SUMMARY OF MATERIAL MODIFICATION
AND
AMENDMENT #4
TO THE
CITY OF VALDEZ
HEALTH CARE PLAN
GROUP NO. AK027

This Summary of Material Modification and Amendment describes changes to the City of Valdez Health Care Plan effective October 1, 2017. These changes are effective as of **April 1, 2019** and will remain in effect until amended in writing by the Plan Administrator.

This document should be read carefully and attached to the Plan Document and Summary Plan Description. Please contact the Plan Administrator identified in the Summary Plan Description if you have any questions regarding the changes described in this Summary of Material Modification.

City of Valdez (the "Plan Sponsor") is amending the City of Valdez Health Care Plan (the "Plan") as follows:

1. *The following sentence will be added to the first paragraph under the **General Overview of the Plan** section:*

GENERAL OVERVIEW OF THE PLAN

You are also not required to designate a Primary Care Physician (PCP), but the Plan encourages you to designate a PCP to help manage your care.

2. *In the **Prescription Drug Schedule of Benefits** section, the **Specialty Pharmacy Program** subsection is hereby deleted and replaced as shown below:*

PRESCRIPTION DRUG SCHEDULE OF BENEFITS

Specialty Pharmacy Program
Self-administered Specialty Drugs that do not require administration under the direct supervision of a Physician may be obtained directly from the specialty pharmacy program or dispensed at any participating retail pharmacy authorized to dispense specialty products. For additional information, please contact the Prescription Drug Card Program Administrator.

Specialty Drugs that must be administered in a Physician's office, infusion center or other clinical setting, or the Covered Person's home by a third party, will be considered under the Medical Benefits section of the Plan. Those drugs that can be self-administered and do not require the direct supervision of a Physician are only eligible under the Prescription Drug Program.

3. *In the **Prescription Drug Card Program** section, the **Specialty Pharmacy Program** subsection is hereby deleted and replaced as shown below:*

PRESCRIPTION DRUG CARD PROGRAM

Specialty Pharmacy Program
Self-administered Specialty Drugs that do not require administration under the direct supervision of a Physician may be obtained directly from the specialty pharmacy program or dispensed at any participating retail pharmacy authorized to dispense specialty products. For additional information, please contact the Prescription Drug Card Program Administrator.

Specialty Drugs that must be administered in a Physician's office, infusion center or other clinical setting, or the Covered Person's home by a third party, will be considered under the Medical Benefits section of the Plan. Those drugs that can be self-administered and do not require the direct supervision of a Physician are only eligible under the Prescription Drug Program.

4. *The address in the beginning of the **Claim Procedures** section of the Plan is hereby deleted and replaced as follows:*

CLAIM PROCEDURES

At the time you receive treatment, show the Employee identification card to your provider of service. In most cases, your provider will file your claim for you. You may file the claim yourself by submitting the required information to:

Meritain Health, Inc.
P.O. Box 853921
Richardson, TX 75085-3921
(866) 808-2609

5. ***Experimental and/or Investigational, Mental Disorder**, and **Third Party Administrator** are hereby deleted and replaced, and **Primary Care Physician** is hereby added alphabetically under the **Definitions** section as follows:*

DEFINITIONS

Experimental and/or Investigational means services, supplies, care and treatment which do not constitute accepted and appropriate medical practice considering the facts and circumstances of the case and by the generally accepted standards of a reasonably substantial, qualified, responsible, relevant segment of the appropriate medical community or government oversight agencies at the time services were rendered, as determined by the Plan Administrator as set forth below.

The Plan Administrator must make an independent evaluation of the Experimental or non-Experimental standings of specific technologies. The Plan Administrator shall be guided by a reasonable interpretation of Plan provisions. The decisions shall be made in good faith and rendered following a detailed factual background investigation of the claim and the proposed treatment. The decision of the Plan Administrator will be final and binding on the Plan. In addition to the above, the Plan Administrator will be guided by the following principles to determine whether a proposed treatment is deemed to be Experimental and/or Investigational:

(1) If the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and approval for marketing has not been given at the time the drug or device is furnished, then it is deemed to be Experimental and/or Investigational; or

(2) If the drug, device, medical treatment or procedure or the patient informed consent document utilized with the drug, device, treatment or procedure, was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function or if federal law requires such review or approval, then it is deemed to be Experimental and/or Investigational; or

(3) If Reliable Evidence shows that the drug, device, medical treatment or procedure is the subject of on-going Phase I or Phase II clinical trials or is the subject of the research, Experimental, study, Investigational or other arm of on-going Phase III clinical trials or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis, then it is deemed to be Experimental and/or Investigational; or

(4) If Reliable Evidence shows that the prevailing opinion among experts regarding the drug, device, medical treatment or procedure is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis, then it is deemed to be Experimental and/or Investigational.

Reliable Evidence shall mean only published reports and articles in the authoritative medical and scientific literature; the written protocol or protocols used by the treating facility or the protocol(s) of another facility studying substantially the same drug, service, medical treatment or procedure; or the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, medical treatment or procedure.

Drugs are considered Experimental if they are not commercially available for purchase and/or they are not approved by the FDA for general use.

Expenses for drugs, devices, services, medical treatments or procedures related to an Experimental and/or Investigational treatment (related services) and complications from an Experimental and/or Investigational treatment and their related services are excluded from coverage, even if such complications and related services would be covered in the absence of the Experimental and/or Investigational treatment.

Final determination of Experimental and/or Investigational, Medical Necessity and/or whether a proposed drug, device, medical treatment or procedure is covered under the Plan will be made by and in the sole discretion of the Plan Administrator.

Mental Disorder means a mental Illness including but is not limited to, bipolar affective disorder, schizophrenia, psychotic Illness, manic depressive Illness, depression and depressive disorders, anxiety and anxiety disorders and any other mental and nervous condition classified in the DSM. Mental Disorder does not include any condition listed in Appendix G of the DSM-IV, titled "ICD-9-CM Codes for Selected General Medical Conditions and Medication Induced Disorders," or any comparable listing if Appendix G is no longer published.

Primary Care Physician means a licensed Physician practicing in one of the following fields: (1) family practice; (2) general practice; (3) internal medicine; (4) obstetrics and gynecology; or (5) pediatrics.

Third Party Administrator means Meritain Health, Inc., P.O. Box 853921, Richardson, TX 75085-3921.

6. *The **Third Party Administrator** section under **General Plan Information** is hereby deleted and replaced with the following:*

GENERAL PLAN INFORMATION

Third Party Administrator:	Meritain Health, Inc. P.O. Box 853921 Richardson, TX 75085-3921 (866) 808-2609
Prescription Drug Card Program Administrator:	National Cooperative Rx/CVS Caremark CVS Health One CVS Drive Woonsocket, Rhode Island 02895 (866) 818-6911 www.caremark.com

7. *The **Meritain Health, Inc.** address included on the **Back Page** is hereby deleted and replaced with the following:*

Meritain Health, Inc.
P.O. Box 853921
Richardson, TX 75085-3921
(866) 808-2609
www.meritain.com

All other provisions of this Plan shall remain unchanged.

In Witness Whereof, City of Valdez has caused this Amendment to take effect, be attached to, and form a part of their Health Care Plan.

_____		_____
Authorized Signature	Date	Title
_____		_____
Witness	Date	Title