

**SUMMARY OF MATERIAL MODIFICATION
AND
AMENDMENT
TO THE
WOOD COUNTY EMPLOYEES' HEALTH,
PRESCRIPTION, VISION AND DENTAL PLAN
FOR THE
CHILDREN'S HEALTH INSURANCE PROGRAM
REAUTHORIZATION ACT OF 2009 ("CHIPRA")**

This Summary of Material Modification and Amendment describes changes to the Wood County Employees' Health, Prescription, Vision and Dental Plan. These changes are effective as of April 1, 2009 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 Administrator") is amending the Wood County Employees' Health, Prescription, Vision and Dental Plan (the "Plan") to comply with the Children's Health Insurance Program Reauthorization Act of 2009 ("CHIPRA"). As such, the Plan is amended by adding the following new special enrollment period events:


Special Enrollment due to coverage under Medicaid or under a State Children's Health Insurance Program (CHIP). If an Employee or eligible Dependent did not enroll in the Plan when initially eligible, but was otherwise eligible to enroll, he or she will be permitted to later enroll in the Plan under one of the following circumstances:

- (a) The Employee or eligible Dependent was covered under Medicaid or CHIP at the time of initial enrollment and such coverage subsequently terminates; or
- (b) The Employee or eligible Dependent become eligible for a premium assistance subsidy under Medicaid or CHIP subsequent to the time they were initially eligible.

The Employee or eligible Dependent must request enrollment in the Plan within 60 days after coverage under Medicaid or CHIP terminates or within 60 days after his or her eligibility for a premium assistance subsidy under Medicaid or CHIP is determined, whichever is applicable.


For purposes of this amendment, the terms "Employee" and "Dependent" are defined under the terms of the Plan. Please refer to the Summary Plan Description for additional information.

All other provisions of this Plan shall remain unchanged.


Authorized Signature Date 5/3/2010


Andrew S. Kalmar

~~County Administrator~~
Title


Witness Date 5/3/10


Title

APPROVED AS TO FORM:


Paul A. Dobson
Prosecuting Attorney

**SUMMARY OF MATERIAL MODIFICATION
AND
AMENDMENT
TO THE
WOOD COUNTY EMPLOYEES' HEALTH,
PRESCRIPTION, VISION AND DENTAL PLAN
FOR THE
PAUL WELLSTONE AND PETE DOMENICI MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008**

This Summary of Material Modification and Amendment to the Wood County Employees' Health, Prescription, Vision and Dental Plan (the "Plan") is adopted to reflect certain provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 ("MHPA of 2008"). This Summary of Material Modification and Amendment shall be effective as of the first Plan Year beginning after October 3, 2009 or in the case of a collectively bargained plan, this amendment shall be effective as of the first Plan Year beginning after the later of (i) January 1, 2010 or (ii) the date on which the longest running collective bargaining agreement relating to the Plan and ratified prior to October 3, 2008 expires (the "Effective Date").

In accordance with the MHPA of 2008 the Plan will not impose any greater financial requirements or treatment limitations on mental health and/or substance abuse benefits than the predominant financial requirements or treatment limitations the Plan imposes on substantially all medical and surgical benefits provided under the Plan. The MHPA of 2008 does not require the Plan to provide mental health and/or substances abuse benefits; however if it does it must comply with the provisions of the MHPA of 2008. The Plan may provide benefits for both mental health and/or substance abuse benefits or it may only provide benefits for mental health or substance abuse and not both. Please refer to the Plan Document and Summary Plan Description for additional information.

For purposes of this Summary of Material Modification and Amendment, the term "financial requirements" shall mean co-payments, deductibles, co-insurance and out-of-pocket expenses. The term "treatment limitations" shall include the number of visits, days of coverage, frequency of treatment or any other similar limits on the scope or duration of treatment.

As of the Effective Date of this Summary of Material Modification and Amendment, all mental health and/or substance abuse benefits under the Plan will be paid the same as any other Illness or Injury. For example, if the Plan pays an office visit at 100% after a \$20 co-payment, the Plan will pay an office visit for mental health and/or substance abuse benefits at 100% after a \$20 co-payment. In addition, if the Plan pays in-patient hospital stays at 80% after deductible, the Plan will pay in-patient hospital stays for mental health and/or substance abuse benefits at 80% after deductible. All out-of-pocket expenses incurred will be counted towards the Plan's out-of-pocket maximum and any benefits received for mental health and/or substance abuse benefits will be counted towards the aggregate lifetime and annual maximums, if any.

This Summary of Material Modification and Amendment should be kept with the copy of the Plan Document and Summary Plan Description. It is an important part of the Plan. If you have any questions with respect to this Summary of Material Modification and Amendment, please contact the Plan Administrator.

All other provisions of the Plan will remain unchanged.

Dated this 3rd day of MAY, 2009

BY: 

Andrew S. Kalmar

TITLE: County Administrator

APPROVED AS TO FORM:



Paul A. Dobson

Wood County Prosecutor

**SUMMARY OF MATERIAL MODIFICATION
AND
AMENDMENT
TO THE
WOOD COUNTY EMPLOYEES' PREMIUM ONLY PLAN
FOR THE
CHILDREN'S HEALTH INSURANCE PROGRAM
REAUTHORIZATION ACT OF 2009 ("CHIPRA")**

This Summary of Material Modification and Amendment describes changes to the Wood County Employees' Premium Only Plan. These changes are effective as of April 1, 2009 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 Administrator") is amending the Wood County Employees' Premium Only Plan (the "Plan") to comply with the Children's Health Insurance Program Reauthorization Act of 2009 ("CHIPRA"). As such, the Plan is amended by adding the following new special enrollment period events:

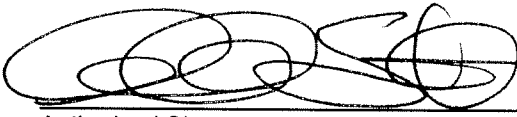
Special Enrollment due to coverage under Medicaid or under a State Children's Health Insurance Program (CHIP). If an Employee or eligible Dependent did not enroll in the Plan when initially eligible, but was otherwise eligible to enroll, he or she will be permitted to later enroll in the Plan under one of the following circumstances:

- (a) The Employee or eligible Dependent was covered under Medicaid or CHIP at the time of initial enrollment and such coverage subsequently terminates; or
- (b) The Employee or eligible Dependent become eligible for a premium assistance subsidy under Medicaid or CHIP subsequent to the time they were initially eligible.

The Employee or eligible Dependent must request enrollment in the Plan within 60 days after coverage under Medicaid or CHIP terminates or within 60 days after his or her eligibility for a premium assistance subsidy under Medicaid or CHIP is determined, whichever is applicable.

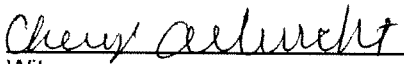
For purposes of this amendment, the terms "Employee" and "Dependent" are defined under the terms of the Plan. Please refer to the Summary Plan Description for additional information.

All other provisions of this Plan shall remain unchanged.


Authorized Signature _____ Date 5/3/2010


Andrew S. Kalmar

County Administrator
Title


Witness _____ Date 5/3/10

Benefits Coordinator
Title

APPROVED AS TO FORM:



Paul A. Dobson
Wood County Prosecutor