

Amendment #2

1. For clarification purposes, the following provisions contained in **ARTICLE IV – SCHEDULE OF BENEFITS** (page 17) are **deleted**:

	BENEFIT PERCENTAGES (What the Plan Pays)		
BENEFIT	Tier 1 - Preferred	Tier II – Network / Out-of-Area	Tier III – Non-Network
Physician Office Services			
<ul style="list-style-type: none"> Office Visits, X-ray and Lab (other than Major Diagnostic Procedures), Therapeutic Injections, and Psychotherapy (one Copay per day, per Provider will apply) 	\$10 Copay, then 100%, Deductible waived	\$20 Copay, then 100%, Deductible waived	70%, after Deductible
<ul style="list-style-type: none"> Office Surgery 	90%, after Deductible	90%, after Deductible	70%, after Deductible
<ul style="list-style-type: none"> Allergy Testing, Allergy Injections/Serum 	80%, after Deductible	80%, after Deductible	70%, after Deductible
<ul style="list-style-type: none"> Diagnostic Testing, Major Diagnostic Procedures, and All Other Covered Office Services 	95%, after Deductible	90%, after Deductible	70%, after Deductible

They are replaced by the following:

BENEFIT	BENEFIT PERCENTAGES (What the Plan Pays)		
	Tier 1 - Preferred	Tier II – Network / Out-of-Area	Tier III – Non-Network
Physician Office Services			
<ul style="list-style-type: none"> Office Visits, Telehealth/Virtual Visits, X-ray and Lab (<i>other than Major Diagnostic Procedures</i>), Therapeutic Injections, and Psychotherapy (one Copay per day, per Provider will apply) 	\$10 Copay, then 100%, Deductible waived	\$20 Copay, then 100%, Deductible waived	70%, after Deductible
<ul style="list-style-type: none"> Office Surgery 	90%, after Deductible	90%, after Deductible	70%, after Deductible
<ul style="list-style-type: none"> Allergy Testing, Allergy Injections/Serum 	80%, after Deductible	80%, after Deductible	70%, after Deductible
<ul style="list-style-type: none"> Diagnostic Testing, Major Diagnostic Procedures, and All Other Covered Office Services 	95%, after Deductible	90%, after Deductible	70%, after Deductible

2. For clarification purposes, the following provision contained in **ARTICLE V – MEDICAL BENEFITS** (page 32) is **deleted**:

Telehealth Services and Telemedicine Medical Services. Benefits will include coverage for telephone and internet services which transpire between patient and Physician.*

**Effective 3/19/2020.*

It is replaced by the following:

Telehealth /Virtual Visit Expense. Benefits will be payable on the same basis as an in-person visit for telephone and internet services which transpire between patient and Physician by means of consultation with a licensed medical professional through interactive audio via telephone or interactive audio-video, through online portal or mobile application.

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

Amendment # 2,

Effective May 12, 2023

Accepted By: **CITY OF CARLSBAD HEALTH
BENEFIT PLAN**

By: Wendy Austin

Date: 7-18-2024

Title: City Administrator