

**MIDLAND COUNTY
EMPLOYEE MEDICAL BENEFIT PLAN
AMENDMENT #2
EFFECTIVE OCTOBER 1, 2020**

IT IS HEREBY UNDERSTOOD AND AGREED THAT THE PLAN IS AMENDED AS FOLLOWS:

- The following is to be added under the Medical Benefit Summary section:

Care Navigation Schedule of Benefits

Covered Services	Plan Pay	Additional Information/Limitations
<i>Approved Medical Tourism Providers Only</i>		
Surgical Services	100% No Deductible	Covered Services include all medical costs incurred while receiving treatment or services at an Approved Surgery Center. Pre-certification is required. Refer to the Medical Tourism Benefit section for details and limitations.
Travel Benefit (When Applicable)	Up to \$1,000* per surgery	Pre-approval of all Travel Benefits is required. Includes transportation (from home to surgery center), lodging and incidental expenses. Refer to Medical Tourism Benefit section for details and limitations. *Travel expenses that exceed \$1,000 must be pre-approved.
High Tech Radiology performed at US Imaging	100% No Deductible	Pre-certification required
Virtual Physical Therapy	100% No Deductible	Pre-certification required

IMPORTANT NOTE: This benefit is ONLY eligible for members with this Employer's plan as the primary coverage.

- The following is to be added under the Eligible Medical Expenses section:

Care Navigation

Medical Tourism Benefit

If covered services have been recommended, please contact PrimeDx at (800) 477-4625 or nurseadvocate@boonchapman.com.

Domestic Approved Surgery Centers

Participants have access to certain Out-of-Network *Approved Surgery Centers* offering transparent pricing to receive surgical treatments when a treating *physician(s)* recommends certain eligible, *medically necessary* treatment or services covered by this *Plan* (Covered Services) and the *participant* elects to receive treatment or services at that facility. *Participants* are not required to access an *Approved Surgery Center*, however, the *Plan* encourages *participants* to consider all options available when planning for an upcoming *surgical procedure*.

The Covered Services performed at these *Approved Surgery Centers* will be paid according to the Medical Schedule of Benefits.

Covered Services include all medical costs incurred while receiving treatment or services at the *Approved Surgery Centers* as well as a travel benefit (See Medical Tourism Schedule of Benefits for details). Travel

benefits are only covered by the *Plan* if the travel and lodging is reserved, scheduled and approved by the *Plan* in advance. If these conditions are met, the *Plan* covers expenses for travel and lodging for the *participant* and one adult companion for the following expenses:

- Transportation for the *participant* and one adult companion who is traveling on the same day(s) to and/or from the site of treatment for a surgical episode of care which typically includes a preoperative evaluation, the surgical procedure and necessary post-operative follow-up. Reasonable transportation expenses may include:
 - Parking expenses at or transportation to and from the member's airport of origin
 - Airfare at coach rate
 - Taxi or ground transportation from airport to hotel, between hotel and doctor's office for consultation, between hotel and surgery center, and from hotel to airport.
 - Mileage reimbursement at the IRS rate for the most direct route between the *participant's* home and the *Approved Surgery Center* facility (in lieu of airfare and ground transportation)
- Lodging: One-room accommodation at a *Plan*-approved hotel. Room and taxes only. Incidentals (Wi-Fi, etc. not included)
- Meals and Incidentals Expense Benefit
 - Provides \$50 per day to cover expenses for the participant while not admitted to the hospital and \$50 per day for one adult companion. Expense benefits are limited to the surgical episode days, and will not be paid for the participant during any required inpatient stay.

Certain examinations, tests, treatment or other medical services may be required prior to or following travel. Any Covered Services performed for pre and post care shall be subject to the coverage limits and other terms of the *Plan*. Subsequent services connected to the initial procedure will also be subject to the coverage limits and other terms of the *Plan*.

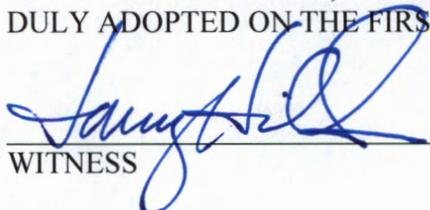
The determination of medical necessity will be performed by the *Approved Surgery Centers physician(s)* upon receipt and review of all applicable medical records unless stated otherwise.

Pre-Notification Requirement:

Except in an urgent care situation, the participant must call the Nurse Advocate at 833-864-4316, at least three (3) business days before any/all procedures scheduled in advance including, but not limited to the following:

- inpatient procedures;
- outpatient procedures;
- imaging services; and
- diagnostic testing.

IN WITNESS WHEREOF, THE UNDERSIGNED HAS CAUSED THIS AMENDMENT TO BE DULY ADOPTED ON THE FIRST DAY OF OCTOBER 2020

 _____	 _____
WITNESS	MIDLAND COUNTY

9/30/20 _____	9/30/20 _____
DATE	DATE