

AMENDMENT # 1 **WCA Group Health Trust – City of Menasha**
Group Number: 76-440178

BENEFIT PLAN AMENDMENT
IT IS UNDERSTOOD AND AGREED THAT:

THE CHANGES IN THIS AMENDMENT ARE EFFECTIVE JANUARY 1, 2016.

On page 1-8, the “X-ray and Laboratory Tests” section of the Schedule of Benefits is amended to read as follows:

COVERED EXPENSES	PAYABLE AT	BENEFIT SUMMARY	TEXT PAGE
X-rays and Laboratory Tests	PPO: Deductible/ 100% to coinsurance limit Non-PPO: Deductible/80% to coinsurance limit MRI, PET Scan, CT Scan PPO: \$100 copay per visit, then deductible/100% to coinsurance limit Non-PPO: \$100 copay per visit, then deductible/80% to coinsurance limit	Dental x-rays limited to covered oral surgery or Injury. All covered x-rays and lab tests, whether routine or with a diagnosis, performed in conjunction with a Wellness exam, are payable the same as the Wellness Benefit.	1-24

On page 1-10, the following benefit is added to the Schedule of Benefits:

COVERED EXPENSES	PAYABLE AT	BENEFIT SUMMARY	TEXT PAGE
Teladoc	100%, deductible and coinsurance waived	Refer to the text for more information.	1-31

On page 1-15, the following benefit is added to the Schedule of Benefits (before the State Mandated Benefits section):

COVERED EXPENSES	PAYABLE AT	BENEFIT SUMMARY	TEXT PAGE
Health Club Reimbursement Benefit	100%, deductible and coinsurance waived	Limited to \$120 paid per Covered Person, per Calendar Year, not to exceed \$240 paid per Covered Family, per Calendar Year. For any Covered Person. Weight Watchers is included in this benefit.	1-36

On page 1-31, the following benefit is added to the Plan, before the Other Covered Expenses section:

TELADOC SERVICES

This Plan has a special benefit allowing Covered Persons of all ages to receive telephone or web-based video consultations with Qualified Practitioners for routine primary medical diagnoses.

Teladoc may be used:

1. When immediate care is needed.
2. When considering the Emergency room or urgent care center for non-Emergency issues.
3. When You are on vacation or on a business trip.

Teladoc can provide care for the following types of conditions:

1. General medicine, including, but not limited to:
 - a. Sinusitis,
 - b. Colds and flu,
 - c. Sore throats,
 - d. Ear infections,
 - e. Allergies,
 - f. Urinary tract infections;
2. Dermatology, including, but not limited to:
 - a. Poison ivy,
 - b. Rashes,
 - c. Hives,
 - d. Eczema,
 - e. Acne;

3. Behavioral health, including, but not limited to:
 - a. Depression,
 - b. Anxiety,
 - c. Panic disorder;
4. A refill of a recurring prescription;
5. Pediatric care;
6. Non-Emergency medical assistance;
7. Consultation for international and domestic travel.

In order to obtain this benefit, a Covered Person must complete a medical history disclosure form that will serve as an electronic medical record for consulting Qualified Practitioners. This form can be completed via the Teladoc website, via the call center, or via paper forms. Once enrolled, a Covered Person may phone 1-800-TELADOC (1-800-835-2362) and request a consultation with a Qualified Practitioner. A Qualified Practitioner will then return the Covered Person's phone call. If a Covered Person requests a web-based video consultation, the consultation will be scheduled and an appointment reminder notification will be sent prior to the appointed time. If necessary, the Qualified Practitioner will write a prescription. The prescription will be called into a pharmacy of the Covered Person's choice. Benefits for this service are shown in the Schedule of Benefits.

Teladoc may **not** be used for:

1. Drug Enforcement Agency controlled prescriptions.
2. Charges for telephone or online consultations with Qualified Practitioners and/or other providers that are not contracted through Teladoc.
3. Telephone consultations provided in Idaho.
4. Web-based video consultations provided in Texas.
5. Telephone and web-based video consultations provided in Arkansas.

On page 1-36, the following benefit is added to the list of Other Covered Expenses:

Health Club Reimbursement Benefit. Fees for health clubs, fitness programs/classes and weight control or reduction programs, such as but not limited to Weight Watchers, are payable as shown on the Schedule of Benefits.

On page 1-43, Exclusions #4 and #5 of the “Physical Appearance” Limitations and Exclusions are amended to read as follows:

4. Treatment or services for **weight control or reduction**, except as specifically stated for preventive counseling and as shown under the Health Club Reimbursement Benefit. Treatment includes, but is not limited to: nutritional or diet supplements; dietary or nutritional counseling (except as stated under the benefit Psychological Disorders, Chemical Dependence and Alcoholism); individual or behavior modification therapy; body composition or underwater weighing procedures; exercise therapy; weight control or reduction programs; physical fitness programs; or
5. Treatment of **obesity or morbid obesity or for weight reduction**, except as shown under the Health Club Reimbursement Benefit.

On page 1-43, Exclusion #3 of the “Providers” Limitations and Exclusions is amended to read as follows:

3. **Telephone, computer or Internet consultations** between You and any provider, except as shown under the Teladoc benefit. Completion of claim forms or forms necessary for Your return to work or school. Any appointment You did not attend; charges for copying and providing medical or any other type of information in support of a claim;

On page 1-45, Exclusion #6 of the “Routine and General Health” Limitations and Exclusions is amended to read as follows:

6. Services or supplies for **physical fitness, wellness, health education, nutritional or dietary supplements or personal hygiene**. (This exclusion does not apply to the Health Club Reimbursement Benefit.)

On page 2-3, Item #1 under the definition of “Dependent” is amended to read as follows:

1. A Covered Employee’s legal spouse.

On page 3-8, the “Rehired Employees and Reinstatement of Coverage” provision is amended to read as follows:

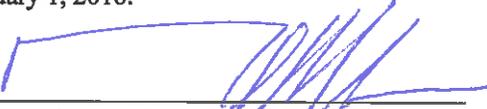
REHIRED EMPLOYEES AND REINSTATEMENT OF COVERAGE

If Your coverage under this Plan ends due to termination of employment, leave of absence, reduction of hours or layoff and You qualify for eligibility under this Plan again (e.g. You are rehired or You are considered to be rehired for purposes of the Affordable Care Act) within 13 weeks from the date Your coverage ended, Your coverage under this Plan will be reinstated on the first day of the month after You are rehired or are considered to be rehired for purposes of the Affordable Care Act. If Your coverage ends due to termination of employment, leave of absence, reduction of hours or layoff and You do not qualify for eligibility under this Plan again (e.g. You are not rehired or considered to be rehired for purposes of the Affordable Care Act) within 13 weeks from the date Your coverage under this Plan ended, and You did not perform any hours of service that were credited within the 13-week period, You will be treated as a new hire and will be required to meet all of the requirements of a new Employee.

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Refer to the information on the Family and Medical Leave Act and the Uniformed Services Employment and Reemployment Rights Act for possible exceptions, or contact Your Human Resources or Personnel office.

IN WITNESS WHEREOF, the undersigned has caused this amendment to be duly adopted and effective as of January 1, 2016.

By: 
Authorized Representative

By: _____
Authorized Representative
WCA Group Health Trust

Title: MAYOR CITY OF MENASHA

Title: _____

Date: 23 NOVEMBER 2015

Date: _____