Amendments to Plan Document for Rockford Acromatic Products

Effective April 1, 2018

Whereas, Rockford Acromatic Products established the Rockford Acromatic Products Employee Health Benefit Plan for all eligible employees of Rockford Acromatic Products, and:

Whereas, said Plan Document provides Rockford Acromatic Products may amend the Plan without consent or notice to any covered individual; and

Whereas, the amendment of the Plan is now considered desirable and therefore it is resolved that the Plan is amended in the following particulars.

Amendment 1

Article IV, Covered Services, Orthotic is amended from:

Orthotics

The Plan covers orthopedic braces (i.e., an orthopedic appliance used to support, align, or hold body parts in a correct position) and crutches, including rigid back, leg or neck braces; casts for treatment of any part of the legs, arms, shoulders, hips or back; special surgical and back corsets; and physician-prescribed, directed, or applied dressings, bandages, trusses, and splints which are custom-designed for the purpose of assisting the function of a joint. Maintenance and repairs to orthotics resulting from accident, misuse or abuse are the Covered Individual's responsibility.

NOTE: Non-covered items include, but are not limited to orthodontic or other dental appliances (except as allowed for accidental injury under covered oral surgery); splints or bandages available for purchase over the counter for support of strains and sprains; orthopedic shoes which are a separable part of a covered brace; specially ordered, custom-made or built-up shoes, cast shoes, shoe inserts designed to support the arch or effect changes in the foot; or foot alignment, arch supports, elastic stockings and garter belts.

Article IV, Covered Services, Orthotics is amended to:

The Plan covers orthopedic braces (i.e., an orthopedic appliance used to support, align, or hold body parts in a correct position) and crutches, including rigid back, leg or neck braces; casts for treatment of any part of the legs, arms, shoulders, hips or back; special surgical and back corsets; and physician-prescribed, directed, or applied dressings, bandages, trusses, and splints which are custom-designed for

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Amendment 2

Article V Medical Plan Exclusions is amended to the following:

Dietary Services and Supplies

Any services or supplies provided for dietary and nutritional services, except as may be provided under preventive care services, or Covered Services, Dietary and Medication Adherence Services.

Article IV Covered Services is amended to include the following service:

Dietary and Medication Adherence Services

Outpatient counseling for nutrition and medication adherence is a covered service for in-network providers authorized to provide such services.

Inpatient nutritional assessment program provided in and by a network hospital is a Covered Service.

Amendment 3

Section 2.10 Medical Benefits Schedule, Weight Loss Programs is amended to delete:		
	Weight loss programs offer	
	Weight loss programs of covered.	ffered by other providers are not
Section 2.10 Medical Be	nefits Schedule, Weights Los	s Programs is amended to include:
	Weight loss programs either	in groups or individually by in- d to provide such services are
Dated this 27 day of March 2018.		
IN WITNESS HEREOF, the undersigned has caused this Amendment to be duly adopted and effective as of $\frac{A prill}{L}$, 2018.		
ACCEPTED AND APPROVED James Knutero Signature James Knuteso	BY:	WITNESSED BY: Signature,
Signature James Knutso		_ JOHN HEBLIT
Printed Name		Printed Name
Risk Manage Title	<u>~</u> .	Title