

ENSIGN SERVICES, INC.
VALUE COPAY PLAN
GROUP HEALTH PLAN AMENDMENT # 1

This amendment is attached to and made a part of the Ensign Services, Inc. Value Copay Employee Health Care Plan. Amendment # 1 is effective **January 1, 2024** and reflects the following changes:

1. Amend the Medical Benefits Schedule changing the PCP, Mental Health and Substance Abuse office visit copayments from \$45 to \$20 as shown below with strikethrough and underline.
2. Amend the Medical Benefits Schedule changing the Teladoc copayment from \$25 to \$5 as shown below with strikethrough and underline.

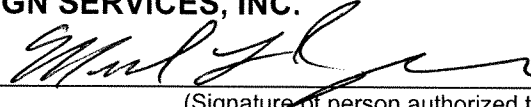
VALUE COPAY PLAN
MEDICAL BENEFITS SCHEDULE

COVERED CHARGES	NETWORK PROVIDERS
Physician Services	
Office visits	100% after \$45 ~~\$20~~ copayment deductible waived
Autism Spectrum Disorders	
Office Visits and Medication Management	100% after \$45 ~~\$20~~ copayment deductible waived
Mental Health Psychotherapy	100% after \$45 ~~\$20~~ copayment deductible waived
Diabetes Education	100% after \$45 ~~\$20~~ copayment deductible waived
	100% after \$75 copayment deductible waived when specialist
Mental Disorders	
Office Setting	100% after \$45 ~~\$20~~ copayment deductible waived
Substance Abuse	
Office Setting	100% after \$45 ~~\$20~~ copayment deductible waived
Teladoc – medical and behavioral health	100% after \$25 ~~\$5~~ copayment deductible waived
Voluntary Sterilization	
Male – Physician office	100% after \$45 ~~\$20~~ copayment deductible waived

It is agreed that these changes shall be an amendment to the Ensign Services, Inc. Value Copay Employee Health Care Plan, and shall become a part of the Plan, but shall not otherwise vary, alter or extend the terms of the Plan.

Dated on this 25th day of October, 2023.

ENSIGN SERVICES, INC.

By: 
(Signature of person authorized to make this change)

By: Michael Roragen Sr. Benefits Analyst
(Print signature name and title of person authorized to make this change)