US Digital
Employee Benefit Plan
Amendment #4
Effective beginning on 1/1/2023

The **US Digital** Employee Benefit Plan (the "Plan") is hereby amended as follows:

In the **SUMMARY OF BENEFITS** section of the Plan, the language for **Regenexx Stem Cell Orthopedic Procedures** shall be added as follows:

Regenexx Stem Cell Orthopedic Procedures

Coverage Enhancement
Covered Participants may pursue alternative Regenexx stem cell treatment at Regenexx Clinical Providers through their Regenexx Corporate Provider Network as an alternative to other Surgical Procedures. Regenexx stem cell treatments through Regenexx Corporate contracted Providers will be covered as In-Network subject to normal Plan provisions. The Regenexx Procedures are not considered Investigational within the Plan.

Relationship with Provider
The relationships between the Employer, Third Party Administrator and all Providers are solely contractual relationships between independent contractors. No Provider participating in the Plan is an Employee or agent of the Plan or the Employer, or an agent or employee of the Third Party Administrator. No Employer or Third Party Administrator employee is an agent or employee of any Provider participating in the Plan.

The Employer and Third Party Administrator do not provide health care services or supplies, nor do they practice medicine. Instead, the Employer and Third Party Administrator arrange for health care Providers to participate in the Plan. Providers participating in the Plan are independent practitioners who run their own offices and facilities. Neither the Employer nor Third Party Administrator assure the quality of the services provided. The Employer and Third Party Administrator are not liable for any act of omission of any Provider.

The relationship between the Participant and any Provider is that of Provider and patient. The Employer and Third Party Administrator do not decide what care the Participant needs or will receive. Each Participant is responsible for choosing their own Provider and must decide with the Provider what care they should receive. The Provider is solely responsible for the quality of services provided to each Participant.

In the **SUMMARY OF BENEFITS** section of the Plan, the following line for **Orthopedic (Stem Cell)** shall be added to the **Summary of Benefits-Medical** grid:

Covered Medical Expenses	In-Network	Non-Network	Limits
Orthopedic (Stem Cell)	80% after In-Network deductible		Please refer to Regenexx Stem Cell Orthopedic Procedures section, above.

The Plan Document and Summary Plan Description is amended to reflect these change(s). All other terms and conditions of the Plan which are not affected by this Amendment are unchanged.

Accepted:
US Digital
(Amendment #4. Effective 1/1/2023)

By: _____

Title: _____

Date: _____