Amendment 03
Effective December 1, 2025
MCLENNAN COUNTY MEDICAL EDUCATION AND RESEARCH FOUNDATION DBA WACO FAMILY MEDICINE

The Health Benefit Summary Plan Description is amended as follows:

1. **The PRESCRIPTION SCHEDULE OF BENEFITS, Benefit Plan(s) 001, is amended to revise the following:**

	In House Pharmacy	Other Network Pharmacy
Deductible	**Not Applicable to Rx**	**Not Applicable to Rx**
Out of Pocket Maximum (Medical/Rx Combined)	$7,150/$14,300	$7,150/$14,300
Retail (up to 30 Day Supply) • Tier 1 Generic • Tier 2 Preferred Brand • Tier 3 Non-Preferred Brand	 $5 copay $15 copay $15 copay	 50% 50% 50%
Retail 90 (up to 90 Day Supply) • Tier 1 Generic • Tier 2 Preferred Brand • Tier 3 Non-Preferred Brand	 $7.50 copay $20 copay $20 copay	 50% 50% 50%
Specialty (up to 30 Day Supply)	$100 copay for drugs less than $400 25% for drugs more than $400	Not Covered

2. **The SPECIAL ENROLLMENT PROVISION is amended to revise the following:**

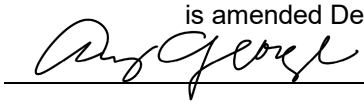
CHANGE IN FAMILY STATUS

If a person becomes an eligible Dependent through marriage, birth, adoption, or Placement for Adoption, the Employee, spouse, and newly acquired Dependent(s) who are not already enrolled may enroll for health coverage under this Plan during a special enrollment period. The Employee must request and apply for coverage within 30 calendar days of the marriage, birth, adoption, or Placement for Adoption.

BY THIS AGREEMENT,

The MCLENNAN COUNTY MEDICAL EDUCATION AND RESEARCH FOUNDATION DBA WACO FAMILY MEDICINE Health Benefit Summary Plan Description

is amended December 1, 2025.

Authorized Signature 

Print Name Amy George

Title Director, Benefits & Compensation

Date 5/29/26

IMPORTANT NOTICE:

The employer agrees to all provisions of this amendment as the basis for Plan administration. Except as specifically stated above, nothing in this amendment will alter or amend the summary plan description.

Any applicable stop loss policies typically rely on formally approved amendments or updated summary plan descriptions when determining whether reimbursement is appropriate. Failure to notify the stop loss carrier of plan changes may result in a stop loss gap or lapse in coverage. Notice to the stop loss carrier of all plan changes is required.

Please sign and return this amendment to your strategic account executive as soon as possible. Note, however, that since the corresponding system changes have been implemented, these changes are considered final, regardless of whether or not a signature is received. If you have any questions, please contact your strategic account executive.

Contingent upon your signed approval of the initial plan document, this amendment will be posted to the member portal upon receipt of your signature, or within 14 days of your receipt of the amendment if a signature is not received. Please note that amendments or booklets will not be printed until a signature is received.

Remember to keep a copy for your records.

FOR INTERNAL USE ONLY
CHIP #: 413421

Amendment 02
Effective February 1, 2026
MCLENNAN COUNTY MEDICAL EDUCATION AND RESEARCH FOUNDATION DBA WACO FAMILY MEDICINE

The Health Benefit Summary Plan Description is amended as follows:

The ELIGIBILITY AND ENROLLMENT provision is amended to revise the following:

An **eligible Dependent** includes:

- Your legal spouse, provided they are not covered as an Employee under this Plan. For purposes of eligibility under this Plan, a legal spouse could include a spouse deemed by informal marriage. Documentation on a Covered Person's marital status may be required by the Plan Administrator. An eligible Dependent does not include an individual for whom you have obtained a legal separation or divorce.

BY THIS AGREEMENT,

The MCLENNAN COUNTY MEDICAL EDUCATION AND RESEARCH FOUNDATION DBA WACO FAMILY MEDICINE Health Benefit Summary Plan Description

is amended February 1, 2026.

Authorized Signature 

Print Name Amy George

Title Director, Benefits & Compensation

Date 5/12/2026

IMPORTANT NOTICE:

The employer agrees to all provisions of this amendment as the basis for Plan administration. Except as specifically stated above, nothing in this amendment will alter or amend the summary plan description.

Any applicable stop loss policies typically rely on formally approved amendments or updated summary plan descriptions when determining whether reimbursement is appropriate. Failure to notify the stop loss carrier of plan changes may result in a stop loss gap or lapse in coverage. Notice to the stop loss carrier of all plan changes is required.

Please sign and return this amendment to your UMR strategic account executive as soon as possible. Note, however, that since the corresponding system changes have been implemented, these changes are considered final, regardless of whether or not a signature is received. If you have any questions, please contact your UMR strategic account executive.

Contingent upon your signed approval of the initial plan document, this amendment will be posted to the UMR member portal upon UMR's receipt of your signature, or within 14 days of your receipt of the amendment if a signature is not received by UMR. Please note that UMR will not print amendments or booklets until a signature is received.

Remember to keep a copy for your records.

FOR INTERNAL USE ONLY
CHIP #: 406307

Amendment 01
Effective December 1, 2025
MCLENNAN COUNTY MEDICAL EDUCATION AND RESEARCH FOUNDATION DBA WACO FAMILY MEDICINE

The Health Benefit Summary Plan Description is amended as follows:

1. **The PLAN INFORMATION provision is amended to revise the following:**

Name And Address Of Agent For Service Of Legal Process	MCLENNAN COUNTY MEDICAL EDUCATION AND RESEARCH FOUNDATION DBA WACO FAMILY MEDICINE 1600 PROVIDENCE DR WACO TX 76707

2. **The SPECIAL ENROLLMENT PROVISION is amended to revise the following:**

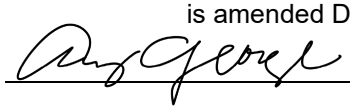
CHANGE IN FAMILY STATUS

If a person becomes an eligible Dependent through marriage, birth, adoption, or Placement for Adoption, the Employee, spouse, and newly acquired Dependent(s) who are not already enrolled may enroll for health coverage under this Plan during a special enrollment period. The Employee must request and apply for coverage within 30 calendar days of the marriage, adoption, or Placement for Adoption. In the case of the birth of a child, the Employee must request and apply for coverage within 60 calendar days of the birth.

BY THIS AGREEMENT,

The MCLENNAN COUNTY MEDICAL EDUCATION AND RESEARCH FOUNDATION DBA WACO FAMILY MEDICINE Health Benefit Summary Plan Description

is amended December 1, 2025.

Authorized Signature 

Print Name Amy George

Title Director, Benefits & Compensation

Date 5/12/2026

IMPORTANT NOTICE:

The employer agrees to all provisions of this amendment as the basis for Plan administration. Except as specifically stated above, nothing in this amendment will alter or amend the summary plan description.

Any applicable stop loss policies typically rely on formally approved amendments or updated summary plan descriptions when determining whether reimbursement is appropriate. Failure to notify the stop loss carrier of plan changes may result in a stop loss gap or lapse in coverage. Notice to the stop loss carrier of all plan changes is required.

Please sign and return this amendment to your UMR strategic account executive as soon as possible. Note, however, that since the corresponding system changes have been implemented, these changes are considered final, regardless of whether or not a signature is received. If you have any questions, please contact your UMR strategic account executive.

Contingent upon your signed approval of the initial plan document, this amendment will be posted to the UMR member portal upon UMR's receipt of your signature, or within 14 days of your receipt of the amendment if a signature is not received by UMR. Please note that UMR will not print amendments or booklets until a signature is received.

Remember to keep a copy for your records.

FOR INTERNAL USE ONLY
CHIP #: 406307