This Amendment is prepared at the request of Louisiana Conference United Methodist Church by Benefit Management Services.

The Plan is amended as set forth herein. All of the provisions, definitions, procedures, conditions, limitations, and exclusions of the Plan are applicable to this Amendment, unless they conflict with this Amendment. If they conflict with the Plan, or if any other Amendment or Endorsement to this Plan issued heretofore conflict with this Amendment, this Amendment shall prevail.

SCHEDULE OF BENEFITS is hereby amended by adding the following:

<table>
<thead>
<tr>
<th>NETWORK PROVIDERS</th>
<th>NON-NETWORK PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Coinsurance subject to the lesser of billed charges or negotiated amounts)</td>
<td>(Coinsurance subject to billed charges based on Usual &amp; Reasonable amounts)</td>
</tr>
<tr>
<td>Breast Pump &amp; Supplies</td>
<td>Breast Pump &amp; Supplies</td>
</tr>
<tr>
<td>100% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Limited to $300 per purchase</td>
<td>Limited to $300 per purchase</td>
</tr>
<tr>
<td>Limited to two (2) purchases per member per Lifetime</td>
<td>Limited to two (2) purchases per member per Lifetime</td>
</tr>
</tbody>
</table>

ACTIVE EMPLOYEE PLAN
PRESCRIPTION DRUG BENEFIT

Pharmacy Injections:

- Flu Shot ................................................................. 100% deductible waived
- Shingle Vaccine ..................................................... 100% deductible waived

RETIRERED EMPLOYEE PLAN
MEDICARE SUPPLEMENT

Pharmacy Injections:

- Flu Shot ................................................................. 100% deductible waived
- Shingle Vaccine ..................................................... 100% deductible waived

MEDICAL BENEFITS

COVERED CHARGES

(8) Other Medical Services and Supplies is hereby amended by adding the following:

(dd) Breast pump or supplies. Charges for breast pumps or supplies are subject to the limits as described in the Schedule of Benefits.
ACTIVE AND RETIREE EMPLOYEE PLAN PRESCRIPTION DRUG BENEFITS

Covered Prescription Drugs is hereby amended by restating the following:

(1) All drugs prescribed by a Physician that require a prescription either by federal or state law. This includes all forms of contraceptives, but excludes any drugs stated as not covered under this Plan.

(2) All compounded prescriptions containing at least one prescription ingredient in a therapeutic quantity.

(3) Insulin and other diabetic supplies when prescribed by a Physician.

(4) Smoking cessation drugs, such as nicotine gum or smoking deterrent products.

(5) Limited Pharmacy injectables as described in the Schedule of Benefits.

Expenses Not Covered is hereby amended by restating the following:

(12) Injectable. A charge for hypodermic syringes and/or needles, injectables or any prescription directing administration by injection (other than for insulin, flu shots and shingle vaccines).

ACTIVE AND RETIREE EMPLOYEE PLAN DENTAL BENEFITS

COVERED DENTAL SERVICES

Class A Services; Preventive and Diagnostic Dental Procedures

(1) Routine oral exams. This includes the cleaning and scaling of teeth, twice every calendar year.

Your group plan administrator and Benefit Management Services believe this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your plan administrator, or Benefit Management Services at the telephone number on the back of your ID card. ERISA members may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. Members who are not on ERISA plans may contact the U.S. Department of Health and Human Services at www.healthreform.gov.