# AMENDMENT NO. 3
# FOR
# AEROVIRONMENT, INC.
# EMPLOYEE BENEFIT PLAN

**Effective December 5, 2018:**

I. The section "**GRANDFATHER STATUS DISCLOSURE**" shall be amended as follows:

The address listed in the first paragraph shall be deleted in its entirety and the following substituted therefore:

AeroVironment, Inc.
900 Innovators Way
Simi Valley, CA 93065
Phone: (805) 520-8350

II. The section "**SUMMARY PLAN DESCRIPTION**" shall be amended as follows:

The address listed under the headings "**Name, Address and Phone Number of Employer/Plan Sponsor**" and "**Name, Address and Phone Number of Plan Administrator, Fiduciary, and Agent for Service of Legal Process**" shall be deleted in its entirety and the following substituted therefore:

AeroVironment, Inc.
900 Innovators Way
Simi Valley, CA 93065
Phone: (805) 520-8350

**Effective January 1, 2019:**

III. The section "**SCHEDULE OF BENEFITS**" shall be amended as follows:

In the subsections "**Medical Benefits – PPO Plan**" and "**Medical Benefits – EPO Plan,**" the following information shall be added to and made part of the subsections:

| | |
|---|---|
| **Maximum Benefit Per Covered Person While Covered By This Plan For:** | |
| Infertility Testing | $5,000 |

In the subsections "**Medical Benefits – PPO Plan**" and "**Medical Benefits – EPO Plan,**" the information under the headings "**Maximum Benefit Per Covered Person For**" shall be deleted in its entirety and the following substituted therefore:

| | |
|---|---|
| **Maximum Benefit Per Covered Person For:** | |
| Extended Care Facility, Per Confinement | 60 Days |
| Hearing Aids, Per Three (3) Year Period | One Hearing Aid Per Ear |

IV. The section "**MEDICAL BENEFITS**" shall be amended as follows:

The following subsection shall be added to and made part of the section:

## *INFERTILITY SERVICES*

***Covered expenses*** shall include expenses for infertility testing for ***employees*** and their covered spouse, subject to the ***maximum benefit*** as shown on the *Schedule of Benefits*.

***Covered expenses*** for infertility testing are limited to the actual testing for a diagnosis of infertility. Any outside intervention procedures (*e.g.*, artificial insemination) will not be considered a ***covered expense***.

In the subsection "**Special Equipment and Supplies**," the first paragraph shall be deleted in its entirety and the following substituted therefore:

***Covered expenses*** shall include ***medically necessary*** special equipment and supplies including, but not limited to: casts; splints; braces; trusses; surgical and orthopedic appliances; colostomy and ileostomy bags and supplies required for their use; catheters; blood sugar measurement devices; allergy serums; crutches; electronic pacemakers; oxygen and the administration thereof; the initial pair of eyeglasses or contact lenses due to cataract surgery; soft lenses or sclera shells intended for use in the treatment of ***illness*** or ***injury*** of the eye; support stockings, such as Jobst stockings; surgical dressings and other medical supplies ordered by a ***professional provider*** in connection with medical treatment, but not common first aid supplies.

The following subsection shall be added to and made part of the section:

## *HEARING AID SERVICES*

***Covered expenses*** include the following hearing aid services when provided by or purchased as a result of a written recommendation from an otolaryngologist or a state-certified audiologist, subject to the ***maximum benefit*** as shown on the *Schedule of Benefits*:

1. Audiological evaluations to measure the extent of hearing loss and determine the most appropriate make and model of hearing aid. These evaluations will be covered under ***Plan*** benefits for office visits to ***physicians***.

2. Hearing aids (monaural or binaural) including ear mold(s), the hearing aid instrument, initial batteries, cords and other ancillary equipment.

3. Visits for fitting, counseling, adjustments and repairs for a one (1) year period after receiving the covered hearing aid.

No benefits will be provided for the following:

1. Charges for replacement batteries, and charges for the replacement or repair of a lost or damaged hearing aid.

2. Charges for a hearing aid which exceeds specifications prescribed for the correction of hearing loss, or for more than one hearing aid per ear every three years.

V. The section "**MEDICAL EXCLUSIONS**" shall be amended as follows:

The information under exclusion numbers 2. and 25. shall be deleted in its entirety and the following substituted therefore:

2. Charges for services, supplies or treatment related to the treatment of infertility and artificial reproductive procedures, including, but not limited to: artificial insemination, invitro fertilization, surrogate mother, fertility drugs, embryo implantation, or gamete intrafallopian transfer (GIFT).

25. Except as specifically stated in *Medical Expense Benefit, Hearing Aid Services*, charges for the repair or replacement of a hearing aid; or for a cochlear implant bone-anchored hearing aid, auditory brainstem implant, or any other surgically implantable device to correct hearing loss, or surgery to implant such a device.

**Received and accepted for:** **Aerovironment, Inc. Employee Benefit Plan**

By: _____

Title: HR Manager

Date: 2/13/19