

# 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 Choice POS II Critical Care Plan:**

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.

<b>Deductible type</b>	<b>In-network</b>	<b>Out-of-network</b>
Individual	\$750 per year	\$3,000 per year
Family	\$2,250 per year	\$5,000 per year

## **In regard to Choice POS II Critical Care Plan:**

2.The following information regarding "**Maximum out-of-pocket limit**" replaces the information by the same name currently appearing in your **Schedule of Benefits**.

### **Maximum out-of-pocket limit**

Includes the **deductible**.

<b>Maximum out-of-pocket type</b>	<b>In-network</b>	<b>Out-of-network</b>
Individual	\$4,000 per year	\$6,000 per year
Family	\$7,550 per year	\$10,000 per year

Issue Date: October 10, 2025

Choice POS II – Change in Deductible and Maximum out-of-pocket limit

Amend: 12