

AMENDMENT #2
TO THE
PLAN DOCUMENT/SUMMARY PLAN DESCRIPTION

COLLIER COUNTY GOVERNMENT EMPLOYEE BENEFIT PLAN
Group # 2003021

Effective May 1, 2019, the Collier County Government Employee Benefit Plan is amended as follows (**red** and *italics* mean change/addition; ~~strikeout~~ means deletion):

Within the "**MEDICAL BENEFITS**" section, item 25 (genetic testing) is replaced as follows:

25. **Genetic Testing:** Expenses ~~limited to the following~~ *for* genetic testing procedures only if Medically Necessary *or as specifically covered under the Preventive Care Benefit.* ~~based specifically upon Community Health Partners (CHP) medical policy in force at the time testing occurs:~~
- ~~A. Flow Cytometry;~~
 - ~~B. FISH: Manual, Automated and UroVysion;~~
 - ~~C. Cytogenetics;~~
 - ~~D. Molecular: B&T cell gene rearrangement;~~
 - ~~E. Molecular: JAK2 MPN Reflex Panel;~~
 - ~~F. Molecular: BCR/ABL;~~
 - ~~G. Molecular: PML/RARA;~~
 - ~~H. Molecular: NPM1;~~
 - ~~I. Molecular: EGFR~~
 - ~~J. EER2;~~
 - ~~K. KRAS;~~
 - ~~L. CCR5;~~
 - ~~M. HCV.~~

Within the "**MEDICAL BENEFITS**" section, item 64 (Telemedicine) is added and existing items 64-68 are renumbered accordingly

64. *Telemedicine Consultation: Services that are related to or as a result of Telemedicine, but limited to the following methods:*
- A. *An interactive patient encounter between the Physician or Licensed Health Care Provider being consulted and the patient. This method requires a "live" two way video and audio transmission between the patient and the Physician or Licensed Health Care Provider, and may include one additional provider who is presenting the patient to a specialist for an opinion regarding the patient's condition. **Expenses billed for the use of equipment or transmission charges to transmit the audiovisual information are not covered.***
 - B. *Storing and forwarding medical documentation to a licensed Radiologist or Pathologist for the purpose of reviewing telecommunicated medical documentation at a time which is convenient to the Radiologist or Pathologist's schedule. This method does not require actual contact between the patient and the provider. **Expenses billed for the use of equipment or transmission charges to transmit the audiovisual information are not covered.***

Telemedicine does not include charges for teleconsultations, which involves a practitioner seeking advice from a consultant concerning a patient's condition or course of treatment.

Within the "**GENERAL EXCLUSIONS AND LIMITATIONS**" section, item 24 (genetic testing) is deleted in its entirety and remaining exclusions renumbered accordingly:

~~24. **Genetic Testing:** Expenses for genetic testing or genetic counseling will not be considered eligible, except as specified under Medical Benefits and as specifically covered under the Preventive Care Benefit.~~

Within "**GENERAL DEFINITIONS**", "TELEMEDICINE" is added alphabetically as follows:

TELEMEDICINE

"Telemedicine" means the practice of medicine by electronic means, only for the purposes of diagnosis, providing medical advice and treatment to the Covered Person (patient), requiring direct contact between the Covered Person's Physician or other Licensed Health Care Providers or entities in a different location. The Covered Person's direct participation or physical presence is not a prerequisite for coverage if there is documentation that the consultation was conducted on behalf of the Covered Person for the purpose of diagnosing, providing medical advice or treatment to the Covered Person.

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:

Director, Risk Management