

AMENDMENT #7
TO THE
PLAN DOCUMENT/SUMMARY PLAN DESCRIPTION

HEALTH BENEFIT PLAN
FOR EMPLOYEES OF
FLATHEAD COUNTY - Group #0010675

Effective July 1, 2016, the Health Benefit Plan for Employees of Flathead County is amended as follows:

Within the "**SCHEDULE OF BENEFITS**", the "**SERVICES THROUGH THE SUMMIT MEDICAL FITNESS CENTER**" subsection, as amended, is replaced as follows:

SERVICES THROUGH THE SUMMIT MEDICAL FITNESS CENTER

Journey to Wellness Program

Deductible Waived, Benefit Percentage 100%
Limited to one reimbursement per lifetime.

Covered Person is required to pay 100% of the Journey to Wellness Program. Upon successful completion of the program, as certified by The Summit Medical Fitness Center, the Plan will reimburse the Covered Person the full amount of the Journey to Wellness Program.

Charges are eligible under this benefit only when provided by The Summit Medical Fitness Center for a Covered Person who is eligible to participate in the Journey to Wellness Program.

The Journey to Wellness Program is provided exclusively through The Summit Medical Fitness Center and is designed specifically for Covered Persons who have been referred by a health care provider (MD, DO, NP, PA, PT) *or health and wellness coach* with a chronic condition, orthopedic or other medical problem including, but not limited to: Obesity, Heart Disease / Heart Failure / Stroke, Peripheral Vascular Disease, Pre-Diabetes or Diabetes, Osteoporosis, Cancer, Arthritis, Parkinson's Disease, Chronic Pain / Low Back Pain, Orthopedic Conditions, COPD / Asthma, Hypertension, Fibromyalgia, Multiple Sclerosis, Metabolic Syndrome, Dyslipidemia, Depression, HIV and inactivity.

Coaching Sessions

Deductible Waived, Benefit Percentage 100%
Limited to 2 Coaching sessions per Benefit Period

Charges are eligible under this benefit only when services are provided by The Summit Medical Fitness Center for a Covered Person.

Weight Loss One2One Program

Deductible Waived, Benefit Percentage 100%
Limited to one weight loss course per lifetime.

Covered Person is required to pay 100% of the Weight Loss One2One Program. Upon successful completion of the program, as certified by The Summit Medical Fitness Center, the Plan will reimburse the Covered Person the full amount of the Weight Loss One2One Program.

Charges are eligible under this benefit only when provided by The Summit Medical Fitness Center for a Covered Person who is eligible to participate in the Weight Loss One2One Program.

The Weight Loss One2One Program is provided exclusively through The Summit Medical Fitness Center and is designed for Covered Persons who have been *diagnosed* by *their* health care provider *or a health and wellness professional as being overweight or obese (waist measurement 35 inches or higher for women and 40 inches or higher for men and/or body fat 32% or higher for women and 25% or higher for men and have less than two (2) major health risk factors.*

Within the "SCHEDULE OF BENEFITS", "COMPLEX CARE AND TRANSITIONAL CARE MANAGEMENT" is added immediately following "TRANSPLANT SERVICES" as follows:

COMPLEX CARE AND TRANSITIONAL CARE MANAGEMENT
Deductible Waived, Benefit Percentage 100%

Within the "PHARMACY BENEFIT" section, the "COST SHARING PROVISIONS" subsection, as amended, is replaced as follows:

COST SHARING PROVISIONS

Active Employees Annual Deductible per Benefit Period:

Maximum per Employee \$300
 Maximum per Employee + 1 Dependent \$600
 Maximum per Employee + 2 or more Dependents \$900

Retirees and COBRA Participants Annual Deductible per Benefit Period:

Maximum per Covered Person \$300
 Maximum per 2 Covered Persons per Family \$600
 Maximum per 3 or more Covered Persons per Family \$900

Active Employees Annual Out-of-Pocket Maximum per Benefit Period:

Per Employee \$4,800*
 Per Employee + 1 or more Dependents \$9,600*

Retirees and COBRA Participants Annual Out-of-Pocket Maximum per Benefit Period:

Maximum per Covered Person \$4,800*
 Maximum per 2 Covered Persons per Family \$9,600*
 Maximum per 3 or more Covered Persons per Family \$9,600*

*Includes the Pharmacy Deductible and any applicable Pharmacy Copayments. Pharmacy Benefits are payable at 100% after satisfaction of the Pharmacy Out-of-Pocket Maximum for the remainder of the Benefit Period.

Copayment per Prescription				
Drug Type	Retail PBM Network	Member Submit*	Mail Order	Specialty Drug
Generic	10% (min. \$7)	10% (min. \$7)	10% (min. \$14)	10% (min. \$7)
Preferred Brand	20% (min. \$15)	20% (min. \$15)	20% (min. \$30)	20% (min. \$15)
Non-Preferred Brand	30% (min. \$35)	30% (min. \$35)	30% (min. \$70)	30% (min. \$35)

*For Member Submit prescriptions, the PBM will reimburse the contract cost of the prescription drug, less the applicable Copayment per Prescription. Contract cost is the PBM's discounted cost of the prescription drug. Reimbursement will not exceed what the PBM would have reimbursed for a Network Prescription.

The following are payable at 100% and are not subject to any Deductible or Copayment:

1. Prescribed generic contraceptives or brand if generic is unavailable;
2. Smoking cessation products prescribed by a Physician or Licensed Health Care Provider; and
3. Over-the-counter (OTC) medications only when prescribed by a Physician or Licensed Health Care Provider, and only if listed as an A or B recommendation as a Preventive Service covered under the Affordable Care Act which can be viewed at: <https://www.healthcare.gov/coverage/preventive-care-benefits/>.

When Primary Coverage exists Under Another Plan

If primary coverage exists under another plan, including Medicare Part D, charges for prescription drugs must be submitted to the primary carrier first. Once this Plan receives a copy of the drug receipt or explanation of benefits showing the total charges and amounts paid for eligible prescription drugs from the primary carrier, if applicable, this Plan will reimburse the Participant for the remainder of Maximum Eligible Expenses, subject to the following Copayments:

Generic 10% (min. \$7)
Brand Name 20% (min. \$15)

In order to receive reimbursement, the drug receipt must be submitted to Allegiance, or through the Pharmacy Benefit Manager (PBM) if primary coverage is Medicare Part D.

Within the "PHARMACY BENEFIT" section, item #7 under the "COVERAGE" subsection, as amended, is replaced as follows:

7. Over-the-counter (OTC) medications only when prescribed by a Physician or Licensed Health Care Provider, and only if listed as an A or B recommendation as a Preventive Service covered under the Affordable Care Act which can be viewed at: <https://www.healthcare.gov/coverage/preventive-care-benefits/>.

Within the "MEDICAL BENEFITS" section, item #33 (Complex Care Coordination) and #34 (Acupuncture) are added as follows:

33. *Charges for services for Complex Care Coordination and Transitional Care Management, based on specific CPT Codes for those services as approved by Medicare, and are not subject to the Medical Necessity requirements of the Plan.*
34. *Charges for acupuncture not subject to the Medical Necessity requirements of the Plan.*

Within the "MEDICAL BENEFITS" section, item #3 under the "PREVENTIVE CARE" subsection, as amended, is replaced as follows:

3. Recommended preventive services as set forth in the recommendations of the United States Preventive Services Task Force (Grade A and B rating), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the guidelines supported by the Health Resources and Services Administration. The complete list of recommendations and guidelines can be viewed at: <https://www.healthcare.gov/coverage/preventive-care-benefits/>.

Nothing in this amendment is deemed to change any other provision of the Plan Document of which it becomes a part.



FLATHEAD COUNTY

BY: *Samuel J. Holmquist*
TITLE: *Chairperson, Board of County Commissioners*