

SUMMARY OF MATERIAL MODIFICATIONS TO
The Roman Catholic Bishop of Stockton
Comprehensive Preferred
Medical and Prescription Drug Benefit Plan
Restated 7/1/2014

Effective July 1, 2015 the above-referenced Benefit Document is amended as follows:

General Plan Information

Page 2 – This plan is no longer grandfathered.

Definitions

Page 10 – “Employees” must be scheduled to work at least **30 hours** per week to be considered “full-time.”

Termination of Coverage

Page 28 – Certificates of Coverage section is here by removed. Certificates of Coverage will be provided *upon request* at any time while the individual is covered under the plan and up to 24 months after the individual loses coverage under the Plan.

Medical Benefit Summary - PPO

- The In-Network Out-of-Pocket Maximum is here by increased to \$2500.00 for Individual Coverage. For Family Coverage the OOPM is increased to \$7500.00. The Out-of-Network Maximums are unchanged.
- In-Network Out-of-Pocket Maximums now include In-Network RX copays and RX coinsurance.
- The In-Network co-insurance is changed to 80%.
- The Out-of-Network co-insurance is changed to 50%.
- The Emergency Room copay is increased to \$200.00 per visit.
- The Office Visit copay is increased to \$25.00 per visit.
- All preventive care is now covered at 100% including Well Child visits, Immunizations, and Vaccines.

Medical Benefit Summary - EPO

Page 39 – The EPO Plan is here by removed as a Plan option for the Roman Catholic Bishop of Stockton Health Plan.

All other sections of the Plan remain unchanged.

NOTICE TO PLAN PARTICIPANT: REVIEW THIS AMENDMENT CAREFULLY AND THEN INSERT IT INTO YOUR BENEFIT BOOKLET. THIS AMENDMENT REFLECTS CHANGE(S) TO YOUR SUMMARY PLAN DESCRIPTION AND MAY INCLUDE MATERIAL MODIFICATIONS (REDUCTIONS) IN PLAN BENEFITS.

This Summary of Material Modifications is accepted by:

John E. Hale, Director, Human Resources 3/13/15
Signature of Authorized Representative Date