

UNDERWRITERS

SERVICES CORPORATION

AMENDMENT

PLAN NAME: INNOVATIVE SCIENTIFIC SOLUTIONS, INC. EMPLOYEE HEALTH CARE PLAN

AMENDMENT NO: 15-01

EFFECTIVE DATE: January 1, 2015

This is a Summary of Material Modifications regarding the above referenced Plan ("the Plan"). This Summary of Material Modifications supplements and amends the Summary Plan Description (SPD) previously provided to you. You should retain this document with your copy of the SPD.

The Plan is amended to **ADD** the *following bold italicized* portions to the **SCHEDULE OF BENEFITS** section:

NETWORK PROVIDERS		NON NETWORK PROVIDERS
Tier 1 Mercy/Tri Health Partners Providers	Tier 2 HealthSpan Network Providers not in Tier 1	Tier 3 Not in HealthSpan Network

MAXIMUM <i>MEDICAL ONLY</i> OUT-OF-POCKET, PER CALENDAR YEAR (includes deductible and copayments except prescription copayments)		
Per Covered Person	\$3,000	\$6,000
Per Family Unit	\$6,000	\$12,000
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 Calendar Year unless otherwise stated.		
The following charges do not apply toward the <i>Medical Only</i> Out-of-Pocket maximum and are never paid at 100%:		
<ul style="list-style-type: none"> - Cost Containment penalties - Prescription drug copayments - Amounts over Usual and Reasonable Charges - Non Network Human Organ Tissue Transplants - Non Covered Services 		
MAXIMUM <i>PRESCRIPTION ONLY</i> OUT-OF-POCKET, PER CALENDAR YEAR (includes Prescription Copayments; deductible does not apply)		
Per Covered Person	\$3,600	N/A
Per Family Unit	\$7,200	N/A
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 Calendar Year unless otherwise stated		
The following charges do not apply toward the <i>Prescription Only</i> Out-of-Pocket maximum and are never paid at 100%:		
<ul style="list-style-type: none"> - Non Covered prescriptions 		

The Plan is amended to **CHANGE** the *following bold italicized* portions to the **SCHEDULE OF BENEFITS** section:

PRESCRIPTION DRUG BENEFIT SCHEDULE		
Refer to the Prescription Drug Section for details on the Prescription Drug benefit.		
	NETWORK	NON-NETWORK
Pharmacy Option (30 Day Supply)		
<i>FDA approved contraceptive products, certain over the counter products, certain vaccines and certain smoking cessation products as specified under the Patient Protection and Affordable Care Act (PPACA).</i>	\$0 copayment	No Benefit
Mail Order Option (90 Day Supply)		
FDA approved contraceptive products as specified under the Patient Protection and Affordable Care Act (PPACA)	\$0 copayment	No Benefit

This Plan is amended to **ADD** the following *bold, italicized* section in the **ELIGIBILITY, FUNDING, EFFECTIVE DATE AND TERMINATION PROVISIONS** section, **ELIGIBILITY** subsection:

Eligibility Requirements for Employee Coverage. A person is eligible for Employee coverage from the first day that he or she:

- (1) is a Full-Time, Active Employee of the Employer. An Employee is considered to be Full-Time if he or she normally works at least 30 hours per week and is on the regular payroll of the Employer for that work.

An Employee's status as a Full-Time Employee will be determined on the basis of the average number of hours worked during an initial or standard look back measurement period, as applicable, as established by the Plan in accordance with applicable law. The Employee's eligibility (or lack of eligibility) for Plan coverage on the basis of his or her Full-Time or Part-Time status will extend through the stability period established by the Plan in accordance with applicable law. In calculating the average hours worked, the Plan will count hours paid and hours for which the Employee is entitled to payment (such as paid holidays, vacation, pay, etc.). For Plan Years beginning before January 1, 2015, an Employee's status as a Full-Time or Part-Time Employee will be determined on the basis of the Employer's standard employment practices. For these purposes, a "look back measurement period" is defined as the period established by the Employer of at least 3 but not more than 12 consecutive months for purposes of determining an employee's initial or ongoing eligibility for coverage. The initial look back measurement period and the standard look back measurement period for ongoing eligibility are not required to be of the same length. The "stability period" means the period chosen by the Employer for purposes of establishing the period of eligibility that follows an initial or standard look back measurement period (including any administrative period established by the Employer which may follow those look back periods).

The Plan is amended to **DELETE** the Routine Preventive Care wording in the **COVERED CHARGES** section and **REPLACE** with the following:

- (v) **Routine Preventive Care.** Covered Charges under Medical Benefits are payable for routine Preventive Care as described in the Schedule of Benefits. Standard Preventive Care shall be provided as required by applicable law if provided by a Panel/Network/Participating Provider. Standard Preventive Care for adults includes services with an "A" or "B" rating from the United States Preventive Services Task Force. Examples of Standard Preventive Care include:
 - Screenings for: breast cancer, cervical cancer, colorectal cancer, high blood pressure, Type 2 Diabetes Mellitus, cholesterol, and obesity.
 - Immunizations for adults recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; and

- Additional preventive care and screening for women provided for in the guidelines supported by the Health Resources and Services Administration, including the following:
 - Breastfeeding support, supplies, and counseling.
 - Gestational diabetes screening.

Women's contraceptives, sterilization procedures, and counseling.

The list of services included as Standard Preventive Care may change from time to time depending upon government guidelines. A current listing of required preventive care can be accessed at:

- www.HealthCare.gov/center/regulations/prevention.html. and
- www.cdc.gov/vaccines/recs/acip/

Routine Colonoscopies/Sigmoidoscopies that are initially ordered as preventive (no current symptoms) but are billed with a diagnosis of a medical condition due to positive findings will still be considered under the preventive care benefit.

Charges for Routine Well Adult Care. Routine well adult care is care by a Physician that is not for an Injury or Sickness.

Charges for Routine Well Child Care. Routine well child care is routine care by a Physician that is not for an Injury or Sickness. Standard Preventive Care shall be provided as required by applicable law if provided by a Panel/Network/Participating Provider. Standard Preventive Care for children includes services with an "A" or "B" rating from the United States Preventive Services Task Force. Examples of Standard Preventive Care include:

- Immunizations for children and adolescents recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. These may include:
 - Diphtheria,
 - Pertussis,
 - Tetanus,
 - Polio,
 - Measles,
 - Mumps,
 - Rubella,
 - Hemophilus influenza b (Hib),
 - Hepatitis B,
 - Varicella.
- Preventive care and screenings for infants, children and adolescents as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration

The list of services included as Standard Preventive Care may change from time to time depending upon government guidelines. A current listing of required preventive care can be accessed at:

- www.HealthCare.gov/center/regulations/prevention.html. and
- www.cdc.gov/vaccines/recs/acip/

The Plan is amended to **DELETE** the following **bold italicized** section to the **PRESCRIPTION DRUG BENEFITS SECTION**:

Covered Prescription Drugs

- (14) Smoking Cessation Products (prescription and over the counter) including patches, gum and tablets ***up to a \$500 maximum benefit per calendar year. Once the \$500 maximum benefit per calendar year is exhausted, the products are excluded.***

The Plan is amended to **ADD** the following bold italicized section to the **CONTINUATION COVERAGE RIGHTS UNDER COBRA** section:

There may be other options available when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

Jamie Fisher
PLAN ADMINISTRATOR

2/18/15
DATE

Gary Coos
WITNESS

2/18/15
DATE

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