

**PLAN DOCUMENT AMENDMENT NO. I**  
**LOUISIANA CONFERENCE UNITED METHODIST CHURCH**  
**GROUP# LUMC105**  
**EFFECTIVE DATE OF GROUP 01/01/2005**  
**EFFECTIVE DATE OF AMENDMENT 01/01/2013**

This Amendment is prepared at the request of Louisiana Conference United Methodist Church by Benefit Management Services.

The Plan is amended as set forth herein. All of the provisions, definitions, procedures, conditions, limitations, and exclusions of the Plan are applicable to this Amendment, unless they conflict with this Amendment. If they conflict with the Plan, or if any other Amendment or Endorsement to this Plan issued heretofore conflict with this Amendment, this Amendment shall prevail.

SCHEDULE OF BENEFITS is hereby amended by adding the following:

|                                   | <b>NETWORK PROVIDERS</b><br><i>(Coinsurance subject to the lesser of billed charges or negotiated amounts)</i> | <b>NON-NETWORK PROVIDERS</b><br><i>(Coinsurance subject to billed charges based on Usual &amp; Reasonable amounts)</i> |
|-----------------------------------|--|--|
| <b>Breast Pump &amp; Supplies</b> | 100% after deductible<br>Limited to \$300 per purchase<br>Limited to two (2) purchases per member per Lifetime | 80% after deductible<br>Limited to \$300 per purchase<br>Limited to two (2) purchases per member per Lifetime          |

**ACTIVE EMPLOYEE PLAN**  
**PRESCRIPTION DRUG BENEFIT**

Pharmacy Injections:

Flu Shot ..... 100% deductible waived  
 Shingle Vaccine ..... 100% deductible waived

**RETIRED EMPLOYEE PLAN**  
**MEDICARE SUPPLEMENT**

Pharmacy Injections:

Flu Shot ..... 100% deductible waived  
 Shingle Vaccine ..... 100% deductible waived

**MEDICAL BENEFITS**

**COVERED CHARGES**

(8) Other Medical Services and Supplies is hereby amended by adding the following:

(dd) **Breast pump or supplies.** Charges for breast pumps or supplies are subject to the limits as described in the Schedule of Benefits.

## ACTIVE AND RETIREE EMPLOYEE PLAN PRESCRIPTION DRUG BENEFITS

**Covered Prescription Drugs** is hereby amended by *restating* the following:

- (1) All drugs prescribed by a Physician that require a prescription either by federal or state law. This includes all forms of contraceptives, but excludes any drugs stated as not covered under this Plan.
- (2) All compounded prescriptions containing at least one prescription ingredient in a therapeutic quantity.
- (3) Insulin and other diabetic supplies when prescribed by a Physician.
- (4) Smoking cessation drugs, such as nicotine gym or smoking deterrent products.
- (5) Limited Pharmacy injectables as described in the Schedule of Benefits.

**Expenses Not Covered** is hereby amended by *restating* the following:

- (12) **Injectable.** A charge for hypodermic syringes and/or needles, injectables or any prescription directing administration by injection (other than for insulin, flu shots and shingle vaccines).

## ACTIVE AND RETIREE EMPLOYEE PLAN DENTAL BENEFITS

### COVERED DENTAL SERVICES

#### **Class A Services; Preventive and Diagnostic Dental Procedures**

- (1) Routine oral exams. This includes the cleaning and scaling of teeth, twice every calendar year.

Your group plan administrator and Benefit Management Services believe this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your plan administrator, or Benefit Management Services at the telephone number on the back of your ID card. ERISA members may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans. Members who are not on ERISA plans may contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).