

BENEFIT PLAN CHANGE FORM
AMENDMENT 01-08

GROUP NAME: Wood County

GROUP NUMBER: EWOOD

TYPE OF CHANGE: MEDICAL DENTAL OTHER

PLAN AMENDMENT

The Plan Document is hereby amended as follows:

SECTION: Health Care Benefits, Comprehensive Medical Expense Benefits, Coinsurance Limit per Calendar Year

ADD: "Biologically Based Mental Illness" is payable the same as any other illness.

Biologically based mental illnesses means schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder and panic disorder, as these terms are defined in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American Psychiatric Association.

<p>Inpatient Hospital Services:</p>	<p>After the Deductible is met, the Plan pays 80% of Covered Charges. You pay the other 20%, subject to the Co-insurance limit.</p>	<p>After the Deductible is met, the Plan pays 60% of Covered Charges. You pay the other 40%, subject to the Co-insurance limit.</p>	<p>Daily room & board charges limited to the Hospital's Semi-Private room rate</p> <p>Pre-Certification Required</p> <p><i>Inpatient including Biologically Based Mental Illness</i></p>
<p>EmergencyRoom Hospital Services:</p>	<p>You pay a \$35 technical service fee per visit, then after the Deductible is met, the Plan pays 80% of Covered Charges. You pay the other 20%, subject to the Co-insurance limit.</p>	<p>You pay a \$35 technical service fee per visit, then after the Deductible is met, the Plan pays 60% of Covered Charges. You pay the other 40%, subject to the Co-insurance limit.</p>	<p>Treatment must be rendered within 72 hours of onset of symptoms</p> <p><i>Emergency room for Injury or Medical Emergency and includes Biologically Based Mental Illness services</i></p> <p>For a definition of Medical Emergency, refer to the Definitions section of this Booklet (<i>Section IX</i>)</p>

<p>Outpatient Hospital Services:</p>	<p>After the Deductible is met, the Plan pays 80% of Covered Charges. You pay the other 20%, subject to the Co-insurance limit.</p>	<p>After the Deductible is met, the Plan pays 60% of Covered Charges. You pay the other 40%, subject to the Co-insurance limit.</p>	<p>Outpatient Services including Biologically Based Mental Illness</p>
<p>Mental or Nervous treatment – Inpatient</p>	<p>After the Deductible is met, the Plan pays 80% of Covered Charges. You pay the other 20%, subject to the Co-insurance limit.</p>	<p>After the Deductible is met, the Plan pays 60% of Covered Charges. You pay the other 40%, subject to the Co-insurance limit.</p>	<p>Limited to 45 days Confinement per Calendar Year (combined with Substance Abuse Inpatient treatment)</p> <p>Pre-Certification Required</p> <p>Includes treatment of Biologically Based Mental Illness</p>
<p>Substance Abuse treatment - Inpatient</p>	<p>After the Deductible is met, the Plan pays 80% of Covered Charges. You pay the other 20%, subject to the Co-insurance limit.</p> <p>Covered Services for Substance Abuse are paid according to the following after Deductible and Co-Insurance are applied:</p> <p>1st admission is 100% of Covered Services</p> <p>2nd admission is 80% of Covered Services</p> <p>3rd admission is 50% of Covered Services</p> <p>4th admission and all subsequent admissions is 0% of Covered Services</p>	<p>After the Deductible is met, the Plan pays 60% of Covered Charges. You pay the other 40%, subject to the Co-insurance limit.</p> <p>Covered Services for Substance Abuse are paid according to the following after Deductible and Co-Insurance are applied:</p> <p>1st admission is 100% of Covered Services</p> <p>2nd admission is 80% of Covered Services</p> <p>3rd admission is 50% of Covered Services</p> <p>4th admission and all subsequent admissions is 0% of Covered Services</p>	<p>Limited to 45 days Confinement per Calendar Year (combined with Mental Health Inpatient treatment)</p> <p>Per-certification of services is required</p>

Mental or Nervous Treatment – Outpatient	You pay a \$10 professional service fee per visit, then after the Deductible is met, the Plan pays 80% of Covered Charges. You pay the other 20%, subject to the Co-insurance limit.	You pay a \$10 professional service fee per visit, then after the Deductible is met, the Plan pays 60% of Covered Charges. You pay the other 40%, subject to the Co-insurance limit.	Pre-Certification required after the tenth (10) visit per condition or course of treatment (combined with Outpatient Substance Abuse Treatment)
Substance Abuse Treatment – Outpatient	You pay a \$10 professional service fee per visit, then after the Deductible is met, the Plan pays 80% of Covered Charges. You pay the other 20%, subject to the Co-insurance limit.	You pay a \$10 professional service fee per visit, then after the Deductible is met, the Plan pays 60% of Covered Charges. You pay the other 40%, subject to the Co-insurance limit.	Pre-Certification required after the tenth (10) visit per condition or course of treatment (combined with Outpatient Mental or Nervous Treatment)
Physician Services: Inpatient and Outpatient, including Office Surgical Procedures	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.	<u>Note:</u> Professional service fee will apply if office visit charge is made Includes treatment of Biologically Based Mental Illness

SECTION: Definitions

ADD: Biologically based mental illnesses means schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder and panic disorder, as these terms are defined in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American Psychiatric Association.

ADD: Under Professional Other Provider

- Professional Clinical Counselor
- Independent Social Worker
- Professional Counselor
- Clinical Nurse Specialist

SECTION: Covered Benefits, Psychiatric (Mental Health) Care Services

ADD: Partial Day Confinement benefits are made available as an Inpatient benefit. “Partial Day Confinement” is a program of medically directed or intermediate short-term psychiatric treatment of at least 5 but less than 12 hours per day. For the purpose of determining Benefits, 2 days of Partial Confinement will count as 1 day of Inpatient confinement. All Partial Day Confinements are subject to the Pre-certification provisions of this plan. All Partial Day confinements must be rendered in an accredited facility.

EFFECTIVE DATE: January 1, 2008

Received By -

Date