

The following section of the Plan Document and Summary Plan Description for the KemPharm Health Benefit Plan has been amended to read as follows:

Section XIX. Covered Expenses, Item 39. has been added to read:

39. Autism Spectrum Disorder services shall be provided to a covered Dependent under the age of 18, or if 18 years or older, is attending High School and was diagnosed with Autism Spectrum Disorder prior to his or her 9th birthday consisting of:

- a. well-baby and well-child screening for the presence of Autism Spectrum Disorder;
- b. Applied Behavior Analysis, when rendered by an individual who is certified by the state to render such analysis; and
- c. Physical Therapy performed by a Physical Therapist, Occupational Therapy performed by a Occupational Therapist and Speech Therapy performed by a Speech Therapist. Covered therapies performed for the treatment of Autism Spectrum Disorders are covered even though they may be habilitative in nature (provided to teach a function) and are not necessarily limited to restoration of a function or skill that has been lost.

The Claims Administrator reserves the right to request a formal written treatment plan signed by the treating Physician to include the diagnosis, the proposed treatment type, the frequency and duration of treatment, the anticipated outcomes stated as goals, and the frequency with which the treatment plan will be updated, but no less than every 6 months.