

AMENDMENT NO. 1

to the Summary Plan Descriptions of the

CITY OF RENTON EMPLOYEE HEALTH CARE PLAN CITY OF RENTON LEOFF I RETIREE HEALTH CARE PLAN Medical, Dental, and LEOFF I Dental SPD's

The Summary Plan Descriptions effective 01/01/14 are amended effective 01/01/15 as follows:

Throughout the **COBRA Provisions** of them Summary Plan Description, revise the **COBRA Administrator** as follows:

Mailing Address:

HMA, Inc.
P.O. Box 53168
Bellevue, WA 98015
Attn: COBRA Unit
800/869-7093

Street Address:

HMA, Inc.
220 120th Ave NE
Bellevue, WA 98005
Attn: COBRA Unit
800/869-7093

In the **COBRA Provisions** of the Summary Plan Description, revise the **Special Considerations in Deciding Whether to Elect COBRA** as follows:

SPECIAL CONSIDERATIONS IN DECIDING WHETHER TO ELECT COBRA

In considering whether to elect COBRA, you should take into account that a failure to elect COBRA will affect your future rights under federal law. First, you can lose the right to avoid having preexisting condition exclusions applied to you by other group health plans if you have more than a 63-day gap in health coverage, and election of COBRA may help you not have such a gap. Second, you will lose the guaranteed right to purchase individual health insurance policies that do not impose such preexisting condition exclusions if you do not get COBRA coverage for the maximum time available to you. Finally, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage under the Plan ends because of one of the qualifying events listed above. You will also have the same special enrollment right at the end of COBRA coverage if you receive COBRA coverage for the maximum time available to you. In addition, affordable coverage may be available for you and your family through the Health Insurance Marketplace. Health Insurance Marketplace coverage may cost less than COBRA continuation coverage. You should compare other coverage options with COBRA and choose the coverage that is best for you. Please be aware once you've made your choice, it can be difficult or impossible to switch to another coverage option.

Within the **Comprehensive Major Medical Benefits**, revise the **Emergency Room & Services** benefit as follows:

EMERGENCY ROOM & SERVICES

Benefits will be provided for emergency room treatment of an accidental injury or a medical emergency. If you are traveling or receive emergency services inside or outside the network area, eligible emergency room and services will be reimbursed at the preferred network benefit level. All eligible services provided in an emergency room (physician/provider services and facility fees) will be covered at the level shown in the Schedule of Benefits. Use of an Emergency room in a non-emergent situation is not covered.

Within the **General Definitions**, add the definition of **Usual, Customary, and Reasonable (UCR)** as follows:

USUAL, CUSTOMARY, AND REASONABLE (UCR) -- Please refer to the definitions for Reasonable and/or Reasonableness, and Usual & Customary (U&C).

Within the **Comprehensive Major Medical Benefits**, revise the **Prosthetics** benefit as follows:

PROSTHETIC APPLIANCES

Benefits are provided for artificial devices which are medically necessary to replace a missing or defective body part, including (but not limited to) artificial limbs, eyes, breasts, and artificial hip. Benefits will also be payable for an external and permanent internal breast prosthesis following a mastectomy and as required by the Women's Health and Cancer Rights Act. Benefits are available for a testicular prosthesis if ordered related to orchiectomy for testicular cancer. External breast prostheses are limited to one replacement every three calendar years. A prosthesis ordered before your effective date of coverage will not be covered. A prosthesis ordered while your coverage is in effect and delivered within 30 days after termination of coverage will be covered. Repair or replacement of prostheses due to normal use or growth of a child will be covered. Benefits are not provided for cosmetic prostheses except as stated in the Women's Health and Cancer Rights Act.

Purchase of a prosthetic that is over \$1,000 must be reviewed by Plan Supervisor's Health Services Department. Failure to pre-authorize services may result in the denial of the claim.

Within the **Schedule of Benefits**, add the following to the list of **Expenses Paid at the Preferred**:

Eligible expenses will be paid at the preferred level when:

- The services are for durable medical equipment distributed by a preferred provider but the DME company is non-preferred.
 - The services are for non-preferred lab and x-ray services, where the physician who ordered the services is a preferred provider.
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In the **Medical SPD**, within the **Schedule of Benefits** add **Urgent Care** as follows:

URGENT CARE	\$25 Copay then 100%	\$25 Copay then 100%
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In the **LEOFF I SPD**, within the **Schedule of Benefits** add **Urgent Care** as follows:

URGENT CARE	100%	100%
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Within the **General Exclusions to the Medical Plan**, add exclusion for **Medical Tourism** as follows:

Medical Tourism – Expenses for any care, services, drugs, or supplies incurred outside of the United States if the covered participant traveled to such a location for the purpose of obtaining the care, services, drugs, or supplies.

Within the **General Exclusions to the Medical Plan**, revise the exclusion for **Routine Foot Care** as follows:

Routine Foot Care -- Services for routine or palliative foot care, including hygienic care; impression casting for prosthetics or appliances and prescriptions thereof; fallen arches, flat feet, care of corns, bunions (except for

bone surgery), calluses, and toenails (except for ingrown toenail surgery), and other asymptomatic complaints of the foot. This includes foot-support supplies, devices, and shoes, except as stated under the "Medical Supplies," or "Orthotics," or "Prosthetic Appliances" benefits of the Plan. This exclusion does not apply to medically necessary services for patients with diabetes.

Within the **Comprehensive Major Medical Benefits**, revise **Temporomandibular Joint Disorder (TMJ)** as follows:

TEMPOROMANDIBULAR JOINT DISORDER (TMJ)

This Plan covers medically necessary surgical and non-surgical treatment of Temporomandibular Joint Disorders (TMJ) when provided by a physician, approved medical facilities, licensed physical therapist or licensed oral surgeon. Oral surgeons will be covered only for the surgical treatment of TMJ disorders under this benefit. TMJ benefits will be paid as outlined in the Schedule of Benefits.

In the **LEOFF I** Summary Plan Description, within the **Comprehensive Major Medical Benefits**, under **Lap Band Procedure**, add the following:

No coverage is available for complications arising directly from a bariatric (obesity) surgery that was previously denied under this Plan. This does not apply to complications arising from a bariatric (obesity) surgery covered by this Plan. Complications arising from a surgery obtained prior to enrollment under this Plan will be covered.

In the **Dental and Vision** Summary Plan Description, within the **Vision Benefits** revise the first paragraph under **Covered Services** as follows:

Vision benefits are available to all covered employees and dependents. Vision benefits include routine eye examination, including contact lens fitting, and vision hardware. Vision benefits, after applicable co-pays, are payable at 100% up to a maximum of \$550 every two calendar years for exam and vision hardware. The office visit co-pays will apply to the routine eye examination. This benefit is not subject to the deductible.

In the **LEOFF I** Summary Plan Description, within the **Vision Benefits** revise the first paragraph under **Covered Services** as follows:

Vision benefits are available to all covered retirees. Vision benefits include routine eye examination, including contact lens fitting, and vision hardware. Vision benefits, after applicable co-pays, are payable at 100% up to a maximum of \$550 every two calendar years for exam and vision hardware. The office visit co-pays will apply to the routine eye examination. This benefit is not subject to the deductible.

In the **Medical SPD**, within the **Schedule of Benefits** add **Contraceptive Services** as follows:

CONTRACEPTIVE SERVICES	\$25 Copay then 100%	\$25 Copay then 100%
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In the **LEOFF I SPD**, within the **Schedule of Benefits** add **Contraceptive Services** as follows:

CONTRACEPTIVE SERVICES	100%	100%
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In the **Medical SPD**, within the **Schedule of Benefits** add **Naturopathic Services** as follows:

NATUROPATHIC SERVICES	\$25 Copay then 100%	\$25 Copay then 100%
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In the **LEOFF I SPD**, within the **Schedule of Benefits** add **Naturopathic Services** as follows:

NATUROPATHIC SERVICES	100%	100%
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Within the **Continuation of Coverage (COBRA)** provisions, revise the **3rd paragraph** as follows:

In general, COBRA requires that a “qualified beneficiary” covered under the Employer’s group health plan who experiences a “qualifying event” be allowed to elect to continue that health coverage for a period of time. ***Qualified beneficiaries are employees and dependents who were covered by the Plan on the day before the qualifying event occurred. Domestic partners are not considered qualified beneficiaries and do not have independent rights under COBRA, however, they will be entitled to COBRA continuation coverage as a dependent of a qualified beneficiary.*** Coverage is elected on the election form provided by the Plan Administrator. Both employees and dependents should take the time to read the Continuation of Coverage Rights provisions.

Within the **General Exclusions to the Medical Plan**, add exclusion for **Non-U.S. Providers** as follows:

Non-U.S. Providers - Expenses are not covered for any care, services, drugs, or supplies incurred outside of the United States. This exclusion does not apply to emergency care received outside of the United States.

Within the **Prescription Drug Card Program** provisions, under **Drugs Covered**, revise the **Compounded medication bullet** as follows:

- Compounded medication of which at least one ingredient is a legend drug, up to \$200.
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Within the **Prescription Drug Card Program** provisions, under **Prescription Drug Pre-Authorization**, add the following:

- ***Hepatitis C Medications:*** Drugs used for the treatment of Hepatitis C (e.g., Olysio, Sovaldi, Harvoni).
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Within the **Prescription Drug Card Program** provisions, under **Prescription Drug Pre-Authorization**, replace the bullet for **Actiq/Fentora** with the following:

- ***Narcotic Pain Medications:*** Narcotic pain medications (e.g., Actiq, Fentora, Zohydro).