

Mendocino County Schools (Staywell, JPA)
Active Plan
Amendment #2

Effective beginning on July 1, 2020

Mendocino County Schools (Staywell, JPA) Employee Benefit Plan (the "Plan") is hereby amended as follows:

On page 84, MEDICAL BENEFITS, the last paragraph about the deductible is deleted and replaced with the following language:

Deductible: The Deductible is the amount Participants must pay each Plan Year before the Plan will begin paying benefits for Covered Expenses, as shown on the Schedule of Benefits ("Employee-Only Coverage" and "Family Coverage"). Each July 1st, the Deductible amounts start over. Deductibles accrue toward the maximum out-of-pocket amounts. **The family coverage Deductible is considered an aggregate amount.** The Plan will not begin paying benefits for Covered Expenses until the entire family coverage Deductible has been met. The family coverage Deductible may be met by only one person in the family or by multiple members in the family.

Maximum Out-of-Pocket: The maximum out-of-pocket amount is the most Participants will pay for Covered Expenses each Plan Year, as shown on the Schedule of Benefits ("Employee-Only Coverage" and "Family Coverage"). Each July 1st, the maximum out-of-pocket amounts start over. **The family coverage maximum out-of-pocket amount is considered an aggregate amount.** The Plan does not begin paying benefits for Covered Expenses at 100% until the entire family coverage maximum out-of-pocket amount has been met. The family coverage maximum out-of-pocket amount may be met by only one person in the family or by multiple members in the family.

On page 85, MEDICAL BENEFITS, SUMMARY OF BENEFITS, the “Deductible, Per Plan Year” and “Maximum Out-of-Pocket Amount, Per Plan Year” sections are hereby amended:

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
DEDUCTIBLE, PER PLAN YEAR		
Employee-Only Coverage		\$1,000
Family Coverage (Aggregate)		\$1,000
Family Coverage Deductible (Aggregate): The Plan does not begin paying benefits until the entire family coverage Deductible has been met. The family coverage Deductible may be met by only one person in the family or by multiple members in the family.		
MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR		
Employee-Only Coverage		\$2,000
Family Coverage (Aggregate)		\$3,000
Family Coverage Maximum Out-of-Pocket (Aggregate): The Plan does not begin paying at 100% until the entire family coverage maximum out-of-pocket amount has been met. The family coverage maximum out-of-pocket amount may be met by only one person in the family or by multiple members in the family.		
The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached; at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Plan Year unless stated otherwise.		
The following charges do not apply toward the out-of-pocket maximum and are never paid at 100%: Cost containment penalties Amounts over Usual and Reasonable Charges.		

On page 85, MEDICAL BENEFITS SUMMARY OF BENEFITS, the “Ambulance (Air Ambulance)” benefit is hereby amended:

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
Ambulance Services	80% after deductible	
	<i>Transportation by ambulance for other than an emergency is only covered if medically necessary to transport you from one medical facility to another.</i>	
Ambulance (Air Ambulance)	100%, deductible waived (Must be enrolled with Air Med Care Contract)	50% after deductible

On page 105, PRESCRIPTION DRUG BENEFITS, the “Drug Copayment Maximum” section is hereby amended:

PRESCRIPTION DRUG BENEFITS
PRESCRIPTION DRUG BENEFIT SUMMARY

Member Plan Year Pharmacy Deductible	Deductible Responsibility	
	Participating Pharmacy	Non-Participating Pharmacy
Drug Copayment Maximums	Employee-Only Coverage: \$4,500	
	Family Coverage (Aggregate): \$9,000*	

***Family Coverage Maximum (Aggregate):** The family coverage maximum may be met by only one person in the family or by multiple members in the family.

The Plan Document and Summary Plan Description will be amended to reflect this change. All other terms and conditions of the Plan which are not affected by this Amendment are unchanged.

Accepted:
Mendocino County Schools – Staywell (Active)
Amendment #2
Effective July 1, 2020

By: _____

Title: Staywell CFO

Date: 11-12-2020