

Amendment #1

Effective November 1, 2022

WOODS SERVICES INC AETNA HDHP HEALTH BENEFIT PLAN

Effective November 1, 2022, the Woods Services Inc AETNA HDHP Health Benefit Plan (the "Plan") is hereby amended in the following manner:

The existing Prescription Benefit Plan information shall be deleted entirely and replaced with the following:

Prescription Benefits will be provided through US-Rx Care.

US-Rx Care Customer Service Number: (877) 200-5533 Website: <https://usrxcare.com/>

PRESCRIPTION BENEFITS			
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at https://usrxcare.com/	Generic Drugs	\$5 for a 30-day supply at a Retail Pharmacy \$10 for a 90-day supply	Many oral contraceptives and contraceptive delivery devices (e.g. birth control patches) will be paid at 100% (i.e. copayment and deductible waived). Please see the Medical portion of your Plan for further details on contraception. Smoking Cessation and nicotine dependence drugs with a generic Rx will be paid at 100%. See Plan Document for drugs that are excluded or require prior authorization. Pre-Certification required, or penalty may apply. To receive Pre-Certification for Specialty and/or injectable prescriptions call US Rx Care at (877) 200-5533.
	Preferred Brand Drugs	20% coinsurance (\$25 min/\$50 max) for a 30-day supply at a Retail Pharmacy 20% coinsurance (\$50 min/\$100 max) for a 90-day supply	
	Non-Preferred Brand Drugs	30% coinsurance (\$55 min/\$80 max) for a 30-day supply at a Retail Pharmacy 30% coinsurance (\$110 min/\$160 max) for a 90-day supply	

Pharmacy Benefit Program is subject to all Plan provisions, limitations and exceptions based upon the Plan Document. Covered Persons enrolled in the Plan are enrolled in the Pharmacy Benefit Program. There is no separate contribution cost.

Drug Tiers: Look-up the tier of your drug at: <https://usrxcare.com/> If you have any questions, please call US-Rx Care at 877-200-5533.

PRESCRIPTION DRUG NOTES

1. Many oral contraceptives and contraceptive delivery devices (e.g., birth control patches) will be paid at 100% (no copayment and no deductible). Please review the Zero Copay listing. Also, please see the medical portion of your Plan Document for further details on contraception.
2. Smoking Cessation Drugs and Devices: Generic Prescription Drugs and devices used to treat smoking cessation/nicotine dependence will be paid at 100% (no copayment and no deductible). Please review the Zero Copay listing.
3. Example of other covered drugs/supplies: Insulin and related diabetic supplies.
4. Over the Counter (OTC) items require prescriptions. There may be a charge for OTC drugs as the list of covered drugs is limited. Please check with US-Rx Care before ordering.
5. Charges for specialty drugs and injectables other than the first fill at the facility providing treatment: All subsequent fills need to be pre-Authorized and will be provided under the Pharmacy Benefits hereof.
6. Specialty and select high-cost medications may require additional review for coverage determination.
7. Certain weight management drugs are covered, subject to review.

All medications are administered and managed under the pharmacy benefit, including medications dispensed from any pharmacy or administered in an outpatient provider setting such as a hospital-owned or independent outpatient clinic, infusion suite, doctor's office, nursing home, or long-term care facility. Unless otherwise authorized by US-Rx Care, no medications will be administered, managed, or covered under the medical benefit.

High cost and specialty medications may require additional review for coverage determination, and if covered, provider administered medications will be delivered to the plan participant or provider from a plan approved pharmacy or medication supplier under the plan's pharmacy benefit. Provider invoice charges for high cost and specialty medications are not eligible for reimbursement.

Retail Pharmacies: Provide monthly prescription fills. If you need to locate a retail pharmacy, go to <https://usrxcare.com/>

Mail Order Pharmacies: Provide a 90-day supply of maintenance medications. You can get a three (3) month supply of some medications for the price of two (2) months. Mail order is handled by Prescription Mart. You may reach Prescription Mart by calling them toll-free at 877-451-4994; Fax at 877-212-7258, visiting their website www.presmartinc.com or mail to:

Prescription Mart
PO Box 12607
Beaumont, TX 77726

Your prescription drug plan includes a "Starter Dose" program. Prior to getting a 90-day supply of any new medication at a Prescription Mart Pharmacy, you must start with a 30-day supply at a participating

retail pharmacy. This reduces waste in cases where your doctor tells you to stop taking the new medication early due to efficacy or side effects.

Copayments and Coinsurance (If applicable)

Copayments and coinsurance mean a dollar amount fixed as either a percentage or a specific dollar amount per prescription payable to the pharmacy at the time of service. Copayments and coinsurance are not payable by the Plan and do not serve to satisfy any plan deductibles. However, Pharmacy Copayments and Coinsurance do apply towards the applicable Medical and Pharmacy Out-of-Pocket Maximums. After satisfaction of the Out-of-Pocket Maximum, Pharmacy Copayments and Coinsurance will no longer apply for the remainder of the Benefit Period.

Deductible (If Applicable)

You will pay your Pharmacy deductible up to the Pharmacy maximum out-of-pocket limit for your plan. Your schedule of benefits shows the Pharmacy maximum out-of-pocket limits that apply to your plan. Once you reach your Pharmacy maximum out-of-pocket limit, your plan will pay for prescription drug covered benefits for the remainder of that plan year.

Copay Assistance Program ("CopayAssist")

Copay Assist is a program that utilizes funding available through drug manufacturers to cover a significant portion of the cost for high-cost medications.

Any manufacturer funds applied to the cost of a medication will not apply toward the annual deductible or out of pocket maximum. Your out-of-pocket cost will not exceed the plan design maximum.

If you are taking a medication eligible for the Copay Assist program and choose not to participate, your medication out-of-pocket cost under the plan could increase by as much as 100% of the medication cost and will not apply toward your accumulators, either or both the annual deductible and/or the out-of-pocket maximum if applicable.

Any fees charged to facilitate the procurement of a specialty drug from a manufacturer, or another source will be treated as an eligible claim expense payable by the Plan, i.e., as a necessary component of the Plan's costs for obtaining the drug, for all purposes under the Plan (and for purposes of any stop loss coverage obtained by the Plan or the Company).

Specialty & Select High Costs Prescription Drug Products

NOTE: Specialty and select high-cost medications may require additional review for coverage determination.

Specialty Prescription Drug Products and select high-cost medications may be limited to up to a 30-day supply per Prescription Order or Refill. Specialty Prescription Drug Products and select high-cost medications must be filled at the US-Rx Care designated Specialty or Retail Pharmacy.

Some specialty and high-cost medications may only be accessible through programs that are able to access medications at reduced cost including but not limited to drug manufacturer patient assistance programs. You will be contacted if a prescribed medication falls under such a program. US-Rx Care will assist you in completing any registration needed to access these programs. Some programs may require household income and other documentation or action by you to enroll. For members choosing not to participate in these programs, your medication out-of-pocket cost under the plan could increase by as much as 100% of the medication cost. Any such increase will not accrue to any plan deductible or out-of-pocket maximum.

Any fees charged to facilitate the procurement of a specialty drug from a manufacturer, or another source will be treated as an eligible claim expense payable by the Plan, i.e., as a necessary component of the Plan's costs for obtaining the drug, for all purposes under the Plan (and for purposes of any stop loss coverage obtained by the Plan or the Company).

PRIOR AUTHORIZATION OF SPECIALTY DRUGS AND SPECIALTY PHARMACY

Prior Authorization allows US-Rx Care to verify that a specialty and/or injectable prescription drug is a part of a specific treatment plan and is medically necessary.

Prior Authorization is required for a number of specialty drugs. Visit <https://usrxcare.com/> to obtain additional Prior Authorization Specialty Drug Forms. You can review the US-Rx Care specialty drug list or check with your pharmacist or provider to determine whether Prior Authorization applies to the drug that has been prescribed for you.

To receive Prior Authorization for Specialty and Injectable Prescription Drugs, please follow these steps:

1. Have your doctor fill out the specialty drug prior authorization form and fax to 888-389-9668
2. Have your doctor submit your prescription to the designated specialty pharmacy. See Specialty Pharmacy and Drug list on usrxcare.com.
3. Once your prescription has been submitted to the specialty pharmacy, you need to call the specialty pharmacy to register. You will be required to provide your billing information and delivery instructions.
4. If your drug is not on the list please contact US-Rx Care at (877) 200-5533 and ask for the clinical review team. A Clinical review team member will get you the pharmacy information that fills your specific drug. Make sure you know the drug and strength.

Note: If you do not follow these instructions fulfillment of your specialty medication may be delayed.

Some medications are limited to a 30-day supply by the Federal Drug Administration and require a new prescription for each 30-day supply. Mail order prescriptions for "maintenance" and "non-maintenance" medications should be written for 90-day quantities when possible and appropriate.

EXCLUSIONS

1. Cosmetic only indications including, but not limited to, photo-aged skin products (Renova); Hair Growth Agents (Propecia, Vaniqa); and Injectable cosmetics (botox cosmetic).
2. Dermatology: depigmentation products used for skin conditions requiring a bleaching agent, unless Prior Authorization has been obtained.
3. Legend homeopathic drugs.
4. Fertility agents, oral, vaginal, and injectable.
5. Erectile dysfunction.
6. Weight management, except as specifically covered.
7. Legend vitamins and legend fluoride products, except as specifically covered.
8. Over-the-counter equivalents and non-legend medications (OTC), except as specifically covered.
9. Durable Medical Equipment, except certain Continuous Glucose Monitors and related products. Prior authorization review for coverage determination required.
10. Experimental or Investigational drugs.

All other sections of the SPD and Plan Document will remain unchanged.

Approved and Accepted:

Thomas W. Grant, VP & CFO
Signature

Date: November 1, 2022

Name: Thomas W. Grant

Title: EVP & CFO