

AMENDMENT

WEA Trust Essential Health PPO

This amendment modifies multiple provisions in your WEA Trust Essential Health Plan Certificate of Coverage.

SECTION 1: DEFINITIONS

The following definition is added to Section 1: Definitions of **Your Certificate**:

Current Employment Status

For the purposes of Medicare Coordination of Benefits:

- The **Subscriber** is:
 - Actively working as an employee;
 - The employer (including a self-employed person); or
 - Associated with the employer in a business relationship; or
- The **Subscriber** is not actively working and:
 - Is receiving disability benefits from an employer for up to six months (the first six months of employer disability benefits are subject to FICA taxes); or
 - Retains employment rights in the industry and:
 - Has not had his or her employment terminated by the employer, if an employer provides the coverage; or
 - Has not had his or her membership in the employee organization terminated, if an employee organization provides the coverage; or
 - Is not receiving disability benefits from an employer for more than six months; or
 - Is not receiving disability benefits from Social Security; or
 - Has group health plan coverage that is not COBRA coverage.

SECTION 2: GENERAL PROVISIONS THAT APPLY TO ALL BENEFITS

In Section 2: General Provisions That Apply to All Benefits, the following subsection is inserted between “Maximum Benefit Amount” and “Continuity of Care.”

Cost-Sharing Amount Assistance Programs

You may be receiving help to pay a **Cost-Sharing Amount**, such as participating in a **Copayment** assistance program or using a prescription drug **Copayment** card. If you are receiving this type of help, please follow the program’s instructions to ensure that **We** receive all required information from **You** and **Your Health Care Provider**.

Please note: The amount paid by the assistance program WILL NOT count toward **Your Deductible** or **Maximum Out-of-Pocket Limit**. Only the amount that **You** actually pay out-of-pocket will count toward your **Deductible** and **Maximum Out-of-Pocket Limit**.

SECTION 5: GENERAL EXCLUSIONS AND LIMITATIONS

In Section 5: General Exclusions and Limitations, under “General Exclusions and Limitations: Medical” “Testing, Services and Procedures,” the exclusion regarding biofeedback is deleted and replaced with the language in italics, below.

All language not in italics remains unchanged and is included here only to help identify the language being changed by this Amendment.

General Exclusions and Limitations: Medical

Testing, Services and Procedures

- Services or interventions that have not been documented as being safe and effective for a specific **Illness** or **Injury**.
...
 - Examples include, but are not limited to:
 - *Biofeedback, unless provided to treat migraine, headaches, or urinary incontinence.*

SECTION 6: ELIGIBILITY, ENROLLMENT AND EFFECTIVE DATE OF COVERAGE

In Section 6: Eligibility, Enrollment And Effective Date of Coverage, “Termination of Coverage,” the provision below, in italics, is added as a reason that a **Member’s** coverage may be terminated.

All language not in italics remains unchanged and is included here only to help identify the language being changed by this Amendment.

Termination of Coverage

Coverage for the **Subscriber** and any **Dependents** will end at 11:59 p.m. on the earliest of the dates described below:

...

- *If a **Dependent** is the **Subscriber’s** stepchild, coverage will end on the last day of the month of the natural parent’s death. For the purpose of coverage eligibility, death severs the stepparent/stepchild relationship.*