

AMENDMENT #2

To Plan Document Dated January 1, 2018

**PERRY COUNTY
EMPLOYEE BENEFIT PLAN
PPO PLAN**

The following changes to the Plan Document are effective January 1, 2020:

1. Schedule of Benefits, page 21, is deleted in its entirety and replaced with the attached revised page 21.
2. Major Medical Expense Benefits, page 45, is deleted in its entirety and replaced with the attached revised page 45.
3. Major Medical Plan Exclusions and Limitations, page 46, is deleted in its entirety and replaced with the attached revised page 46.

SCHEDULE OF BENEFITS (Cont'd)

	<u>PPO Benefit</u>	<u>Non-PPO Benefit</u>
United Concierge Medicine (UCM) Telephone Consultation (Unlimited access) Call 844-4-VIP DOC (844-484-7362) (Effective 01/01/20)	100%; no Copay or Consultation fee	
All Other Physician Services	80% after Deductible	50% after Deductible
Maternity (Including prenatal care, delivery and postnatal care) Lab and X-ray Benefit applies. Contact Utilization Review for Coordination of Care.	80% after Deductible	50% after Deductible
Routine Newborn Care (Including Inpatient Hospital nursery charges and pediatric care to date of mother's discharge) Separate Deductible applies to newborn.	80% after Deductible	50% after Deductible
Chemotherapy/Radiation Therapy/ Infusion Therapy Contact Utilization Review for Coordination of Care.	80% after Deductible	50% after Deductible
Dialysis	80% after Deductible	50% after Deductible
Cardiac Rehabilitation	80% after Deductible	50% after Deductible
Physical Therapy Maximum Number of Covered Visits Per Calendar Year	80% after Deductible 25	50% after Deductible
Occupational Therapy Maximum Number of Covered Visits Per Calendar Year	80% after Deductible 25	50% after Deductible
Speech Therapy Maximum Number of Covered Visits Per Calendar Year	80% after Deductible 25	50% after Deductible
Durable Medical Equipment (DME)/ Orthotic Devices/Prosthetics UR Notification required for DME and Prosthetics or penalty applies	80% after Deductible	50% after Deductible
Orthotic Insoles (Diabetic patients only)	80% after Deductible	50% after Deductible

Temporomandibular Joint (TMJ) Disorders. The charges for medical treatment of Temporomandibular Joint (TMJ) Syndrome and related services to include the initial diagnostic visit, x-rays of the joint, injections into the joint and surgical repair of the temporomandibular joint, to exclude dental and orthodontic services.

Tobacco Use Screening/Cessation Intervention. The charges for tobacco use screening/cessation intervention.

Total Parenteral Nutrition (TPN). The charges for hyperalimentation or total parenteral nutrition (TPN) for persons recovering from or preparing for Surgery.

United Concierge Medicine (UCM). The charges for a United Concierge Medicine (UCM) telephone consultation with a Physician.

Urgent Care Facility (Minor Emergency Medical Clinic). The charges for an Urgent Care Facility and for services rendered therein.

Vision Screening. The charges for routine vision screening for Children under age nineteen (19).

Wellness Procedures. The charges for covered wellness procedures listed as Preventive and Wellness Care Benefits.

MAJOR MEDICAL PLAN EXCLUSIONS AND LIMITATIONS

GENERAL EXCLUSIONS AND LIMITATIONS

The following exclusions and limitations apply to expenses incurred by all Covered Persons:

Adoption Fees. Charges for adoption fees.

Alternate Therapies. Charges for hypnotherapy, behavior training, biofeedback and similar programs.

Blood Procurement. Charges incurred for procurement and storage of one's own blood except for procurement and storage of one's own blood if obtained within three (3) months prior to a scheduled Surgery.

Botox. Charges for Botox injections unless Medically Necessary and not Cosmetic.

Breast Reduction (Reduction Mammoplasty). Charges for reduction mammoplasty.

Chiropractic Maintenance Therapy. Charges for Chiropractic Services for maintenance therapy in accordance with Utilization Review's criteria for maintenance care.

Claim Received After Filing Deadline. Charges for a Claim received after twelve (12) months from the date the service was rendered.

Close Relative. Charges for treatment, services and supplies provided by a Close Relative of the Covered Person, as defined in this Plan.

Consultations Online/Telephone. Charges for telephone or online consultations with a Physician and/or other Providers except for United Concierge Medicine (UCM) telephone consultations.

Continuous Passive Motion Equipment. Charges for purchase or rental of Continuous Passive Motion (CPM) equipment, unless used for post surgical rehabilitation.

Cosmetic. Charges incurred in connection with the care or treatment of, or operations which are performed for, Cosmetic purposes of any kind, including treatment or Surgery for complications or correction of Cosmetic Surgery or treatment, *except* for Cosmetic Surgery procedures listed as covered in Major Medical Expense Benefits.

Counseling. Charges for bereavement counseling, marriage counseling, and Family counseling.

Custodial Care. Charges for Custodial Care and maintenance care. Unless specifically mentioned otherwise, the Plan does not provide benefits for services and supplies intended primarily to maintain a level of physical or mental function.

Days Not Authorized. Hospital charges for Room and Board for any day not authorized by Utilization Review as part of the Concurrent Review.

Deductible/Coinsurance. Any portion of the billed charges for services or supplies which the Provider offers to waive, such as the portion which would not be paid by the Plan due to Deductible or Coinsurance provisions.

Dental. Charges incurred for treatment on or to the teeth, the nerves or roots of the teeth, gingival tissue or alveolar processes; however, benefits will be payable for covered Oral Surgery procedures and treatment required because of Accidental Injury to sound natural teeth. This exception shall not in any event be deemed to include charges for treatment for the repair or replacement of a denture or bridgework. Injury to teeth from chewing or biting is not considered an Accidental Injury.

