

**SUMMARY OF MATERIAL MODIFICATION
AND
AMENDMENT #1-17
TO THE
WOOD COUNTY
EMPLOYEES' PLAN**

This Summary of Material Modification and Amendment describes amendments to the Wood County Employees' Plan dated January 1, 2006. These changes are effective **as listed below** and will remain in effect until amended in writing by the Plan Administrator.

This document should be read carefully and attached to the Plan Document and Summary Plan Description. Please contact the Plan Administrator identified in the Summary Plan Description if you have any questions regarding the changes described in this Summary of Material Modification.

Wood County (the "Plan Sponsor") is amending the Wood County Employees' Plan (the "Plan") as follows:

EFFECTIVE JANUARY 1, 2017:

1. *The **Penalty and Utilization Review Services** subsection is hereby added under the **Pre-certification Review Services** section of the **Medical Management Services** section as follows:*

Pre-Certification Review Services

Penalty and Utilization Review

The covered Employee is responsible for notifying the Medical Management Program Administrator (see Plan Administrators' Information Sheet) about any Hospital confinement or Outpatient service requiring precertification for himself or his covered Dependents within the time periods described above. If the Medical Management Program Administrator is not notified, the covered Employee is responsible for paying the full amount of covered charges for the confinement or service. The covered Employee may appeal the claims by contacting the Medical Management Program Administrator, upon appeal, all of the medical records will be reviewed, and if the services rendered are found to be Medically Necessary, charges may be paid at 50% of the allowed amount. This additional Out-of-Pocket amount does not apply toward satisfying any Deductible or Coinsurance limit of the Plan.

2. Section IV. Prescription Drug Benefits is revised as follows:

- a. The *Selected Over-the-Counter (OTC) section*, a subsection of Prescription Drug Benefits is hereby deleted and replaced with the following:

IV. PRESCRIPTION DRUG BENEFITS

Selected Over-the-Counter (OTC)

The following Over-the-Counter (OTC) medications are available at no cost to the Subscriber with a **valid prescription**. To receive the benefit at the retail pharmacy, the Subscriber must submit a valid prescription **at the pharmacy counter** for payment through the pharmacy benefits. A 90-day supply of one of the following OTC medications may also be purchased through the mail order program by sending in a valid prescription.

Nexium 24 Hour, Prilosec OTC Tablets 20 mg, omeprazole OTC, Prevacid OTC, Zegerid OTC

Flonase Allergy Relief OTC, Rhinocort Allergy OTC, Nasacort OTC

Zyrtec, Zyrtec D, Claritin Syrup, Claritin Tablets, Claritin Reditab, Alavert Syrup, Alavert Tablets, store brand loratadine, Tavist ND Tablets, Dimetapp ND Tablets, Claritin-D 12 Tablets, Claritin-D 24 Tablets, store brand loratadine-D 24 tablets

Abreva Cream (for cold sores and fever blisters)

Alaway, ketotifen, Zaditor (Ophthalmic)

Slo-Niacin (for cholesterol)

- b. The following paragraph under *Excluded and Limited Services*, a subsection of Prescription Drug Benefits is hereby deleted and replaced with the following:

IV. PRESCRIPTION DRUG BENEFITS

Excluded and Limited Services

If approved, such prescriptions are covered at the following level:

Pharmacy: \$20 plus 50% of the AWP; maximum \$200 out-of-pocket

Mail Order: \$30 plus 50% of the AWP; maximum \$300 out-of-pocket

EFFECTIVE JULY 1, 2017:

*The **Infusion Medication** subsection is hereby added under the **IV. Prescription Drug Benefits** section as follows:*

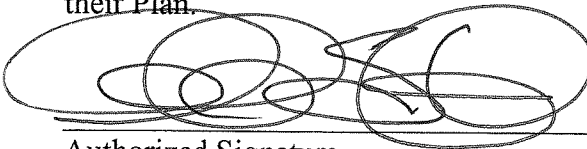
IV. PRESCRIPTION DRUG BENEFITS

Infusion Medication

It is the preference of the Plan when allowed by the facility/Physician that infusion prescription medication be purchased through the specialty pharmacy or dispensed at any participating retail pharmacy and sent to the facility for infusion therapy treatments. Infusion prescription medication charged by the facility would only be allowed when a facility/Physician would not allow the scrip to be filled through the specialty pharmacy or at a retail pharmacy.

All other provisions of this Plan shall remain unchanged.

In Witness Whereof, Wood County has caused this Amendment to take effect, be attached to, and form a part of their Plan.



Authorized Signature

6/20/2018

Date

COUNTY ADMINISTRATOR
Title

Witness

Date

Title

