

**NORTH CENTRAL OHIO TRUST, MOHAWK BOARD OF EDUCATION
NON-GRANDFATHERED EMPLOYEE BENEFIT PLAN**

PLAN AMENDMENT AND SUMMARY OF MATERIAL MODIFICATIONS

This Amendment modifies the benefits described in your Summary Plan Description ("SPD") and becomes a part of your Plan, effective January 1, 2026. Please place this Amendment with your SPD for future reference.

The Medical Schedule of Benefits for the High Deductible Health Plan is amended only as follows:

Network (PPO Network Providers)

Calendar Year Deductible:
Per Individual.....\$3,400.00
Per Family.....\$6,800.00

Out-of-Pocket Maximum per Calendar Year (including any applicable Deductible and Coinsurance):
Per Individual.....\$3,400.00
Per Family.....\$6,800.00

Non-Network (Non-PPO Network Providers)

Calendar Year Deductible:
Per Individual.....\$6,800.00
Per Family.....\$13,600.00

Note: The Out-of-Pocket Maximum will remain as currently written:

Out-of-Pocket Maximum per Calendar Year (including the Deductible and Coinsurance):
Per Individual.....Unlimited
Per Family.....Unlimited

This Amendment terminates concurrently with the Plan to which it is attached. It is subject to all the definitions, limitations, exclusions, and conditions of the Plan except as stated. NCOT, Mohawk Board of Education adopts the terms and conditions set forth in this Amendment as of the Effective Date, regardless of the date signed below.



Signature on behalf of the Plan



Printed Name and Title



Date