

Noble Local School District Employee Benefit Plan

Amendment No.: 3

Effective Date: January 1, 2015

Summary Plan Description: Noble Local School District Employee Benefit Plan
Dated: September 1, 2013

Pursuant to the Plan Sponsor's right to amend the Plan Document for Noble Local School District Employee Benefit Plan (the "Plan"), the Plan is hereby amended as follows:

- I. Within the above named Summary Plan Description, the **MEDICAL BENEFITS SCHEDULE** (as revised by amendment #1), the subsection titled **MAXIMUM OUT-OF-POCKET, PER CALENDAR YEAR** is hereby deleted in its entirety and **REPLACED** by the following:

MAXIMUM COINSURANCE LIMIT, PER CALENDAR YEAR (includes deductibles)		
Per Covered Person	\$625	\$1,750
Per Family Unit	\$1,750	\$5,000
MAXIMUM OUT-OF-POCKET AMOUNT, PER CALENDAR YEAR (includes copayments)		
Per Covered Person	\$6,600	\$13,200
Per Family Unit	\$13,200	\$26,400
The Network Calendar Year Maximum Out-of-Pocket amounts will apply to the Out-of-Network Maximum Out-of-Pocket amounts, and vice versa.		
The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise.		
The following charges do not apply toward the out-of-pocket maximum. Precertification Penalties Amounts over the Usual and Reasonable Charge		

Whereupon, to record the adoption of the foregoing, Noble Local School District, has caused this document to be executed, on its behalf on this ___ day of _____, 20__.

PLAN SPONSOR:

Noble Local School District

By: _____

Title _____

Summary of Material Modification
 To all Participants under the
Noble Local School District Employee Benefit Plan

This is a Summary of Material Modifications (“SMM”) regarding the Noble Local School District Employee Benefit Plan (the “Plan”). This SMM supplements and amends the Summary Plan Description (“SPD”) previously provided to you. The effective date of the changes in this SMM is January 1, 2015, unless an alternative effective date is specified below. Please do three things:

- (1) Carefully read this SMM. If you have any questions, contact the Plan Administrator;
- (2) Keep this SMM with your Summary Plan Description; and
- (3) Mark the sections of your Summary Plan Description that have been changed, so when you look at that section of your Summary Plan Description, you will be reminded that the change described in this SMM has occurred.

Effective January 1, 2015 the following changes apply:

- I. **Within the Summary Plan Description for the above named Plan, the MEDICAL BENEFITS SCHEDULE (as revised by amendment #1), the subsection titled MAXIMUM OUT-OF-POCKET, PER CALENDAR YEAR is hereby deleted in its entirety and REPLACED by the following:**

MAXIMUM COINSURANCE LIMIT, PER CALENDAR YEAR (includes deductibles)		
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The following charges do not apply toward the out-of-pocket maximum. Precertification Penalties Amounts over the Usual and Reasonable Charge		

If you have questions about this Summary of Material Modification or about the Plan, or need a copy of the Summary Plan Description, please check with your employer’s benefits office.
