

NATIONWIDE LIFE INSURANCE COMPANY

One Nationwide Plaza
Columbus, Ohio 43215

This Rider revises and becomes a part of the Contract to which it is attached. This Rider is subject to all the provisions, limitations and exclusions of the Contract except as they are specifically modified herein. In the event any provision of the Contract and this Rider conflict, the terms of this Rider shall govern. Please read this Rider carefully.

Policyholder: Yellowstone County

Contract Number: SL-0004-25

Rider Effective Date: 07/01/2025

It is understood and agreed by the Company that the above Contract is amended by the addition of the following provision.

ADVANCED FUNDING RIDER

On the condition that all the provisions of the Contract and conditions set forth herein have been followed, the Company agrees to provide the Policyholder with Advanced Funding. Before a claim will be approved for Advanced Funding, the Company must receive satisfactory Proof of Loss, including all information requested in the claim submission forms provided by the Company and any other information requested by the Company to determine the Company's liability for the claim. Any claims approved for Advanced Funding by the Company will be considered reimbursed by the Company and will not be further eligible for reimbursement at time of payment under the Contract.

The Definition section of the Contract will be revised as follows:

Loss, Losses means Eligible Claims Payments determined to be payable by the Policyholder for eligible benefits under the Plan.

Definitions Applicable to this Advanced Funding Rider:

Advanced Funding: The process by which the Company issues funds to the Policyholder equal to the Eligible Claims Payments for a Covered Unit during a Contract Period after:

- 1) the Policyholder has Paid an equal amount to the Specific Deductible for an individual during a Contract Period (including any Aggregating Specific Deductible or other additional Policyholder's liability under the Contract), and
- 2) the Policyholder has Losses greater than \$1,000 over the Specific Deductible which have not been Paid.

Limitations Applicable to this Advanced Funding Rider:

Advanced Funding is only available while the Contract is in force.

Advanced Funding is not available during the last 30 days of the Benefit Period. The Company must receive the request for Advanced Funding and satisfactory Proof of Loss, including all information requested in the claim submission forms provided by the Company and any other information as might be necessary to determine liability for the claim, no later than the 30th day prior to the end of the Benefit Period.

The claim must be fully processed by the Third Party Administrator and must be ready for payment under the Plan within the Benefit Period during which the claim was incurred. Policyholder must fund, via mail or electronic funds transfer, the claim for which Advanced Funding is requested within 10 business days of receipt of Advanced Funding from the Company. If such payment is not made by the Policyholder within 10 days, the Policyholder shall immediately refund to the Company the advanced funds and the Company may revoke Advanced Funding privileges.

It is the Policyholder's sole responsibility to request and apply Advanced Funding in a manner that will secure appropriate provider discounts. In the event the Policyholder cannot fund a claim in time to secure appropriate provider discounts, the Company will not be liable for the amount that the discounts would have been if the provider had been timely paid.

It is the Policyholder's sole responsibility to request and apply Advanced Funding in a manner consistent with all current Plan and Contract provisions and applicable state and federal laws. No provision herein shall be deemed to alter the requirements contained in the Contract that Eligible Claims Payments be Paid by the Policyholder within the Contract and Benefit Periods.

Nothing contained in this Rider will be held to affect any of the terms of the Contract other than as stated herein.

Signed for Nationwide Life Insurance Company

The image shows two handwritten signatures in black ink. The signature on the left is for the Secretary and the signature on the right is for the President. Both signatures are stylized and cursive.

Secretary

President

Benefits	Current with Gene Therapy Program	Renewal with Gene Therapy Program
Stop Loss Carrier	Nationwide	Nationwide
Paired Administrative Carrier	Stealth Partner Group	Stealth Partner Group
Employee Count	614	614
Employee + Spouse Count	57	57
Employee + Child(ren) Count	80	80
Family Count	89	89
Total Count	840	840
Contract Terms	Current	Renewal
Specific Deductible	\$350,000	\$350,000
Aggregating Specific	\$150,000	\$150,000
Contract Terms	PAID	PAID
Stop Loss Premiums PEPM	Current	Renewal
Individual Stop Loss Premium PEPM	\$19.42	\$28.26
Individual Stop Loss Premium PEPM - Family	\$58.44	\$90.04
Total Annual Stop Loss Premium	\$301,576	\$452,408
<i>Dollar Change from Current</i>		\$150,832
<i>Percent Change from Current</i>		50.0%
Additional Liability	Current	Renewal
Gene Therapy Program	\$1.99	\$4.75
Laser Liability	\$0	\$0
Alliant Analytics Reporting PEPM	\$1.00	\$1.00
Annual Additional Liability	\$30,139	\$57,960
Total Annual Cost	\$331,715	\$510,368
<i>Dollar Change from Current</i>		\$178,653
<i>Percent Change from Current</i>		54%

Heather Brewer
Account Executive

GENERAL CONDITIONS

It is understood and agreed that the following conditions must be satisfied prior to the approval of this Application:

- The Policyholder is financially sound, with sufficient capital and cash flow to accept the risks inherent in sponsoring the Plan;
- The Third Party Administrator, if any, retained by the Policyholder will be considered the Policyholder's agent and not the Company's agent;
- All documentation requested by the Company must be submitted prior to any approval of this Application and must be received by the Company within thirty (30) of the Effective Date;
- The Company will evaluate the Policyholder's risk, and may require adjustments of rates, factors and or special limitations to accommodate for abnormal risks;
- Premiums are not considered paid until the premium check is received by the Company at the rates set forth in the Schedule of Stop Loss.
- If the Policyholder has more than one business location, a representative of the Policyholder knowledgeable of the Covered Person at each location has reviewed and completed the Stop Loss disclosure statement.

In making this Application, the Policyholder represents that such information accurately reflects the true facts and that the undersigned has authority to bind the Policyholder to the Contract. Accordingly, this Application, including the disclosure statement, will be a part of the Stop Loss Contract if accepted by the Company.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Dated at Billings, MT this 30 day of JUNE, 2025

Policyholder Yellowstone County

Authorized Officer/Partner Kevin Gillen
Type or Print

Title INTERIM Yellowstone County Human Resource Director

Signature Kevin Gillen

Tax ID # 81-6001449

Witness Signature: Lynette Schmidt



Nationwide Life Insurance Company

Home Office: Columbus, Ohio

APPLICATION FOR STOP LOSS INSURANCE COVERAGE ("APPLICATION")

New Renewal

Application is hereby made to **Nationwide Life Insurance Company** ("Company") for Aggregate and/or Specific Stop Loss Insurance. This Application must be accepted and approved by the Company prior to the Contract being in effect.

Note: All capitalized terms are defined in the Contract.

1. Full Legal name of Policyholder Yellowstone County
2. Main contact at Policyholder Kevin Gillen (E) kgillen@yellowstonecountymt.gov
3. Address 217 North 27th St., Rm 106 – P.O. Box 35041
4. City, State, ZIP Code Billings, MT 59107
5. Subsidiary or affiliated companies (companies under common control through stock ownership, contract or otherwise with access to the Plan) that are to be included. List legal names and addresses of such companies.

6. Other locations. Include city, state and ZIP code.

7. Nature of Policyholder's Business
General Government, NEC
 Corporation Partnership Proprietorship Other _____
8. Has the Policyholder ever voluntarily applied for relief in the Bankruptcy Court?
 Yes No If yes, explain

9. Enter the full name of the Policyholder's Plan
Yellowstone County Health Benefit Plan

10. Name and address of Policyholder's Third Party Administrator
BCBS of Montana
P.O. Box 4309, Helena, MT 59604
11. Name of Utilization Review Provider and/or Preferred Provider Organization(s).
UR: BCBS
PPO: BCBS
12. Effective Date 07/01/2025
13. Total eligible Covered Persons 848 Estimated initial enrollment 848
14. Are retirees covered? Yes No
15. Deposit premium \$ _____
16. Policyholder's writing agent or broker Stealth Partner Group (general agent)
 Social Security No. or Tax ID 13-4009411
 Address 18700 N. Hayden Rd., Suite 405, Scottsdale, AZ 85255
17. Where is the Stop Loss Contract and other correspondence to be mailed (name and address, if other than listed above)?

Persons to be covered under the Stop Loss Contract: Covered Units who meet the eligibility requirements as set forth under the Policyholder's underlying Plan, except an individual or dependent who is listed in the Special Conditions and/or Limitations section of this Application or who is required to be disclosed in the Stop Loss disclosure statement - unless the individual is named on the Stop Loss disclosure statement and approved by the Company.

SCHEDULE OF STOP LOSS

Coverage under the Stop Loss Contract is applicable only during the Contract Period from 07/01/2025 to 06/30/2026, and is further subject to all terms and conditions of the Contract, unless specified below.

A. Aggregate Stop Loss Yes No

B. Specific Stop Loss Yes No

Benefit Period: Eligible Plan Losses
 Incurred from 07/01/2019 through 06/30/2026, and
 Paid from 07/01/2025 through 06/30/2026.

Coverage applying to Specific Stop Loss include: (check all that apply):
 Medical Prescription Drug Card Program

Specific Deductible per person \$ 350,000.00

Aggregating Specific Deductible amount \$ 150,000.00

Specific Percentage Reimbursable (in excess of Deductible) 100 %

Lifetime Maximum Specific Benefit \$ Unlimited
(per person in excess of the Specific Deductible)

Specific Premium per month:

Covered Person Only	\$ <u>28.26</u>
Covered Person & Family	\$ <u>90.04</u>

Minimum Annual Specific Premium \$ 455,862.00

C. SPECIAL CONDITIONS AND/OR LIMITATIONS:

If the Policyholder renews this Contract for a subsequent Contract Period:

1. No additional Covered Person will be subject to an Alternate Specific Deductible in the subsequent Contract Period. A Covered Person subject to an Alternate Specific Deductible in the current Contract Period shall continue to be subject to that same Specific Deductible in the subsequent Contract Period, unless the Company decides to reduce or eliminate a Specific Deductible.

2. The Specific premium will not increase by more than 50% in (Rate Cap) the subsequent Contract Period provided that:

- a. The Plan contains no change that materially alters the risk from the current Contract.
- b. The subsequent Contract contains no change in any terms or conditions from the Current Contract.
- c. There is no change between the demographic distribution of the group covered under the current Contract and the group covered under the subsequent Contract.
- d. There has been no adding or divesting of subsidiaries or affiliated companies or divisions to this Contract.
- e. There is no change in any assessment or tax levied against the Company by the state in which this Contract is delivered.

The Company shall determine, at its discretion, if a change described in clauses a. through e. constitutes a change and will adjust the Rate Cap accordingly.

The provisions, set forth above, shall only apply to the subsequent Contract Period immediately following this Contract. This option may be extended for another Contract Period at the Company's discretion

Elizabeth Montgomery and Emery Brand are excluded from the No New Laser provision under this policy.

D. RIDERS ATTACHED TO AND MADE PART OF THE CONTRACT AT EFFECTIVE DATE OR AS OTHERWISE SPECIFIED:

Advanced Funding Rider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Effective Date: 07/01/2025	Premium: N/A
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