

TEAM, Risk Management Strategies GROUP HEALTH PLAN AMENDMENT # 1

This amendment is attached to and made a part of the TEAM, Risk Management Strategies TEAM Employees Health & Welfare Trust Fund. Amendment # 1 is effective April 1, 2014 and reflects the following changes:

- Delete the \$5,000 Calendar Year maximum for durable medical equipment non-disposable appliances and equipment as shown in the Schedule of Benefits for each plan option.
- Decrease the Calendar Year maximum for disposable supplies from \$5,000 to \$2,000 as shown in the Schedule of Benefits for each plan option.

CHANGE FROM:

MEDICAL BENEFITS SCHEDULE - GOLD

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Durable Medical Equipment		
Non-disposable appliances and equipment	80% \$5,000 Calendar Year maximum additional benefit if medically necessary	not covered
Disposable supplies – e.g., adult diapers, diapers, trachea tubes, catheters, etc...	80% \$5,000 Calendar Year maximum additional benefit if medically necessary	not covered

MEDICAL BENEFITS SCHEDULE - SILVER

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Durable Medical Equipment		
Non-disposable appliances and equipment	70% after deductible \$5,000 Calendar Year maximum additional benefit if medically necessary	not covered
Disposable supplies – e.g., adult diapers, diapers, trachea tubes, catheters, etc...	70% after deductible \$5,000 Calendar Year maximum additional benefit if medically necessary	not covered

MEDICAL BENEFITS SCHEDULE - BRONZE

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Durable Medical Equipment		
Non-disposable appliances and equipment	60% after deductible \$5,000 Calendar Year maximum additional benefit if medically necessary	not covered
Disposable supplies – e.g., adult diapers, diapers, trachea tubes, catheters, etc...	60% after deductible \$5,000 Calendar Year maximum additional benefit if medically necessary	not covered

TO:

MEDICAL BENEFITS SCHEDULE - GOLD

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Durable Medical Equipment	80%	not covered
Medical Supplies – includes PKU formulas	80% \$2,000 Calendar Year maximum	not covered

MEDICAL BENEFITS SCHEDULE - SILVER

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Durable Medical Equipment	70% after deductible	not covered
Medical Supplies – includes PKU formulas	70% after deductible \$2,000 Calendar Year maximum	not covered

MEDICAL BENEFITS SCHEDULE - BRONZE

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Durable Medical Equipment	60% after deductible	not covered
Medical Supplies – includes PKU formulas	60% after deductible \$2,000 Calendar Year maximum	not covered

It is agreed that these changes shall be an amendment to the TEAM, Risk Management Strategies TEAM Employees Health & Welfare Trust Fund, and shall become a part of the Plan, but shall not otherwise vary, alter or extend the terms of the Plan.

Dated on this 30 day of January, 2014.

TEAM, Risk Management Strategies

By: [Signature] Trustee, CFO
(Signature of person authorized to make this change)

By: Arthur D. Candland Trustee of TEAM Health
CFO of Risk Mgmt Strategies
(Print signature name and title of person authorized to make this change)