

**GRACE COTTAGE  
EMPLOYEE GROUP MEDICAL PLAN  
AMENDMENT #8 TO THE  
JANUARY 1, 2016 PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION  
EFFECTIVE: JANUARY 1, 2021**


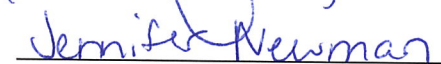
This Plan is amended to correct coverage for Telemedicine including e-Visits/virtual visits to reflect no cost sharing. All references to the provisions below that appear in any part of the Plan Document or in any prior amendments are also hereby amended to be consistent with the changes described below.

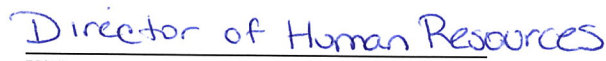
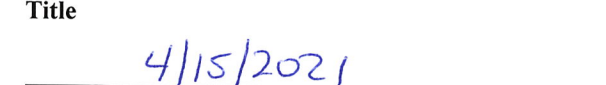
The Plan Document and Summary Plan Description are hereby amended as follows:

**SECTION IV, SCHEDULE OF MEDICAL BENEFITS (PLATINUM, GOLD and SILVER PLAN OPTIONS); Telemedicine** is hereby **deleted and replaced** in its entirety with the following:

OTHER SERVICES & SUPPLIES	TIER 1: IN-NETWORK PROVIDERS	TIER 2: OUT-OF-NETWORK PROVIDERS
<b>Telemedicine</b> (Applies to medical and behavioral health services; <i>see</i> Medical Benefits section for additional information)	100% (Deductible waived)	NOT COVERED
All other virtual visits with a Provider with whom a Covered Person has established relationship, including, but not limited to Occupational Therapy, Physical Therapy and Speech Therapy	100% (Deductible waived)	NOT COVERED

Accepted by:  
Grace Cottage

  
\_\_\_\_\_  
Authorized Signature  
  
\_\_\_\_\_  
Print Name

  
\_\_\_\_\_  
Title  
  
\_\_\_\_\_  
Date