AMENDMENT TO PLAN DOCUMENT

GROUP PLAN ADMINISTRATOR:

City of Auburn

GROUP PLAN NUMBER:

27435

PLAN AMENDMENT:

Two

EFFECTIVE DATE OF AMENDMENT(S):

12/1/2013

It is hereby understood and agreed that the above-mentioned Plan Document is amended as follows:

SCHEDULE OF BENEFITS

Provision	Signature Care EPO Special Access Providers	Signature Care PPO Providers	Non-PPO Providers	Maximums/Notes
Laboratory Expenses	Specialty Lab 100%	Specialty Lab 100%	Specialty Lab 100%	Specialty Lab refers to services performed through DeKalb Memorial Hospital, d/b/a DeKalb Health, or Lab Corp.
	Non-Specialty Lab Deductible/80%	Non-Specialty Lab Deductible/60%	Non-Specialty Lab Deductible/40%	
	Doddolible/00/0	Deductible/00 /6	Deductible/40%	

PLAN

ADMINISTRATOR: City of Auburn