

**SUMMARY OF MATERIAL MODIFICATIONS
TO THE
CHIPPEWA FALLS AREA UNIFIED SCHOOL DISTRICT
EMPLOYEE BENEFIT PLAN**

This Summary of Material Modifications (“SMM”) amends certain provisions of your Summary Plan Description (“SPD”) for the Chippewa Falls Area Unified School District (the “Plan”). Please review this SMM carefully to familiarize yourself with the changes and please attach this SMM to the front of your SPD.

The following changes to the plan have been approved and are effective July 1, 2014 unless noted otherwise below:

- (Item O) **Covered Expenses** – removed reference to therapeutic devices in Rx area as follows:

Drugs Covered

~~21. therapeutic devices or appliances when prescribed by a Physician and dispensed by a licensed pharmacist: elastic stockings, catheters, colostomy bags, rings and belts, flotation pads, needles and syringes;~~

The following changes to the plan have been approved and are effective January 1, 2015:

- Schedule of Benefits – Tradition Plan and HDHP** – added virtual care to schedules.

BENEFIT DESCRIPTION	PREFERRED PROVIDER	NON-PREFERRED PROVIDER (Subject to Usual and Customary and Reasonable Charges)
Virtual Care	90% after Deductible	Not Covered

- Schedule of Benefits – HDHP** – amended deductible per 2015 IRS regulations.

<u>CALENDAR YEAR DEDUCTIBLE</u>	
Individual	\$1,300
Family (Non-Embedded)	\$2,600

- Schedule of Benefits – HDHP** – added contraceptives to schedule.

BENEFIT DESCRIPTION	PREFERRED PROVIDER	NON-PREFERRED PROVIDER (Subject to Usual and Customary and Reasonable Charges)
Contraceptives	90% after Deductible	80% after Deductible

5. (Item T) **Covered Expenses** – removed reference to deductible and coinsurance requirements per ACA regulations.

T. Treatment of Nervous and Mental conditions and alcohol/drug dependency

1. **Inpatient Benefits**

Payment will be made for Reasonable charges made by the Hospital, institution or facility for such care and treatment or by licensed professionals under the supervision of a Physician in connection therewith.

2. **Outpatient Benefits**

Payment will be made for Reasonable charges made by such Hospital, institution or Outpatient facility approved by the Department of Health and Social Services for such care and treatment or by a Physician, a Psychologist or a licensed certified Social Worker in connection therewith. Treatment includes but is not limited to: partial confinement, prescribed drugs (refer to prescription drug benefit) and collateral family consultations.

6. (Item NN) **Covered Expenses** – added industry-standard coverage for virtual care.

NN. Charges for Virtual Care.

7. **Charges Not Covered** – renumbered to remove two Item 29's.

8. (Item E) **Exclusions and Limitations** – amended to allow coverage for virtual care.

E. charges for e-mail or telephone consultations, completion of claim forms, charges associated with missed appointments, except as specifically provided in the Plan.

9. **Definitions** – amended “Embedded” for clarification, amended “Maximum Amount” due to recent developments with reinsurance reimbursement practices, amended “Non-Embedded” for clarification, and added “Virtual Care” for clarification.

~~**EMBEDDED** means an Embedded deductible is an individual deductible level within a family contract. For example, if there is a family deductible of \$3,000 with an individual Embedded deductible of \$1,500 means that when any one individual family member reaches \$1,500 in expenses, their benefit plan coverage takes effect.~~

EMBEDDED means an Embedded deductible wherein the individual deductible is included within the family deductible. Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits. For example, if there is a family deductible of \$3,000 with an individual Embedded deductible of \$1,500, then when any one individual family member reaches \$1,500 in expenses, their benefit plan coverage takes effect.

MAXIMUM AMOUNT and/or MAXIMUM ALLOWABLE CHARGE means the benefit payable for a specific coverage item or benefit under the Plan. Maximum Allowable Charge(s) will be:

1. the Usual and Customary amount;
2. the allowable charge specified under the terms of the Plan;
3. the negotiated rate established in a contractual arrangement with a Provider; or
4. the actual billed charges for the covered services.

The Plan will reimburse the actual charge billed if it is less than the Usual and Customary amount. The Plan has the discretionary authority to decide if a charge is Usual and Customary and for a Medically Necessary and Reasonable service.

~~**NON-EMBEDDED** means a Non-Embedded deductible requires that the entire family deductible be met before benefit plan coverage takes effect – by any one or combination of family members.~~

NON-EMBEDDED means a Non-Embedded deductible wherein the individual deductible is not included within the family deductible. For family coverage, the entire family deductible must be met before benefit plan coverage takes effect – by any one or a combination of family members.

VIRTUAL CARE means professional evaluation and medical management services provided to patients through e-mail, telephone or webcam. Virtual Care includes interactive audiovisual telehealth services. Virtual Care is used to address non-urgent medical symptoms for patients describing new or ongoing symptoms to which Physicians respond with substantive medical advice. Virtual Care does not include telephone calls for reporting normal lab or test results, or solely calling in a prescription to a pharmacy.