

AMENDMENT #7
TO THE
PLAN DOCUMENT/SUMMARY PLAN DESCRIPTION
COLLIER COUNTY GOVERNMENT EMPLOYEE BENEFIT PLAN
Group # 2003021

Effective February 1, 2018, Collier County Government Employee Benefit Plan is amended as follows:

Within the "SCHEDULE OF BENEFITS - BASIC REWARD LEVEL" subsection, as amended, the "MEDICAL BENEFIT COST SHARING PROVISIONS" table is replaced as follows:

MEDICAL BENEFIT COST SHARING PROVISIONS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE		
Per Covered Person per Benefit Period	\$2,000	\$4,000
Per Family per Benefit Period	\$4,000	\$8,000
<p>The Deductible applies to all Eligible Expenses, unless specifically stated otherwise. An individual Covered Person cannot receive credit toward the Family Deductible for more than the individual Annual Deductible. The Deductible is combined for both In-Network Providers and Out-of-Network Providers.</p>		
OUT-OF-POCKET MAXIMUM		
Per Covered Person per Benefit Period	\$5,200*	\$14,000*
Per Family per Benefit Period	\$11,400*	\$28,000*
<p>*Includes the Deductible and any Medical Benefit Copayments</p> <p>The Out-of-Pocket Maximum applies to all Eligible Expenses, unless specifically stated otherwise. The Out-of-Pocket Maximum is combined for both In-Network Provider and Out-of-Network Providers.</p> <p>Expenses incurred for the following do not apply toward the Out-of-Pocket Maximum: 1) any penalty amounts; 2) any charges defined in the General Exclusions and Limitations Section; 3) Dental Care expenses due to Illness or injury.</p>		
BENEFIT PERCENTAGE		
Before satisfaction of Out-of-Pocket Maximum	80%	60%
After satisfaction of Out-of-Pocket Maximum	100%	100%
<p>The Benefit Percentage applies to all Eligible Expenses, unless specifically stated otherwise. Eligible Expenses will be paid by the Plan according to the applicable Benefit Percentage.</p>		
NON-COMPLIANCE PENALTY		
See Mandatory Case Management		
Non Participation in Case Management Penalty		\$1,000
Non Participation in Notification Provisions		\$300
PHYSICIAN REGIONAL HOSPITAL COPAYMENT		
Copayment applies to any non-emergent or scheduled Inpatient admission or Outpatient service.		\$1,000
<p><i>Exception to Network Provider requirement: Network Providers should be used if at all possible. However, for Durable Medical Equipment and other covered medical supplies, if the supply can be purchased at retail or online for an amount less than the Network rate for the same supply, Network cost sharing provisions will apply. The Covered Person must submit an itemized receipt to the Plan Supervisor for claim adjudication. The Plan Supervisor should be contacted in advance of any purchase to obtain the Network rate.</i></p>		
MAXIMUM LIFETIME BENEFIT FOR ALL CAUSES	Unlimited	

Within the "SCHEDULE OF BENEFITS - SELECT REWARD LEVEL" subsection, as amended, the "MEDICAL BENEFIT COST SHARING PROVISIONS" table is replaced as follows:

MEDICAL BENEFIT COST SHARING PROVISIONS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE		
Per Covered Person per Benefit Period	\$700	\$1,400
Per Family per Benefit Period	\$1,400	\$2,800
<p>The Deductible applies to all Eligible Expenses, unless specifically stated otherwise. An individual Covered Person cannot receive credit toward the Family Deductible for more than the individual Annual Deductible. The Deductible is combined for both In-Network Providers and Out-of-Network Providers.</p>		
OUT-OF-POCKET MAXIMUM		
Per Covered Person per Benefit Period	\$3,400*	\$6,400*
Per Family per Benefit Period	\$6,800*	\$12,800*
<p>*Includes the Deductible and any Medical Benefit Copayments</p>		
<p>The Out-of-Pocket Maximum applies to all Eligible Expenses, unless specifically stated otherwise. The Out-of-Pocket Maximum is combined for both In-Network Provider and Out-of-Network Providers.</p> <p>Expenses Incurred for the following do not apply toward the Out-of-Pocket Maximum: 1) any penalty amounts; 2) any charges defined in the General Exclusions and Limitations Section; 3) Dental Care expenses due to Illness or Injury.</p>		
BENEFIT PERCENTAGE		
Before satisfaction of Out-of-Pocket Maximum	80%	60%
After satisfaction of Out-of-Pocket Maximum	100%	100%
<p>The Benefit Percentage applies to all Eligible Expenses, unless specifically stated otherwise. Eligible Expenses will be paid by the Plan according to the applicable Benefit Percentage.</p>		
NON-COMPLIANCE PENALTY		
See Mandatory Case Management		
Non Participation in Case Management Penalty		\$1,000
Non Participation in Notification Provisions		\$300
PHYSICIAN REGIONAL HOSPITAL COPAYMENT		
Copayment applies to any non-emergent or scheduled Inpatient admission or Outpatient service.		\$1,000
<p><i>Exception to Network Provider requirement: Network Providers should be used if at all possible. However, for Durable Medical Equipment and other covered medical supplies, if the supply can be purchased at retail or online for an amount less than the Network rate for the same supply, Network cost sharing provisions will apply. The Covered Person must submit an itemized receipt to the Plan Supervisor for claim adjudication. The Plan Supervisor should be contacted in advance of any purchase to obtain the Network rate.</i></p>		
MAXIMUM LIFETIME BENEFIT FOR ALL CAUSES	Unlimited	

Within the "SCHEDULE OF BENEFITS - PREMIUM REWARD LEVEL" subsection, as amended, the "MEDICAL BENEFIT COST SHARING PROVISIONS" table is replaced as follows:

MEDICAL BENEFIT COST SHARING PROVISIONS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE		
Per Covered Person per Benefit Period	\$400	\$800
Per Family per Benefit Period	\$800	\$1,600
<p>The Deductible applies to all Eligible Expenses, unless specifically stated otherwise. An individual Covered Person cannot receive credit toward the Family Deductible for more than the individual Annual Deductible. The Deductible is combined for both In-Network Providers and Out-of-Network Providers.</p>		
OUT-OF-POCKET MAXIMUM		
Per Covered Person per Benefit Period	\$1,800*	\$3,800*
Per Family per Benefit Period	\$3,600*	\$7,600*
<p>*Includes the Deductible and any Medical Benefit Copayments</p> <p>The Out-of-Pocket Maximum applies to all Eligible Expenses, unless specifically stated otherwise. The Out-of-Pocket Maximum is combined for both In-Network Provider and Out-of-Network Providers.</p> <p>Expenses Incurred for the following do not apply toward the Out-of-Pocket Maximum: 1) any penalty amounts; 2) any charges defined in the General Exclusions and Limitations Section; 3) Dental Care expenses due to Illness or Injury.</p>		
BENEFIT PERCENTAGE		
Before satisfaction of Out-of-Pocket Maximum	80%	70%
After satisfaction of Out-of-Pocket Maximum	100%	100%
<p>The Benefit Percentage applies to all Eligible Expenses, unless specifically stated otherwise. Eligible Expenses will be paid by the Plan according to the applicable Benefit Percentage.</p>		
NON-COMPLIANCE PENALTY		
See Mandatory Case Management		
Non Participation in Case Management Penalty		\$1,000
Non Participation in Notification Provisions		\$300
PHYSICIAN REGIONAL HOSPITAL COPAYMENT		
Copayment applies to any non-emergent or scheduled Inpatient admission or Outpatient service.		\$1,000
<p><i>Exception to Network Provider requirement: Network Providers should be used if at all possible. However, for Durable Medical Equipment and other covered medical supplies, if the supply can be purchased at retail or online for an amount less than the Network rate for the same supply, Network cost sharing provisions will apply. The Covered Person must submit an itemized receipt to the Plan Supervisor for claim adjudication. The Plan Supervisor should be contacted in advance of any purchase to obtain the Network rate.</i></p>		
MAXIMUM LIFETIME BENEFIT FOR ALL CAUSES		Unlimited

Within the "MEDICAL BENEFITS" section, item #22 (Durable Medical Equipment) is replaced as follows:

22. **Durable Medical Equipment:** The rental of a wheelchair, Hospital bed, respirator or other Durable Medical Equipment required for therapeutic use will be payable as shown in the Schedule of Benefits, subject to the following:
- A. The equipment must be prescribed by a Physician and needed in the treatment of an Illness or Injury;
 - B. The equipment will be provided on a rental basis, or the purchase of this equipment if economically justified, whichever is less. If the purchase is not medically feasible, rental charges will be paid without limitation based upon purchase price. Any amount paid to rent the equipment will be applied towards the purchase price. In no event will the rental cost of Durable Medical Equipment exceed the purchase price of the item;
 - C. Benefits will be limited to standard models, as determined by the Plan;
 - D. The Plan will pay for only ONE of the following: a manual wheelchair, motorized wheelchair or motorized scooter, unless Medically Necessary due to growth of the person or changes to the person's medical condition require a different product, as determined by the Plan;
 - E. If the equipment is purchased, benefits will be payable for subsequent repairs, excluding batteries, necessary to restore the equipment to a serviceable condition. If such equipment cannot be restored to a serviceable condition, replacement will be considered eligible, subject to prior approval by the Plan. In all cases, repairs or replacement due to abuse or misuse, as determined by the Plan, are not covered; and
 - F. Expenses for the rental or purchase of any type of air conditioner, air purifier, or any other device or appliance will not be considered eligible.

Nothing in this amendment is deemed to change any other provision of the Plan Document of which it becomes a part.

COLLIER COUNTY GOVERNMENT

BY:  _____

TITLE: _____