

## PLAN AMENDMENT

**Plan Name:** City of Auburn Medical and Prescription Drug Plan

**Plan Number:** 501

**Effective Date:** January 1, 2010

The provisions entitled “Maximum Out-of-Pocket Amounts” and “Mental Health and Substance Abuse” in the Schedule of Benefits section of the Plan are deleted in their entirety and replaced with the following:

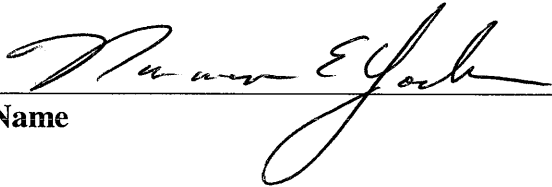
Provision	Signature Care EPO Special Access Providers	Signature Care PPO Providers	Non-PPO Providers	Maximums/Notes
<b><i>Maximum Out-of-Pocket Amounts</i></b>	Individual: \$1,500 Family: \$4,500	Individual: \$3,500 Family: \$10,500	No Limit	<p>Unless otherwise specified by the Plan, after satisfaction of the out-of-pocket-amounts, eligible services will be covered at 100% for the remainder of the calendar year.</p> <p>Eligible charges for the following will not be applied toward satisfaction of the Maximum-Out-of-Pocket Amounts:</p> <ul style="list-style-type: none"> <li>• any deductible amounts;</li> <li>• any penalty amounts;</li> <li>• any preventative and/or routine care charges;</li> <li>• any chiropractic charges; and</li> <li>• any charges not covered by the Plan</li> </ul> <p>EPO Benefits <b>can</b> be applied toward the PPO benefit level.</p>

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Provision	Signature Care EPO Special Access Providers	Signature Care PPO Providers	Non-PPO Providers	Maximums/Notes
<b><i>Mental Health and Substance Abuse Treatment</i></b>	<b><i>Inpatient Mental Health and Substance Abuse Treatment</i></b>			
	Deductible/80%	Deductible/80%, or 60%	Deductible/60%	
	<b><i>Outpatient Mental Health and Substance Abuse Treatment</i></b>			
	Deductible/80%	Deductible/80%, or 60%	Deductible/60%	
<ul style="list-style-type: none"><li>When multiple charges and diagnoses are received for outpatient services and supplies that have been provided for either or both Mental Health and Substance Abuse, outpatient benefits under the Plan will be determined according to the provider's primary diagnosis listed for that date of service.</li><li>The determination of whether a claim for benefits is covered by and subject to the Mental Health benefit shall be made without regard to whether the cause of the condition for which treatment and supplies were provided is, or was, organic in origin.</li></ul>				

**ALL OTHER PROVISIONS OF THE PLAN WILL REMAIN THE SAME.**

**Approved By:** City of Auburn

  
Name

11-12-09  
Date