

**Amendment #1
Dlorah, Inc.
Health Care Plan**

On the effective date listed below, the following changes are made to the Dlorah, Inc. Health Care Plan:

Effective date: January 1, 2009

- 1. In the section “SCHEDULE OF BENEFITS”, commencing on page 12, under the “Prescription Drug Program” the following will be added to the mail order:**

Copay \$150.00 – Injectables (up to a 90 day supply through the mail order program only.) (This does not apply to insulin, Imitrex or chemotherapy drugs.)

Calendar year maximum paid under the plan \$30,000.00 – for injectables

- 2. In the section “PRESCRIPTION DRUG PROGRAM”, commencing on page 34, the following will be deleted from “expenses not covered” and will be added to “covered prescription drugs”**

15. A charge for injectables, other than insulin or Imitrex as listed in covered expenses.

25. A charge for antineoplastics/chemotherapy drugs (Avonex)

34. A charge for Interferon Alpha or Beta.

- 3. In the section “PREVENTIVE CARE”, commencing on page 24, the following shall be amended to read as follows:**

2. One (1) mammogram every calendar year for women age forty (40) and over.

- 4. In the section “SCHEDULE OF BENEFITS”, commencing on page 8, under Plan Option 1 and Plan Option 2, the following shall be deleted.**

<i>Hospice Care</i>	<i>90%</i>	<i>70%</i>
<i>Limitation: 180 days maximum benefit while covered by this Plan</i>		
<i>\$500 maximum benefit for family bereavement counseling while covered by this Plan</i>		

By the signature of its duly authorized representative below, the Plan Administrator agrees to be bound by the terms and provisions of this amendment on or after the effective date hereof.

IN WITNESS WHEREOF, this amendment is executed this _____ day of _____, 2008.

Dlorah, Inc Health Care Plan

By: _____

Title: _____

Witness: _____