

**TTI, INCORPORATED
EMPLOYEE HEALTH AND WELFARE PLAN**

**Plan Amendment #6
Effective for beginning on July 1, 2015**

The TTI, Incorporated Employee Health and Welfare Plan (the “Plan”) is hereby amended as follows:

In the **SCHEDULE OF BENEFITS** section of the Plan, the following language is added to the Schedule of Benefits):

\$700 Deductible Plan – Now referred to as the \$850 Deductible Plan

Calendar Year Deductible:

	<u><i>Preferred Provider</i></u>	<u><i>Nonpreferred Provider</i></u>
Individual Deductible (Per Person)	\$850	\$1,700
Family Deductible (Aggregate)	\$1,700	\$3,400

The *preferred* and *nonpreferred provider* deductibles are separate. Amounts used to satisfy the *preferred provider* deductible may NOT be used to satisfy the *nonpreferred provider* deductible and vice versa.

Out-of-Pocket Expense Limit Per Calendar Year: (includes deductible)

	<u><i>Preferred Provider</i></u>	<u><i>Nonpreferred Provider</i></u>
Individual (Per Person)	\$2,850	\$6,700
Family (Aggregate)	\$5,700	\$13,400

The *preferred* and *nonpreferred provider* out-of- pocket limits are separate. Amounts used to satisfy the *preferred provider* out-of-pocket may NOT be used to satisfy the *nonpreferred provider* out-of-pocket and vice versa. This does not include any Usual and Customary fee due to the utilization of Nonpreferred Providers.

\$1,700 Deductible Plan – Now referred to as the \$2,000 Deductible Plan

Calendar Year Deductible:

	<u><i>Preferred Provider</i></u>	<u><i>Nonpreferred Provider</i></u>
Individual Deductible (Per Person)	\$2,000	\$4,000
Family Deductible (Aggregate)	\$4,000	\$8,000

The *preferred* and *nonpreferred provider* deductibles are separate. Amounts used to satisfy the *preferred provider* deductible may NOT be used to satisfy the *nonpreferred provider* deductible and vice versa.

Out-of-Pocket Expense Limit Per Calendar Year: (includes deductible)

	<u><i>Preferred Provider</i></u>	<u><i>Nonpreferred Provider</i></u>
Individual (Per Person)	\$4,000	\$9,000
Family (Aggregate)	\$8,000	\$18,000

The *preferred* and *nonpreferred provider* out-of- pocket limits are separate. Amounts used to satisfy the *preferred provider* out-of-pocket may NOT be used to satisfy the *nonpreferred provider* out-of-pocket and vice versa. This does not include any Usual and Customary fee due to the utilization of Nonpreferred Providers.

In the **ELIGIBILITY FOR COVERAGE**, Enrollment section of the Plan, the language is amended as follows:

Special Enrollment Period, Annual Open Enrollment

The Plan provides special enrollment periods that allow Employee’s to enroll in the Plan, even if they declined enrollment during an initial or subsequent eligibility period. During the month of June the Plan will provide:

- an annual opportunity to enroll in the Plan,
 - an annual opportunity to change deductible benefit option, if more than one plan is available,
- Coverage change to be effective July 1st.

The Employee must make written application for special enrollment within 30 days of the date of the Special Enrollment Event.

In the **DEFINITIONS** section of the Plan, the below language is added:

“Dependent”

“Dependent” shall mean one or more of the following person(s):

1. An Employee’s lawfully married Spouse possessing a marriage license who is not divorced from the Employee;
2. An Employee’s Child who is less than 26 years of age; or
3. An Employee’s Child, regardless of age, who was continuously covered prior to attaining the limiting age shown above, who is mentally or physically incapable of sustaining his or her own living. Such Child must have been mentally or physically incapable of earning his or her own living prior to attaining the limiting age shown above. Written proof of such incapacity and dependency satisfactory to the Plan must be furnished and approved by the Plan within 30 days after the date the Child attains the limiting age shown above. The time limit for written proof of incapacity and dependency is 30 days following the original eligibility date for a new or re-enrolling Employee. The Plan may require, at reasonable intervals, subsequent proof satisfactory to the Plan during the next two years after such date. After such two year period, the Plan may require such proof, but not more often than once each year.

“Dependent” does not include any person who is a member of the armed forces of any Country or who is a resident of a Country outside the United States.

The Plan reserves the right to require documentation, satisfactory to the Plan Administrator, which establishes a Dependent relationship.

“Spouse”

“Spouse” shall mean an Employee’s lawfully married husband or wife, possessing a marriage license, who is not divorced from the Employee, and meeting the following requirement:

1. Employee and Spouse are married in accordance with Federal Law, the Law of their (Employee and Spouse’s) State of Residence, or any other Applicable Law.

The Plan Administrator has discretionary authority to interpret these terms, and determine spousal status as defined herein, to the extent allowed by law.

In the **ELIGILITY** section of the Plan, the below language is added:

EMPLOYEE ELIGIBILITY

All ***full-time employees*** regularly scheduled to work at least thirty (30) hours per work week for an average of forty-eight (48) work weeks per year shall be eligible to enroll for coverage under this ***Plan***. This does not include temporary or seasonal ***employees***.

The Plan Document and Summary Plan Description will be amended to reflect this change. All other terms and conditions of the Plan which are not affected by this Amendment are unchanged.

Accepted:

TTI, Incorporated
(Amendment #6, Effective July 1, 2015)

By: _____

Title: _____

Date: _____