

AMENDMENT #3

TO THE 2015 BENEFIT DOCUMENT OF

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

Effective August 1, 2018, 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:

IMPORTANT PHONE NUMBERS

Utilization Review Center Phone # for Fresno County: Phone # for All Counties except Fresno:	Advantek Benefit Administrators (866) 556-7655 (800) 274-7767 (877) 744-0394
PPO Network Status / Provider Finder Phone: Email:	Anthem Blue Cross (800) 649-9121 www.tpa.anthem.com Networks by Design www.netbyd.com

DETERMINATION OF PAID MEDICAL PLAN BENEFITS

In determining Medical Necessity, the Plan may choose to utilize any of the following:

- ~~Anthem Blue Cross Networks By Design~~
- Advantek Benefit Administrators
- The Holman Group
- Medicare
- Standard Accepted Medical Practice
- Other Third Party Experts and Professionals within the medical field of the provided services.

GOLD PLAN SCHEDULE OF MEDICAL BENEFITS

OUT-OF-POCKET MAXIMUMS	<u>Network</u>	<u>Non-Network</u>
Out-of-Pocket Maximum	\$4,350	<u>Unlimited</u>
Family Out-of-Pocket Maximum	\$8,700	<u>Unlimited</u>
<p>Out-of-Pocket Maximum - Except as noted, once a Covered Person incurs more than \$4,350 <u>in Network</u> charges 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 \$8,700 <u>in Network charges</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: 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.</p>		

CALENDAR YEAR DEDUCTIBLES	<u>Network</u>	<u>Non-Network</u>
Individual Deductible	\$200	\$200
Family Maximum Deductibles	Three	Three
<p>Individual Deductible - The Individual Deductible is an amount a Covered Person must contribute each year toward payment of eligible medical expenses. The Deductible usually applies before the Plan begins to provide benefits.</p> <p>Family Maximum Deductible - 3 Individual Deductibles must be satisfied during a Calendar Year before the Family Maximum Deductible is satisfied. A "family" includes a covered Employee and his covered Dependents.</p> <p>Eligible Expenses that are applied toward the Deductible in the last 3 months of a Calendar Year, will also be carried forward and applied to the Deductible for the following Calendar Year.</p> <p>NOTE: Where "+" appears in this schedule, it means that the Calendar Year Deductible does not apply.</p>		

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**

Pharmacy Benefit	Retail	Mail Order
Generic Drug	\$5 \$7	\$10 \$14

**OUTPATIENT DRUG CARD – CAREMARK
BRONZE PLAN**

Pharmacy Benefit	Retail	Mail Order
Generic Drug	\$0 \$11	\$18 \$22

CLAIMS PROCEDURES

A Post-Service Claim should be submitted to:

~~Anthem Blue Cross~~
~~PO Box 60004~~
~~Los Angeles, CA 90060-8007~~

Advantek Benefit Administrators
P.O. Box 45007
Fresno, CA 93718

Networks By Design
www.netbyd.com

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

.

This amendment is accepted by:



7-30-18

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.