AMENDMENT TWO TO THE SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT OF <u>Upshur County</u>

It is hereby agreed that the Summary Plan Description/Plan Document describing the provisions of the benefit plan of <u>Upshur County</u>, the Plan Sponsor, is amended effective <u>October 1, 2020</u> with respect to all covered participants and their dependents as follows:

Effective October 1, 2020, the Prescription Drug Plan Administrator is changing from Envisicare Rx to ProAct Rx. The following changes are made:

On Page 5: Prescription Drug Plan Administrator: EnvisicareRx-ProActRx Phone: 800-591-6092-877-635-9545

On Page 96:

"Out-of-Network Pharmacy"

A Pharmacy that has not entered into a service agreement with EnvisicareRx ProActRx or its agent to provide benefits under this Rider at specified rates to You.

By the signature of its duly authorized representative below, the Plan Administrator agrees to be bound by the terms and provisions of this amendment on or after the effective date hereof.

n nation og, te IN WITNESS WHEREOF, this amendment is executed this | day of 2020. but effective Z020 OCT By: 18 Title: UDSHUR coC۵ **Employer:** 12 . 22.1 Witness 1 -13 I 17,00 . 1 ţ 1.1

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