

EMPLOYEE BENEFIT TRUST: Richmond Community Schools

AMENDMENT #: 3

SUMMARY PLAN DESCRIPTION ISSUED: January 1, 2018

AMENDMENT EFFECTIVE DATE: January 1, 2019

The following changes are effective for the page(s) indicated of the Employee Benefit Trust/Plan Summary Plan Description /Master Plan Document for all eligible participants covered by the Trust. All other portions of this document remain as stated in the document.

Page: 6
Section: Preferred Provider Organization
Description: This section has been updated.

Preferred Provider Organizations (PPOs) are networks of health care professionals that are contracted to accept a negotiated reasonable and customary fee as the covered amount for specific services. These preferred providers will file claims directly with the Plan Supervisor and have agreed not to "balance bill" an eligible insured for the amount of the charge above the negotiated fee schedule. The Primary PPO for this Plan is Encore Combined Network. All providers contracted with Encore Combined Network or directly with Dunn and Associates will be considered "In-Network" Providers. Covered expenses incurred by an "In-Network" provider (hospital or physician) will be covered at a higher rate than "Out-of-Network" Providers (providers **not** listed as a participating provider of the Encore Network). See the Schedule of Benefit within this Summary Plan Description booklet for additional information and exceptions to this payment process. An updated list of Encore Combined Network providers can be obtained free of charge from the Human Resources Department of this Employer, the Plan Supervisor, or by visiting Encore's web site at www.encorehealthnetwork.com. Encore can also be reached by phone at **888-446-5844**.

Additional Preferred Provider Organizations may be utilized in order to optimize coverage areas. When this occurs, the covered charges will be paid at the "In-Network" rate. For covered persons traveling for pleasure (short duration only) or business: Covered expenses will also be considered "In-Network" for services meeting the definition of "Emergency Care" in the "Definitions" section of this document. Covered charges for a student dependent child will be paid at the "In-Network" rate when temporarily residing outside of the Encore Health Network service area while attending an accredited educational institution without regard to the network status of healthcare provider utilized.

Exceptions: Covered expenses will be considered "In-Network" regardless of whether the covered expenses were incurred by an "In-Network" or "Out-of-Network" provider in the following circumstances:

- a. anesthesiologist services but only when services are performed in an in-network facility and covered person did not have control over the provider used for such services.

If a claim is processed utilizing a designated PPO fee schedule, Reasonable and Customary (R&C) limits will not be applied to the claim. The PPO Fee schedule and plan coverage and limitations will override the R&C fee schedule.

Note that providers are free to become non-participating providers at any time; therefore, it is the covered person's responsibility to ensure providers are still in the Encore network prior to having services rendered.

If a PPO discount or contract is not available for claims, the maximum plan allowance will be set at 120% of Medicare allowed charges. Charges will be paid at the out-of-network rate as shown in the schedule of benefits.

Page: 46-47
Section: Comprehensive Medical Benefits – Prescription Drug Benefit
Description: The following has been added to this section.

BENEFIT DESCRIPTION	TRADITIONAL DEDUCTIBLE – OPTION 1		HIGH DEDUCTIBLE – OPTION 2 (HSA QUALIFIED)		PLAN LIMITATIONS
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	
CanaRx	100% no deductible	Not applicable	100% no deductible	Not applicable	All member copayments have been waived for this program only. Deductible will be applied to the H.S.A. Plan when applicable.

Page: 46-47
Section: Comprehensive Medical Benefits – Prescription Drug Benefit
Description: The following has been added to this section.

CanaRx -(90-day supply)

CanaRx is a voluntary prescription drug program that is available to eligible employees, retirees and their covered dependents. For additional information, please refer to the CanaRx handouts available through your Employer. All member copayments have been waived for this program. Deductible will be applied to the H.S.A. Plan when applicable.

Specialty Drugs A Specialty Drug is a drug that targets and treats specific complex conditions or illnesses such as cancer, rheumatoid arthritis, multiple sclerosis, hepatitis C, and HIV/AIDS. Specialty Drugs require patient-specific dosing and careful clinical management. Often these drugs are in the form of injected or infused Medicines. Because specialty drugs require special clinical monitoring, they are typically not dispersed through a traditional retail pharmacy; therefore some medications have to be dispensed through specialty pharmacies. Your Pharmacy Benefit Manager (PBM) consistently reviews pricing for Specialty Drugs to find the best value. Therefore, the PBM reserves the right to change the specialty pharmacies from which Specialty Drugs may be obtained and to negotiate pricing for Specialty Drugs to obtain the most cost-effective solution. If you obtain Specialty Drugs at pharmacies that are not approved by your PBM, you will be responsible for 100% of the cost of those Specialty Drugs and they will not be covered under this Prescription Drug Program. Any amounts that you spend toward Specialty Drugs from non-approved pharmacies will not count toward any applicable deductibles or out-of-pocket maximum limits related to the Prescription Drug Program or the Health Care Plan. You can always request the currently-approved specialty pharmacies by contacting Dunn & Associates. We will work with the PBM and other's if necessary for the Specialty Drugs. We will assist you in getting the best price available for the plan and the participant. The PBM used for specialty drugs could be changes at any time.

The Pharmacy Benefit Manager (PBM) offers the following Clinical Programs that the Plan will utilize.

1. **Adhere 90** – Mandatory 90-day program for maintenance medications.
2. **Referenced Based Pricing Program**
3. **Medication Therapy Management** - increase medication adherence, ensure appropriate therapy, target specific medical conditions.
4. **Vectra DA Program** - measure of disease activity for rheumatoid arthritis to be used in conjunction with standard clinical assessment.
5. **Safe Targeted Opioid Program (S.T.O.P)** -

For additional information please call your Pharmacy Benefit Manager, contact information can be found on your Identification card.

Signed this 1 day of April, 2019


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