DANE COUNTY AMENDMENT
to the Essential Health Plan

This amendment revises several provisions of your Essential Health Plan.

Section 3, "Eligibility and Coverage of Employees and Their Dependents," is amended to terminate coverage for legal wards when they turn 18 years of age or marry. Under "Eligibility and When Coverage Begins," the "Your Dependents" provision is amended as follows:

Your Dependents

If you are covered by this policy, the following dependents are eligible for coverage:

1. Your legal spouse.

2. Your biological child, legally adopted child, or stepchild who is under the age of 26.

3. Your biological child, legally adopted child, or stepchild of any age who is a full-time student **and** meets **both** of the following requirements:

   - Was initially called to federal active duty for the National Guard or a reserve unit of the United States armed forces before age 27, while attending an institution of higher education as a full-time student.

   - Within 12 months of the date of fulfilling his or her active duty obligation, applied to an institution of higher education as a full-time student.

4. A biological child of your covered dependent child (i.e., your grandchild), but only until your child becomes 18 years old or marries, whichever occurs first.

5. Your legal ward*, but only until your legal ward becomes 18 years old or marries, whichever occurs first.

   ***Note:** To be initially eligible for coverage, your legal ward must be under the age of 18 or must be a ward who was covered by the previous employer-sponsored group health plan that this policy replaced. In addition, you must have sole and permanent guardianship of both the individual and the individual's estate.

6. Your unmarried biological child, legally adopted child, or stepchild who has attained the limiting age for coverage under this plan, but who meets **all** of the following:

   - He or she is permanently mentally disabled or permanently physically disabled.

   - He or she is incapable of self-sustaining employment.

- He or she is chiefly dependent on you for at least 50% of his or her support.

You must provide us with proof that the above-listed criteria is met within 31 days of the date that your dependent is initially eligible to enroll or within 31 days of the date he or she reaches the limiting age, and at any time we request it during the 2-year period that follows. After the 2-year period, we may request proof of ongoing eligibility on an annual basis.

Your dependents are eligible for coverage on the date your coverage takes effect. Their coverage will begin on the date your coverage takes effect if we have received your application for their coverage within the first 30 days of their eligibility.

. . .

This amendment provides coverage for medication prescribed for treating infertility by removing all policy exclusions for such pharmacy services. To provide for the expanded coverage, the "Reproductive Health Benefits" provision of Section 6, "Specific Benefit Provisions" is also amended as follows:

Reproductive Health Benefits

. . .

Covered Infertility Services

We cover **only** these infertility-related services:

- Services performed to diagnose the cause(s) of infertility.

- Surgical procedures necessary to repair or restore a malformed or malfunctioning body part or process found to be the cause of infertility in order to enable natural conception. **Note**: the reversal of tubal ligations and vasectomies is not covered.

- Medication prescribed for treating infertility. Examples are drugs for hyperstimulation of the ovaries (for example, Clomiphene Citrate or Serophene) or drugs for treating low sperm count or motility.

- Diagnostic tests performed in connection with the treatment of infertility, although other services performed for treating infertility may not be covered. Examples are diagnostic studies to determine the time of ovulation and abdominal ultrasounds to determine follicle growth.

Services Not Covered

These are examples of services that are not covered:

- Physician, Hospital, or any other service directed at, or for or in connection with, treating the cause of infertility other than surgical repair; for example, laparoscopic or transvaginal retrieval of ovum.

- Services for, or in connection with, any artificial, mechanical, or other alternative to the natural process of conception. Examples include in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian tube transfer (ZIFT), intracytoplasmic sperm injection (ICSI), embryo

transplantation, artificial insemination, sperm and embryo storage, and similar methods or procedures.

- Services for, or in connection with, the reversal of surgical sterilization such as tubal ligations and vasectomies.

- Contraceptive drugs, supplies, or devices that can be obtained without intervention by a Physician or other licensed health care professional. Examples include condoms and contraceptive foam or gel.

The "Expanded Eligibility Options" provision, within the Appendix for the Optional Eligibility Provisions, is amended. The last bullet under the "Retired Employee Continuation," provision is deleted and the modified provision reads as follows:

Retired Employee Continuation

. . .

If you continue coverage under this provision, the following rules will apply to your dependents:

- Your dependents are eligible to continue coverage as long as you remain covered and they continue to qualify as dependents under the policy.

- If you acquire an eligible dependent through marriage, birth of a child, or adoption or placement for adoption of a child, you may enroll your new eligible dependents if we receive the required enrollment form within 30 days of the date of the event.

The "Value Choice Drug Plan" provision, within the Appendix for Optional Benefit Provisions, is amended in two places to revise the dispensing limitation. Within the box below "Prescription Drugs," the last bullet is deleted and replaced with the following:

- Dispensing is limited to a medically appropriate dosage, or what we have established as a 34-day supply with the exception of some drugs purchased through our Home Delivery Program, or at pharmacies participating in the 102-Day Retail Benefit (see "Dispensing Limitation" below).

The "Dispensing Limitation" provision is also deleted and replaced with the following:

Dispensing Limitation

All prescriptions or refills are limited in quantity to a medically appropriate dosage or what we have established as a 34-day supply. A 34-day supply may be either more or less than 34 unit dosages. If your Physician prescribes a quantity that exceeds our established 34-day supply and you present the prescription at a participating pharmacy, the pharmacist will inform you before filling the prescription. We reimburse only for the quantity that we consider a 34-day supply.

We will consider exceptions on the rare occasion when compelling clinical evidence indicates a larger dosage is medically necessary and medically appropriate for your specific medical circumstances.

Home Delivery Program—Prescriptions and refills purchased through our specified Home Delivery Program are limited to a 102-day supply instead of a 34-day supply. A 102-day supply may be subject to two separate copayment amounts instead of three. This arrangement will also be available to any pharmacy that agrees to accept the same reimbursement terms that apply to our Home Delivery Program. Over-the-counter drugs are not available through the Home Delivery Program.

90-Day Retail Benefit—This plan offers a 102-day supply of some drugs from a specific subgroup of participating retail pharmacies. You can obtain the names of these pharmacies in your area by visiting our website, weatrust.com, or by calling our customer service department. A 102-day retail prescription is subject to a copayment equal to what you would pay for three separate 34-day refills of the prescription.

Specialty Drugs—Specialty drugs are limited to a 34-day supply even through our Home Delivery Program and are subject to one copayment per 34-day supply.

You can obtain information about your drug plan and our Home Delivery Program by visiting our website, weatrust.com.

The "Vision Examination Benefit" provision, within the Appendix for Optional Benefit Provisions, is amended to cover an examination by a licensed ophthalmologist. The modified provision reads as follows:

In addition to the vision services described in Section 6, this policy covers one complete examination of your eyes and related structures during each Benefit Period. The examination, to evaluate a new or existing visual condition, must be performed by a licensed optometrist or licensed ophthalmologist.

The examination may include. . .

Amendment Effective Date—This amendment is effective January 1, 2016.