

BCS INSURANCE COMPANY

FAMILY SPECIFIC DEDUCTIBLE ENDORSEMENT

Policyholder: **City of Ann Arbor**
Policy Number: **ESL-30386**
Endorsement Effective Date: **1/1/2023**
Policy Period: From: **1/1/2023** To: **12/31/2023**

This Endorsement is hereby added to and becomes a part of the Policy to which it is attached. It does not change any of the provisions of the Policy except as stated below.

While this Policy is in effect, the combined Eligible Expenses for all Covered Persons in a family for the applicable Benefit Period shall apply to the Family Specific Deductible for all Covered Persons in the family. If the combination of these amounts exceeds the Family Specific Deductible, the Company will reimburse the Policyholder, subject to the terms and conditions of this Policy, including the limits set forth in the Schedule for Stop Loss Insurance.

Eligible Expenses for all Covered Persons in a family during the Policy Period will be determined according to the Specific Stop Loss Benefit Period described in the Schedule for Stop Loss Insurance.

All other provisions of the Policy remain unaffected by this Endorsement.