

Amendment to Plan of Benefits

For Employees of: Newark Board of Education
Master Services Agreement No.: MSA-0285515
Control number: 0176696

Effective July 1, 2024, the following changes have been made to your Schedule of Benefits.

In regard to Choice POS II \$10/\$15 Plan:

1. The following information regarding "**Hearing aid Maximum**" replaces the information by the same name currently appearing in your Schedule of Benefits.

Hearing aids

Description	In-network	Out-of-network
Hearing aids for dependents to age 21 only	\$10 then the plan pays 100% per item, no deductible applies	70% per item after deductible
Limit	\$2,500 every 60 months	\$2,500 every 60 months

In regard to Choice POS II \$20/\$35 Plan:

Hearing aids

Description	In-network	Out-of-network
Hearing aids for dependents to age 21 only	\$20 then the plan pays 100% per item, no deductible applies	60% per item after deductible
Limit	\$2,500 every 60 months	\$2,500 every 60 months

In regard to Choice POS II High Deductible Health Plan:

Hearing aids

Description	In-network	Out-of-network
Hearing aids for dependents to age 21 only	80% per item after deductible	60% per item after deductible
Limit	\$2,500 every 60 months	\$2,500 every 60 months