

**AMENDMENT #9
TO
COUNTY OF CALLAWAY
GROUP HEALTH BENEFIT PLAN**

IT IS UNDERSTOOD AND AGREED THAT the Summary Plan Description for the Group Health Benefit Plan is hereby amended as follows:

Page 8, Medical Benefits Schedule, the Therapy Services section is changed to the following:

	HEALTHLINK OPEN ACCESS III NETWORK PROVIDERS	NON-NETWORK PROVIDERS
*Therapy Services		
Physician Services	**Visits 1-6 per type: 100% after \$10 copay Visits 7-20 per type: \$20 copay	60% after deductible 60% after deductible
Facility Charges	80% after deductible	60% after deductible
**Note: Cardiac, Pulmonary, Occupational, Physical, & Speech Therapies: If therapy is in conjunction with a surgical procedure recently performed, deductible and coinsurance will apply instead of copay.		
Cardiac Rehabilitation		60 visits allowed per Calendar Year
Pulmonary Rehabilitation		60 visits allowed per Calendar Year
Occupational & Physical Therapy (combined)		20 visits allowed per Calendar Year
Speech Therapy		20 visits allowed per Calendar Year
Vision Therapy		20 visits allowed per Calendar Year

Page 29, Medical Benefits, (z) Therapies: items (ii), (iii) and (v) are replaced with the following:

- (ii) **Occupational therapy** by a licensed occupational therapist. Preauthorization of therapy is recommended. In order to be considered eligible, services must be ordered by a Physician (M.D. or D.O.). Services must be necessary to improve a body function as a result of an Injury or Sickness. The services are to treat conditions which are subject to significant improvement through short- term therapy. The therapy must be expected to produce a significant improvement of the Covered Person's condition within a two (2) month period. The need for the therapy, the care and the regimen established must be documented in writing for each two (2) month period. This therapy is subject to the Reasonable and Necessary, Restorative Therapy and Maintenance provisions as found in the Defined Terms section of the Plan. Covered Charges do not include recreational programs, maintenance therapy or supplies used in occupational therapy.
- (iii) **Physical therapy** by a licensed physical therapist or licensed physical therapy assistant. Preauthorization of therapy is recommended. In order to be considered eligible, services must be ordered by a Physician (M.D. or D.O.). The therapy must be in accord with a Physician's exact orders as to type, frequency and duration to improve a body function and to treat conditions which are subject to significant improvement through short- term therapy. The therapy must be expected to produce a significant improvement of the Covered Person's condition within a two (2) month period. Accepted level of rehabilitation is when the Covered Person can perform basic Activities of Daily Living. The need for the therapy, the care and the regimen established must be documented in writing for each two (2) month period. This therapy is subject to the Reasonable and Necessary, Restorative Therapy and Maintenance provisions as found in the Defined Terms section of the Plan. Covered Charges do not include maintenance therapy or supplies used in physical therapy.
- (v) **Speech therapy** by a licensed speech therapist. Preauthorization of therapy is recommended. In order to be considered eligible, services must be ordered by a Physician (M.D. or D.O.). The services must follow either: (a) surgery for correction of a congenital condition of the oral cavity, throat or nasal complex; or (b) an Injury or Sickness that results in loss of previously acquired speech or normal swallowing mechanics. Maintenance programs are not covered.

IN WITNESS WHEREOF, the undersigned has caused this Amendment to be duly adopted effective the First Day of July, 2021.

COUNTY OF CALLAWAY

BY: Leah Laramore

TITLE: H.R. Director

WITNESS: Kay Jung