

**LEWIS COUNTY HEALTH PLAN  
AMENDMENT AND SUMMARY OF MATERIAL MODIFICATION**

**EFFECTIVE DATE: SEPTEMBER 1, 2025**

Lewis County (the “Employer”) maintains the Lewis County Health Plan (the “Plan”) for the benefit of its eligible employees and their dependents and expressly reserves the right to amend the Plan at any time. As such, the Employer desires to amend the Plan to change the definition for “**Domestic Network Benefits**” to “**Domestic Network Coverage**” and update the definition for “**Domestic Network Provider**”. Effective as of September 1, 2025, the Plan is amended as follows:

1. The definition for “**Domestic Network Benefits**” is deleted and replaced with the new definition “**Domestic Network Coverage**”. All references in the Plan to “**Domestic Network Benefits**” are changed to “**Domestic Network Coverage**” and the definition reads as follows:

**DEFINITIONS**

**Domestic Network Coverage.** This is the highest level of coverage, available when care is provided by a Domestic Network Provider.

2. The definition for “**Domestic Network Provider**” is updated to read as follows:

**DEFINITIONS**

**Domestic Network Provider.** Lewis County Health System and its affiliated providers – operating under the County’s tax identification number – are designated as Domestic Network Providers. The Plan Administrator, in coordination with the Medical Claims Administrator, maintains an up-to-date list of these providers. This list is available, upon request, from the Plan Administrator or Medical Claims Administrator.

Except as amended by this amendment and summary of material modification (“Amendment”), all terms, conditions, limitations and exclusions of the Plan will remain in full force and effect. In the event of any discrepancy between this Amendment and the Plan, the provisions of the Amendment shall govern.

This Amendment describes important changes to the Plan and your Summary Plan Description (SPD). You should retain a copy of this Amendment with your SPD.

This Amendment is hereby adopted by the Employer as of the effective date set forth above.

**LEWIS COUNTY**

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Signature

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Printed Name

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Title

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Date