

Amendment to Plan of Benefits

For Employees of: Light & Wonder, Inc.
Master Services Agreement No.: MSA-283905

Effective January 1, 2026, the following changes have been made to your Schedule of Benefits.

In regard to Open Access Aetna Select High Deductible Health Plan - Essential Care

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

Deductible

You have to meet your **deductible** before this plan pays for benefits.

Deductible type	In-network
Employee Only Plan	
Individual	\$1,700 per year
Employee and Family Plan	
Individual	\$3,400 per year
Family	\$3,400 per year

In regard to Open Access Aetna Select Choice Care Plan:

2. The following information regarding "**Ambulance**" replaces the information by the same name currently appearing in your **Schedule of Benefits**.

Ambulance services

Description	In-network
Emergency services	70% per trip, no deductible applies
Non-emergency services ground, air, or water ambulance	Not covered