



BENEFIT PLAN CHANGE FORM
AMENDMENT NO: 1-09

GROUP NAME: Wood County Employees Plan

GROUP NUMBER: EWOOD

TYPE OF CHANGE: MEDICAL x DENTAL OTHER

PLAN AMENDMENT

The Plan Document is adding coverage for Wigs or Artificial Hairpieces to the All Other Covered Charges subsection to read as follows:

SECTION: Health Care Benefits, Schedule of Benefits, Comprehensive Medical Expense Benefits

Co-pays, Benefit Percentages and Co-insurance Amounts

DELETE:

Covered Charges	Network Providers	Non-Network Providers	Benefit Limits (Network and Non-Network combined)
All Other Covered Charges - Diagnostic Services (non-Hospital) - Medical Supplies - Oxygen - Prosthetics - Diabetic Nutritional Counseling*	After the Deductible is met, the Plan pays 80% of Covered Charges. You pay the other 20%, subject to the Co-insurance limit.	After the Deductible is met, the Plan pays 60% of Covered Charges. You pay the other 40%, subject to the Co-insurance limit.	*Diabetic Nutritional Counseling: - Coverage limited to Covered Persons diagnosed with Diabetes only - Limited to 2 sessions per Calendar Year - Professional service fee will apply if office visit charge is made

REPLACE WITH:

All Other Covered Charges - Diagnostic Services (non-Hospital) - Medical Supplies - Oxygen - Prosthetics - Diabetic Nutritional Counseling* - Wig or Artificial Hairpiece**	After the Deductible is met, the Plan pays 80% of Covered Charges. You pay the other 20%, subject to the Co-insurance limit.	After the Deductible is met, the Plan pays 60% of Covered Charges. You pay the other 40%, subject to the Co-insurance limit.	*Diabetic Nutritional Counseling: - Coverage limited to Covered Persons diagnosed with Diabetes only - Limited to 2 sessions per Calendar Year - Professional service fee will apply if office visit charge is made ** Wig or Artificial Hairpiece: - Maximum benefit is \$500 per wig - Limited to 3 wigs per Lifetime
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ADD: Wig or artificial hairpiece alphabetically under the Covered Benefits section to read as follows:

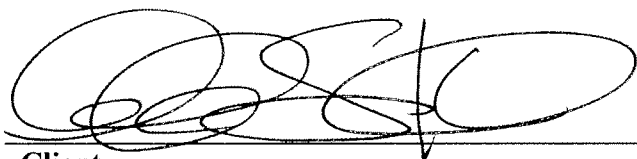
- #. Wig or artificial hairpiece expenses and charges associated with the purchase of a wig or hairpiece following chemotherapy. Benefit is limited as outlined in the Schedule of Medical Benefits.

DELETE: Number 54 under What Is Not Covered

REPLACE WITH: 54. Care and treatment for hair loss including hair transplants or any drug that promises hair growth, whether or not prescribed by a Physician.

EFFECTIVE DATE: January 1, 2009

RECEIVED BY:



A large, stylized handwritten signature in black ink, consisting of several overlapping loops and a vertical stroke at the end.

Client

12/11/2008
Date