

SPD page	Topic	current language	change needed	Status of change
3	Eligibility	You are eligible for coverage on the day immediately following 31 days of active employment . If you are unable to begin work as scheduled, then your coverage will become effective on the date when you begin work.	change language to: you are eligible for coverage the first of the month following 30 days of active employment	SPD Changed-please refer to redline language; 1/28/15: previous redline language approved and accepted into draft SPD
3	Eligibility	<ul style="list-style-type: none"> Grandchild – An eligible grandchild of a covered employee may become covered under the Plan on their date of birth provided written application to elect coverage under the Plan is made within 60 days of the date of birth. If coverage is not elected in the time period specified above then the grandchild is ineligible for enrollment in the Plan, except as allowed under the special enrollment provisions of the Plan. 	change language to 31 days from date of birth	SPD Changed-please refer to redline language; 1/28/15: previous redline language approved and accepted into draft SPD
3	Eligibility	<ul style="list-style-type: none"> Legal Guardianship - An eligible dependent child may become covered under the Plan on the date on which such child is placed in the employee's home pursuant to a court order appointing the employee as legal guardian for the child. The employee must make written application to elect coverage under the Plan within 60 days of the date on which the child is placed in the employee's home pursuant to a court order appointing the employee as legal guardian for the child. If coverage under the Plan is elected after the time period specified above, the employee may, in certain instances, be eligible to enroll such child for coverage under the Plan as specified in the special enrollment provisions of the Plan. 	change language to 31 days from the date on which the child is placed in the employee's home pursuant to a court order appointing the employee as legal guardian for the child. If coverage under the Plan is elected after the time period specified above, the employee may, in certain instances, be eligible to enroll such child for coverage under the Plan as specified in the special enrollment provisions of the Plan.	SPD Changed-please refer to redline language; 1/28/15: previous redline language approved and accepted into draft SPD
4	Eligibility	Children born outside of marriage may become eligible dependents of a covered employee who is the father. The employee must make written application to elect coverage under the Plan within 60 days of: a) The date of a court order declaring paternity; or b) The date the acknowledgment of paternity is filed with the Department of Health and Social Services, or its equivalent is filed with the equivalent agency in	change language to employee must make written application to elect coverage under the Plan within 31 days of:	SPD Changed-please refer to redline language; 1/28/15: previous redline language approved and accepted into draft SPD

		another state.		
4	Eligibility	If you waived enrollment during your original eligibility period <u>you will not be allowed to enroll in the <i>Plan</i> unless you qualify for a special enrollment period.</u> If you are enrolled in the <i>Plan</i> , you will be allowed to switch plans during annual open enrollment.	change language to read " if you waived enrollment during your original eligibility period you will not be allowed to enroll in the Plan until the next open enrollment period unless you qualify for a special enrollment period.	SPD Changed-please refer to redline language; 1/28/15: previous redline language approved and accepted into draft SPD
5	Eligibility	· For an adoption or placement for adoption, on the date of the adoption or placement for adoption provided the adoption (or placement for adoption) occurs while you are covered under the Plan and provided written application for coverage is made within 60 days of the adoption (or placement for adoption).	change language to read within 31 days of the adoption of placement for adoption	SPD Changed-please refer to redline language; 1/28/15: previous redline language approved and accepted into draft SPD
6	Eligibility	On the date of birth if single coverage is in effect and you make written application and agree to any required contributions during the first 60 days from the child's birth. Coverage for the dependent child will then become effective from the moment of birth	change language to read you make written application and agree to any required contributions during the first 31 days from the child's birth.	SPD Changed-please refer to redline language; 1/28/15: previous redline language approved and accepted into draft SPD
33	Coverage/ Exclusions	· Infertility. Charges for the diagnosis <u>and treatment of infertility</u> , unless otherwise specified by the Plan;	remove underlined language. change language to: <i>Infertility. Charges for the diagnosis of infertility unless otherwise specified by the Plan</i>	SPD Changed-please refer to redline language; 1/28/15: previous redline language approved and accepted into draft SPD

<p>49</p>	<p>FMLA</p>	<p>FMLA language</p>	<p>concerns expressed as to whether or not the language in the SPD correct? Clark county indicated the language only references federal FMLA and they have to follow state and federal (most generous prevails)? 1/28/15: language was reviewed with Willis and with Kathryn and updated language has been redlined in the SPD for the comittee's review and approval</p>	<p>previous FMLA language replaced (see pgs 54-56) w/ updated language (see pages 50-54); see updated redline language; 1/16/15: this item was tabled by the committee-Shawn will review with Willis to see if they have alternative language available for this section; 1/28/15: see redline changes to SPD draft</p>
<p>74</p>	<p>Definition</p>	<p>“Dependent” means one or more of the following person(s): An employee’s lawfully wed spouse possessing a marriage license who is not divorced from the employee;</p>	<ul style="list-style-type: none"> · revise language to read : <i>An employee’s lawfully wed spouse (including same sex) possessing a marriage license who is not divorced from the employee;</i> 	<p>1/16/15: revise language provided by Shawn/Willis during meeting to read as follows: LAWFUL SPOUSE-- An Employee’s lawful spouse in the state of residence, living in the same country, if not legally separated or divorced. The Plan Administrator may require documentation proving a legal marital relationship. This includes same sex spouses where a same sex marital relationship is recognized as legal under applicable state law or federal law. Not considered eligible for spousal coverage: a. Common Law Spouses; and b. Domestic partnerships If a divorce is pending, a Spouse cannot be dropped from coverage until the divorce is finalized. A finalized divorce decree must be submitted in order to drop Spouse’s coverage from this Plan. 1/28/15 language has been updated and redlined in attached draft for</p>

				<u>committe's review and approval</u>
37	Coverage/Exclusions	<ul style="list-style-type: none"> • Counseling. For counseling, except as specifically the result of a mental or nervous condition, for: <ul style="list-style-type: none"> § Marital difficulties § Social maladjustment § Pastoral issues § Financial issues § Behavioral issues § Lack of discipline or other antisocial action. 	change so it reads financial issues (formatting issue)	SPD Changed-please refer to redline language; 1/28/15: previous redline language approved and accepted into draft SPD
38	Coverage/Exclusions	<ul style="list-style-type: none"> • Excluded providers and facilities. That are rendered or provided by the following excluded providers or facilities: <ul style="list-style-type: none"> § Hypnotists; § Naturopaths; § Midwives; § Rolfers; and § Marriage counselors. 	remove midwife from list of excluded providers	SPD Changed-please refer to redline language; 1/28/15: previous redline language approved and accepted into draft SPD

55		<p>When Health Claims Must Be Filed The covered person or the health care provider on the covered person's behalf, must submit to the third party administrator written proof of your claim for each service within 180 days of the date on which you receive that service. Written proof of your claim includes:</p>	<p>SAS provider contracts require that the provider submit claims within 180 days ; the law allows non affiliated providers 15 months to file claims. No changes required to this section</p>	<p><u>1/28/15: no changes made per discussion 1/16/15</u></p>
46	Coverage/ Exclusions	<p>Excluded Drugs The Plan will not cover the following drugs, even when prescribed by the covered person's physician:</p> <ul style="list-style-type: none"> • Anorexiant (weight control drugs). • Experimental or investigational drugs, including compounded medications for non FDA approved use. • Dental Prescriptions. • Drugs which are not medically necessary for the treatment of an illness, injury or pregnancy. • Fluoride. • Non legend drugs, except as specifically allowed in the plan formulary. • Provided in or through a Physician's office (drugs intended for use in a setting other than the physician's office). • Retin A. • Therapeutic devices or appliances, support garments, and other non medical substances. • Vitamins, except prenatal. • Workers' Compensation: prescriptions which an eligible person is entitled to receive, without charge. 	<p>add sexual dysfunction drugs to list of excluded drugs</p>	<p><u>1/28/15: previous redline language approved and accepted into draft SPD</u></p>
47	Termination of coverage	<p>The end of the month on which a modification of the Plan terminates coverage for the class of employees or dependents to which the employee or dependent belongs</p>	<p>change language to read: The last day of the month in which you cease to be eligible for coverage under the Plan</p>	<p>SPD Changed-please refer to redline language</p>

47	Termination of coverage	The end of the month following the date of termination of the employee's employment	change language to read: The last day of the month following the date of termination of the employee's employment	SPD Changed-please refer to redline language
47	Termination of coverage	The end of the period in which contributions were made following the date on which the employee no longer meets the eligibility requirements of the Plan	change language to read: The last date of the month in which you cease to be eligible for coverage under the Plan	SPD Changed-please refer to redline language; <u>1/28/15: previous redline language approved and accepted into draft SPD</u>
48	Leave of Absence Coverage	Approved Leave of Absence If a personal or medical leave of absence is approved by the employer, coverage may continue during the leave of absence to a maximum of 365 days from the date on which the leave began, provided the employee bears the full cost of premiums and pays according to the required schedules. This coverage does not run concurrent with COBRA continuation coverage. If the employee does not return to full-time employment within 365 days following the date on which the leave began or upon expiration of the approved leave, whichever is earlier, coverage under the Plan will terminate. The employee may be eligible to continue coverage through COBRA continuation coverage.	change language from 365 days to 90 days	SPD Changed-please refer to redline language; <u>1/28/15: previous redline language approved and accepted into draft SPD</u>
48	Lay-Off	Layoff: If an employee is laid off by the employer, coverage may continue during the layoff to a maximum of 365 days from the date on which the layoff began, provided the employee bears the full cost of premiums and pays according to the required schedules. This coverage does not run concurrent with COBRA continuation coverage. If the employee does not return to full-time employment within 365 days following the date on which the layoff began or upon expiration of the layoff, whichever is earlier, coverage under the Plan will terminate.	If an employee is laid off by the employer, coverage may continue during the layoff to a maximum of 90 days from the date on which the layoff began, provided the employee bears the full cost of premiums and pays according to the required schedules. This coverage does not run concurrent with COBRA continuation coverage. If the employee does not return to full-time employment within 90 days following the date on which the layoff began or upon	SPD Changed-please refer to redline language; <u>1/28/15: previous redline language approved and accepted into draft SPD</u>

			expiration of the layoff, whichever is earlier, coverage under the Plan will terminate.	
51	USSERA	(USSERA section)Continued coverage provided under this provision will reduce the maximum period allowed for continuation provided under COBRA.	language needs to be changed to read Continued coverage provided under this provision will not reduce the maximum period allowed for continuation provided under COBRA.	SPD Changed-please refer to redline language; <u>1/28/15: previous redline language approved and accepted into draft SPD</u>
10	Costs	"your costs" section. Co-pays removed from the following lanugage <i>Please note, however, that not all covered expenses are eligible to accumulate toward your out-of-pocket expense limit. These types of expenses include:</i> <ul style="list-style-type: none"> • <i>Charges for services and supplies rendered that are not considered covered expenses under the Plan</i> 	Co-pays do accumulate to the out of pocket so they had to be removed from the list of items that do not accumulate towards the out of pocket expense limit	SPD Changed-please refer to redline language; <u>1/28/15: previous redline language approved and accepted into draft SPD</u>

49	Termination of coverage	If a covered employee's employment with the employer is terminated, and if a written severance agreement executed by the employer and employer provides such employee with coverage under the Plan after termination of employment, then such coverage shall continue for the period specified in the written severance agreement. However, in no event shall coverage extend for a period of more than 365 days from the date on which the employee terminated employment with the employer. The extension of coverage provided in this severance provision will run concurrently with the COBRA continuation coverage provision and upon the expiration of the severance extension of coverage the remaining period of COBRA continuation period may continue in accordance with COBRA rules.severance continuation	we questioned if severance continuation should still remain at 365 days?	<u>1/28/15; kathryn suggested that we make this a separate header in the termination section so it doesn't appear that it is under the "Retired Employee Coverage Continuation" section; see revised section in SPD draft for committee's review and approval</u>
26	Coverage/ Exclusions	current language: Speech Therapy Covered only, when the therapy is medically necessary due to an accidental injury, surgery or organic pathological disorder such as a stroke; These services must be performed by a licensed and certified speech therapist as part of a treatment program which is appropriate for the illness or injury, and which is ordered by the attending physician.	per our claims department typically we only cover an evaluation to diagnose speech therapy ; speech therapy is not covered for developmental delay (developmental delay is an exclusion in the SPD see page 37. <u>Does the County want the language changed on Speech Therapy in the SPD?</u>	no change made yet to the SPD ;1/16/15: decision by HR committee to table this item and have it reviewed further with birth-3 staff; <u>1/28/15 revised language is provided in redline in draft SPD for committee's review and approval</u>
41	Coverage/ Exclusions	Illegal act. Related to injuries sustained, or an illness contracted, during the commission, or attempted commission, of a felony or illegal occupation.	<u>jim is checking on this and will report back on the comments from the reinsurer</u>	1/16/15: decision by HR committee to leave the illegal act language as it currently reads in the SPD; <u>1/28/15 SPD language was not changed from original language in draft SPD</u>
14,20	Coverage/ Exclusions	Skilled nursing facility benefit listed is 107 days per calendar	this is from the prior carrier SPD (page8), need confirmation that the intent is not to change this benefit	1/16/15-decision to leave benefit at 107 days per calendar year; <u>1/28/15 no change to 107 days per calendar year benefit in draft SPD</u>

No Changes		Item/Issue	Comments	Determination
	Coverage/ Exclusion	PHIA group suggested adding an exclusion of hazardous pusuit hobby	<u>jim is checking on this and will report back with suggested language</u>	language also provided by SAS see pages 38,41; <u>1/16/15 decision to keep hazardous hobby language out of Clark County SPD; 1/28/15 hazardous hobby sample language has been removed from draft SPD</u>
38,41	Coverage/ Exclusion	Hazardous Recreational activity	consider adding this as an exclusion per Ryan's suggestion	sample language has been provided for review on page 38 & 41; 1/16/15: decision by HR committee to leave hazardous hobby language out of Clark County SPD; <u>1/28/15: language has been removed from draft SPD</u>

Future Discussion		Item/Issue	Comments	
	Eligibility	review retiree coverage for 2016		1.16.15-request made by HR committee to look at this in May/June