

**Amendment 01
Effective July 1, 2026
CITY OF SPARKS**

The Health Benefit Summary Plan Description is amended as follows:

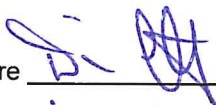
The **MEDICAL SCHEDULE OF BENEFITS**, Benefit Plan(s) 001, is amended to revise the following:

Therapy Services: Occupational / Physical Outpatient Hospital And Office Therapy: • Paid By Plan After Deductible <i>Note: Medical Necessity Will Be Reviewed After 25 Visits.</i> Speech Outpatient Hospital And Office Therapy: • Paid By Plan After Deductible <i>Note: Medical Necessity Will Be Reviewed After 26 Visits.</i>	80%	60%
	80%	60%

BY THIS AGREEMENT,

The CITY OF SPARKS Health Benefit Summary Plan Description

is amended July 1, 2026.

Authorized Signature 

Print Name Dion Louthen

Title City Manager

Date 6-23-26

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 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 #: 416024