

AMENDMENT #2

TO THE 2015 BENEFIT DOCUMENT OF

CENTRAL UNIFIED SCHOOL DISTRICT MEDICAL, DENTAL, VISION AND PRESCRIPTION PLAN

Effective August 1, 2017, the above-referenced Benefit Document of the Central Unified School District Benefit Document & Summary Plan Description is amended, indicated by underline for additions and strikethrough for deletions, as follows:

GOLD PLAN SCHEDULE OF MEDICAL BENEFITS

OUT-OF-POCKET MAXIMUMS	
Out-of-Pocket Maximum	\$2,250 <u>\$4,350</u>
Family Out-of-Pocket Maximum	\$4,500 <u>\$8,700</u>
<p>Out-of-Pocket Maximum - Except as noted, once a Covered Person incurs more than \$2,250 <u>\$4,350</u> in any Calendar Year in Allowable Charges, the benefits payable by the Plan will increase to 100% for the balance of the Calendar Year. See NOTE below for those benefits that are not included when calculating Allowable Charges.</p> <p>Family Out-of-Pocket Maximum - Except as noted, once a covered family (Employee and his Dependents) incurs more than \$4,500 <u>\$8,700</u> in any Calendar Year in Allowable Charges, the benefits payable by the Plan will increase to 100% for the balance of the Calendar Year. See NOTE below for those benefits that are not included when calculating Allowable Charges.</p> <p>NOTE: The Out-of-Pocket Maximums do not apply to or include:</p> <ul style="list-style-type: none"> expenses that are not covered by the Plan; amounts in excess of the Non-Network UCR allowance for Non-Network services, <u>except emergency room services</u>; expenses that are paid by the Plan at 100%; expenses that become the Covered Person's responsibility for failure to comply with the requirements of the Utilization Management Program. 	

ELIGIBLE MEDICAL EXPENSES	Network	Non-Network
<p>NOTES: Where "†" appears beside a benefit, it means that the Calendar Year Deductible does not apply.</p> <p>Outpatient Surgery Benefit with Non-Network provider(s): Allowed amount will not exceed what would have been allowed through a Prudent Buyer Provider for the same service.</p>		
Ambulatory Surgical Center	100%†	50% <u>25%</u>
Chiropractic Care, per visit	\$15 \$25 Co-Pay†	No Benefits
<p>Limited to 30 visits per Calendar Year. Children under age 18 must have a Physician referral. The "Network" for chiropractic care is ChiroMetrics, Inc. See the Important Phone Numbers section for contact information or to locate a Network provider.</p>		
Emergency Room Use:		
with subsequent admission	85%	85%
without subsequent admission	85%, less a \$100 \$200 Co-Pay	85%, less a \$100 \$200 Co-Pay

PRESCRIPTION BENEFIT SUMMARY

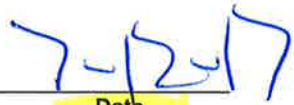
Prescription drug coverage is provided through separate agreement(s) between the Plan Sponsor and prescription drug vendor(s). If there are any conflicts between the prescription information in this document and the terms of such agreement(s), the agreement(s) will prevail.

**OUTPATIENT DRUG CARD – CAREMARK
GOLD PLAN**

Out-of-Pocket Maximum	\$4,350 \$2,250 per Individual
	\$8,700 \$4,500 per Family

This amendment does not alter the Benefit Document and Summary Plan Descriptions in any way except as specifically stated above.

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This amendment is accepted by:



Signature of Authorized Representative

Date

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 (REDUCTIONS) IN PLAN BENEFITS.