

**CITY OF CARLSBAD
HEALTH BENEFIT PLAN**

Amendment #1

Effective January 1, 2022, the City of Carlsbad Health Benefit Plan (the "Plan") is amended as follows:

1. The following provisions contained in **ARTICLE IV – SCHEDULE OF BENEFITS** (page 14) are deleted:

SCHEDULE OF MEDICAL BENEFITS			
	Tier 1 - Preferred	Tier II – Network / Out-of-Area	Tier III – Non-Network
Plan Year Deductible			
• Individual	\$250	\$500	\$3,000
• Family Unit	\$750	\$1,000	Unlimited
<p><i>The Plan Year Deductible is combined for Medical and Dental benefits. In addition, any amount that is applied toward fulfilling the Tier I or Tier II Deductible amounts will cross apply and fulfill both requirements on a reciprocal basis. Any amounts applied to the Tier III Deductible amount will accumulate separately.</i></p> <p><i>Each Plan Year satisfaction of new Deductible amounts will be required, however any amounts that are incurred within the last three months of the Plan Year and applied to the Deductible will also be applied to the Deductible in the following Plan Year.</i></p>			

They are replaced by the following:

SCHEDULE OF MEDICAL BENEFITS			
	Tier 1 - Preferred	Tier II – Network / Out-of-Area	Tier III – Non-Network
Plan Year Deductible			
• Individual	\$250	\$500	\$3,000
• Family Unit	\$750	\$1,000	Unlimited
<p><i>Any amount that is applied toward fulfilling the Tier I or Tier II Deductible amounts will cross apply and fulfill both requirements on a reciprocal basis. Any amounts applied to the Tier III Deductible amount will accumulate separately.</i></p> <p><i>Each Plan Year satisfaction of new Deductible amounts will be required, however any amounts that are incurred within the last three months of the Plan Year and applied to the Deductible will also be applied to the Deductible in the following Plan Year.</i></p>			

2. The following provisions contained in **ARTICLE IV – SCHEDULE OF BENEFITS** (page 20) are **deleted**:

SCHEDULE OF DENTAL BENEFITS	
PLAN YEAR DEDUCTIBLE	
The Deductible amount is combined for Medical and Dental benefits. The Tier 2 Plan Year Deductible, noted below, must be satisfied before benefit payments are made. (See also, page 13 for Deductible information.)	
• Per Individual	\$500
• Per Family Unit	\$1,000

They are **replaced** by the following:

SCHEDULE OF DENTAL BENEFITS	
PLAN YEAR DEDUCTIBLE	
• Per Individual	\$50
• Per Family Unit	\$150

3. The following provision contained in **ARTICLE IV – SCHEDULE OF BENEFITS** (page 20) is **deleted**:

DENTAL BENEFITS	MAXIMUM
○ Class IV - Orthodontic Services	\$1,200 per Lifetime

It is **replaced** by:

DENTAL BENEFITS	MAXIMUM
○ Class IV - Orthodontic Services	\$1,700 per Lifetime

4. The following provisions are **added to ARTICLE V – MEDICAL BENEFITS**:

Autism. Generally recognized services prescribed in relation to Autism Spectrum Disorder by the Participant's Physician or behavioral health practitioner are covered. For purposes of this section, generally recognized services may include services such as:

- evaluation and assessment services;
- applied behavior analysis;
- behavior training and behavior management;
- speech therapy;
- occupational therapy; or
- physical therapy.

Note: Benefits for Autism Spectrum Disorder as described herein will be subject to any applicable maximum amounts indicated in the Schedule of Benefits based on services provided.

Developmental Delay. Services and supplies related to occupational therapy, physical therapy, speech therapy or other medical charges in association with treatment for developmental delays.

Note: Benefits for specific services will subject to any applicable maximums as indicated in the Schedule of Benefits based on services provided.

Marriage Counseling. Marital counseling therapy services rendered to either an individual, couple, or family. Benefits will be available for services rendered for Medically Necessary treatment in conjunction with a covered diagnosis and will be limited to Providers who are eligible for benefits under this Plan.

5. The following provisions are **deleted from ARTICLE VI – MEDICAL EXCLUSIONS AND LIMITATIONS**:

Applied Behavior Analysis.

Autism. Services and supplies related to the treatment of Autism.

Counseling or Training. Counseling or training that is associated with: behavior, social maladjustment, lack of discipline, learning disabilities, developmental delays, other antisocial actions, marriage, family, sex or other reasons that are not specifically the result of a Mental Health Condition.

Developmental Delay. Services and supplies related to occupational therapy, physical therapy, speech therapy or other medical charges in association with treatment for developmental delays, except as otherwise specified.

They are **replaced by**:

Counseling or Training. Counseling or training that is associated with: behavior, social maladjustment, lack of discipline, learning disabilities, other antisocial actions, sex or other reasons that are not specifically the result of a Mental Health Condition, or as otherwise specified as a Covered Expense.

Anything to the contrary contained in the Plan Document is considered null and void.

The Plan Document and Summary Plan Description will be amended to reflect this change. All other terms and conditions of the Plan which are not affected by this Amendment are unchanged.

Amendment # 1,

Effective January 1, 2022

Accepted By:

**CITY OF CARLSBAD HEALTH BENEFIT
PLAN**

By: _____

Date: 4/8/22_____

Title: City Administrator_____