

PLAN AMENDMENT #4
for
THE EDCARE GROUP HEALTH BENEFITS PLAN (Restated October 1, 2015)
INCORPORATED INTO RESTATEMENT OF OCTOBER 1, 2018

Effective October 1, 2018, The EdCare Group hereby amends the Benefit Document & Summary Plan Description as follows:

MEDICAL BENEFIT SUMMARY

CHOICE OF PROVIDERS

New sentence added to this paragraph, as follows:

“For Chiropractic, Physical Therapy, Occupational Therapy, and Speech Therapy services the Network providers are a part of the PhysMetrics Network.”

MODERN CARE PLAN

PRESCRIPTION DRUGS

New paragraph added to prescription drug description, as follow:

“The prescription drug program includes a mandatory generic program; if a member or physician chooses to receive a brand medication with a generic equivalent, the member will pay a Dispense as Written (“DAW”) Penalty, plus the generic copay. The cost difference between generic and brand medication, when generic is available and medically-appropriate, will not count toward the Out of Pocket Maximum; only the co-pay will count toward the Out of Pocket Maximum. The DAW Penalty will be avoided for members who meet the Medical Necessity Requirement for brand medication. Use of a brand medication with a generic equivalent may be approved through the clinical review process if a prescriber deems that a brand medication is medically necessary compared to its generic equivalent, as follows: (1) Trial and failure of two generic medications by different manufacturers documented in the member’s prescription history or office notes within the past 12 months; AND (2) Completion of FDA MedWatch Form 3500 and filing it with the FDA to document adverse effects to the generic modifications for each generic medication. (Confirmation of FDA acknowledgment and receipt of MedWatch Form 3500 Filing.)”

Preventive Care

New sentence added to the section on Federally-Required Preventive Care Benefits, as follows:

“Preventive Care Benefits are mandated by the ACA.”

Spinal Manipulation, Chiropractic

New sentence added to the benefit description, as follows:

“Network is PhysMetrics.”

BRONZE PLAN

PRESCRIPTION DRUGS

New paragraph added to prescription drug description, as follow:

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medically necessary compared to its generic equivalent, as follows: (1) Trial and failure of two generic medications by different manufacturers documented in the member's prescription history or office notes within the past 12 months; AND (2) Completion of FDA MedWatch Form 3500 and filing it with the FDA to document adverse effects to the generic modifications for each generic medication. (Confirmation of FDA acknowledgment and receipt of MedWatch Form 3500 Filing.)”

Preventive Care

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Spinal Manipulation, Chiropractic

New sentence added to the benefit description, as follows:
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APPENDIX FOR FEDERALLY-REQUIRED PREVENTIVE CARE BENEFITS: FOR WOMEN

New benefit added, described as follows:

“Breast cancer screening for women over age 40”

APPENDIX FOR PREVENTIVE SERVICES FOR PREGNANCIES OF A COVERED EMPLOYEE OR DEPENDENT SPOUSE

New benefit added, described as follows:

“Preeclampsia Preventive Medicine and Screening

Screening for preeclampsia with blood pressure measurements; Use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.”

MEDICAL LIMITATIONS AND EXCLUSIONS

The description of the Learning & Behaviors Limitation and exclusion is replaced in its entirety with the following:

“**Learning & Behavioral Disorders** - Testing or treatment for learning or behavioral disorders including attention deficit disorder (ADD), attention deficit hyperactive disorder (ADHD), mental retardation, or autism. Testing and treatment for ADHD is available for children up to age 18 only, with prescription drug benefits covered in accordance with the applicable medical-management program.”

EFFECTIVE DATE – EMPLOYEES

Second paragraph replaced in its entirety with the following language:

“WARNING: NO EMPLOYEE MAY DECLINE COVERAGE OR FAIL TO ENROLL HIMSELF OR ELIGIBLE DEPENDENTS UNLESS HE IS AN ACA-ELIGIBLE EMPLOYEE OR IS ENROLLED IN OTHER COVERAGE OFFERED BY A PARTICIPATING EMPLOYER DISTRICT, AND COMPLETES AND SIGNS THE "WAIVER NOTICE" FORM PROVIDED BY THE EMPLOYER OR PLAN SPONSOR.”

ELIGIBILITY REQUIREMENTS – DEPENDENTS

The definition of dependent child is replaced in its entirety with the following language:

“An eligible “child” is one who has a relationship with the Employee (e.g., a son, daughter, stepson or stepdaughter of the Employee, a legally adopted child, a child who is placed with the Employee for legal adoption, a child for whom the Employee has legal guardianship, or a foster child). An eligible child also includes one for whom coverage is required due to a Qualified Medical Child Support Order.”

DECISION ON INTERNAL APPEAL

Last paragraph replaced in its entirety with the following language:

“A Plan participant and the Plan may have other voluntary alternative dispute resolutions options, such as mediation. One way to find out what may be available is to contact the Plan Administrator.”

STANDARD EXTERNAL APPEAL

Section 2, subsection (d), replaced in its entirety with the following language:

“d. The claimant has provided all the information and forms required to process an external review. Within one (1) business day after completion of the preliminary review, the Plan will issue a notification in writing to the claimant. If the request is complete but not eligible for external review, such notification will include the reasons for its ineligibility. If the request is not complete, such notification will describe the information or materials needed to make the request complete and the Plan will allow a claimant to perfect the request for external review with the four-month filing period or within the 48-hour period following the receipt of the notification, whichever is later;”

Effective Date

This Notice is effective October 1, 2018.

All other sections of the Plan remain unchanged.

NOTICE TO PLAN PARTICIPANT: REVIEW THIS AMENDMENT CAREFULLY AND THEN INSERT IT INTO YOUR BENEFIT BOOKLET. THIS AMENDMENT REFLECTS CHANGE(S) TO YOUR SUMMARY PLAN DESCRIPTION AND MAY INCLUDE MATERIAL MODIFICATIONS IN PLAN BENEFITS.