility for subsidies under the Further Consolidated Appropriations Act, 2020, affects his or her eligibility for subsidies that provide premium assistance for coverage purchased through the Health Insurance Marketplace. For each coverage month, a Participant must choose one or the other, and if he or she receives both during a tax year, the IRS will reconcile his or her eligibility for each subsidy through his or her individual tax return. Participants may wish to consult their individual tax advisors concerning the benefits of using one subsidy or the other.



Participants may contact the Plan Administrator for additional information or if they have any questions, they may call the Health Coverage Tax Credit Customer Contact Center toll-free at 1-866-628-4282. TTD/TTY callers may call toll-free at 1-866-626-4282. More information about the Trade Reform Act is available at www.doleta.gov/tradeact; for information about the Health Coverage Tax Credit (HCTC), please see: <https://www.irs.gov/Credits-&-Deductions/Individuals/HCTC>.

12. To amend the section, Defined Terms by inserting the following:

“Cell Therapy”

“Cell Therapy” is a treatment in which intact, living cells are injected, grafted, or implanted into a patient to achieve a therapeutic effect. Includes adoptive cell therapy (ACT), stem cell therapy, and cellular immunotherapy such as CAR-T, unless specifically excluded.

13. To amend the section, Defined Terms by inserting the following:

“Gene Therapy”

“Gene Therapy” is a medical treatment that introduces, removes, or alters genetic material within a patient's cells to treat or prevent disease, including treatments that utilize viral vectors or gene-editing technologies such as CRISPR.

14. To amend the provision, Participant, within the Defined Terms Section by removing the section completely and inserting the following:

“Participant”

“Participant” shall mean any Employee, Dependent, or individual that is covered under the Plan through COBRA continuation, who is eligible for benefits (and enrolled) under the Plan.

15. To amend the section, Responsibilities for Plan Administration by inserting the following:

Summary of Material Modification (SMM)

A Summary of Material Modifications reports changes in the information provided within the Summary Plan Description. Examples include a change to Deductibles, eligibility or the addition or deletion of coverage.

The Plan Administrator shall notify all covered Employees of any plan amendment considered a Material Modifications by the Plan as soon as administratively feasible after its adoption, but no later than within 210 days after the close of the Plan Year in which the changes became effective. If said Material Modification is affected by amendment as described above, distribution of a copy of said written amendment, within all applicable time limits, shall be deemed sufficient notification to satisfy the Plan’s Summary of Material Modifications requirements.

NOTE: The Affordable Care Act (ACA) requires that if a Plan’s Material Modifications are not reflected in the Plan’s most recent Summary of Benefits and Coverage (SBC) then the



Plan must provide written notice to Participants at least 60 days before the effective date of the Material Modification.

Summary of Material Reduction (SMR)

A Summary of Material Reduction (SMR) is a type of SMM. A Material Reduction generally means any modification that would be considered by the average participant to be an important reduction in covered services or benefits. Examples include reductions in benefits or increases in Deductibles or Copayments.

The Plan Administrator shall notify all eligible Employees of any plan amendment considered a Material Reduction in covered services or benefits provided by the Plan as soon as administratively feasible after its adoption, but no later than 60 days after the date of adoption of the reduction. Eligible Employees and beneficiaries must be furnished a summary of such reductions, and any changes so made shall be binding on each Participant. The 60 day period for furnishing a summary of Material Reduction does not apply to any Employee covered by the Plan who would reasonably expect to receive a summary through other means within the next 90 days.

If said Material Reduction is affected by amendment as described above, distribution of a copy of said written amendment, within all applicable time limits, shall be deemed sufficient notification to satisfy the Plan's Summary of Material Reduction requirements.

Material Reduction disclosure provisions are subject to the requirements of ERISA and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any related amendments.

16. To amend the provision, Reproductive Health Information, within the HIPAA Privacy section by removing the section completely and inserting the following:

Reproductive Health Information

Pursuant to federal law (29 FR 32976), unless required by law, the Plan will **not** use or disclose PHI which is requested to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify any person for either purpose.

If the Plan receives a request for PHI which is potentially related to reproductive health care for one of these impermissible purposes, the Plan will not use or disclose PHI without first obtaining a signed attestation from the requesting party that the request is not for an impermissible purpose.



The Plan shall take effect for each Participating Employer on the Effective Date, unless a different date is set forth above opposite such Participating Employer's name.

The Plan Document and Summary Plan Description will be amended to reflect this change. All other terms and conditions of the Plan which are not affected by this Amendment are unchanged.

Accepted:

Employer Solutions Staffing Group II, LLC

By: Chris Levine

Printed: Chris Levine

Title: ceo/president

Date: 4/13/2026