AMENDMENT TO THE
COLORADO EMPLOYER BENEFIT TRUST
EPO MEDICAL BENEFIT PLAN
AND SUMMARY PLAN DESCRIPTION, EFFECTIVE JANUARY 1, 2019

The CEBT EPO Medical Benefit Plan and Summary Plan Description, effective January 1, 2019 (the “Plan”), shall be amended effective July 1, 2019 to include SurgeryPlus Benefits as follows:

1. **Medical Covered Expenses:**

SurgeryPlus Benefits

Charges for certain surgeries, procedures, and related travel expenses are payable as shown on the Schedule of Benefits. This plan will pay charges for surgeries, procedures, and related travel as approved by SurgeryPlus for one Episode of Care. The SurgeryPlus benefit terminates upon your discharge from the hospital, ambulatory surgical center, or other facility following the Episode of Care. Any services rendered after the termination of the Episode of Care are subject to the applicable rules of this plan.

Travel benefits may be payable if you do not have access to SurgeryPlus surgeons. The travel benefits will be determined by SurgeryPlus based upon the procedure, provider, and geographic distance of the provider in relation to your residence. Travel benefits may also be provided for a companion if your procedure requires inpatient or overnight care. Travel arrangements must be made through your SurgeryPlus Care Advocate for benefits to be payable.

Some examples of the surgeries and procedures available through SurgeryPlus, include, but are not limited to the following:

- **Knee:**
  - Knee Replacement
  - Knee Replacement Revision
  - Knee Arthroscopy
- **Foot & Ankle:**
  - Ankle Replacement
  - Bunionectomy
  - Hammer Toe Repair
  - Ankle Arthroscopy
- **General Surgery:**
  - Gallbladder Removal
  - Hernia Repair
  - Thyroidectomy
  - GI:
  - Colonoscopy
  - Endoscopy
  - GYN:
Re: Revision Laminotomy
Hip Arthroscopy Anterior Lumbar Interbody Fusion Hysterectomy

Shoulder:
Posterior Lumbar Interbody Fusion Bladder Repair
Shoulder Replacement Anterior Cervical Disk Fusion Hysteroscopy
Shoulder Arthroscopy 360 Spinal Fusion ENT:
Rotator Cuff Repair Artificial Disk Ear Tube Insertion (Ear Infection)
Bicep Tendon Repair Wrist & Elbow: Septoplasty
Elbow Replacement Thyroidectomy
Elbow Fusion Sinuplasty
Wrist Fusion
Wrist Replacement
Carpal Tunnel Release

2. Definitions:

Episode of Care
For purposes of the SurgeryPlus benefits, Episode of Care means (i) all services rendered by an Employer Direct Healthcare (EDH) provider, EDH professional and EDH medical staff, and (ii) all hospital or facility-related expenses under the Diagnosis Case Code (the code identifying the anticipated Episode of Care and associated with the SurgeryPlus procedure). The Episode of Care begins on the day you first receive services from the EDH provider related to the Diagnosis Case Code and ends when you are discharged from the hospital or facility to return or travel home. Common services and expenses include: equipment used while in hospital or facility, in-hospital or in-facility medications or biologics and supplies, implants, labs, in-hospital meals, hospital confinement days, pre and post in-hospital or in-facility nursing care and in-hospital physical therapy and follow-up consultations, and any other medically necessary care related to the Diagnosis Case Code rendered prior to discharge. An Episode of Care shall not include (i) diagnostic testing in advance to determine whether a procedure is necessary; (ii) expenses for convenience related items; (iii) procedures or care that are not medically necessary and (iv) and Serious Reportable Events (SREs) as defined by the National Quality Forum at http://www.qualityforum.org/Home.aspx.
3. **Prior Authorization Requirements:**

For SurgeryPlus benefits, *you* must contact SurgeryPlus Care Advocates for an Initial Review/Consultation before *you* begin planning *your* surgery or procedure.

<table>
<thead>
<tr>
<th>Prior Authorization</th>
<th>Non-Compliance Penalty</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>SurgeryPlus</td>
<td>None</td>
<td>You should call SurgeryPlus Care Advocates at 855-200-6675 to schedule your Initial Review/Consultation before you begin planning your surgery or procedure.</td>
</tr>
</tbody>
</table>

If *you* require surgery or another procedure and *you* wish to utilize SurgeryPlus, *you* must contact SurgeryPlus Care Advocates at 855-200-6675 to schedule *your* Initial Review/Consultation before *you* begin planning *your* surgery or procedure.

*You* must agree to supply *your* medical records and any other pertinent information so that SurgeryPlus may assess medical necessity and suitability of treatment and/or travel. The SurgeryPlus physician will determine whether or not *your* case is appropriate for SurgeryPlus.

The Initial Review/Consultation does not guarantee that *your* surgery or procedure will be approved by SurgeryPlus, nor does it obligate *you* to proceed with treatment from the SurgeryPlus physician.

If *your* surgery or procedure is approved and *you* wish to utilize SurgeryPlus, *you* must accept and agree to the standard terms of treatment of the SurgeryPlus physician.

If *you* are not satisfied with *your* SurgeryPlus physician or his/her Initial Review/Consultation, *you* may contact *your* SurgeryPlus Care Advocate and arrange for a second opinion with another SurgeryPlus physician.

4. **EPO Provisions:**

*EPO* benefits will be payable for *Non-EPO* SurgeryPlus provider services if *You* receive treatment for a surgery or procedure, and approved travel costs, provided through the SurgeryPlus benefit.
Please note that even though claims will be payable at the EPO benefit level, you will be responsible for any amounts over the customary, usual and reasonable charge.

<table>
<thead>
<tr>
<th>Covered Expenses</th>
<th>Payable at</th>
<th>Benefit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>SurgeryPlus surgery or procedure</td>
<td>100% (no copay) per Episode of Care</td>
<td>Initial Review/Consultation is required.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Certain surgeries, procedures, and travel costs related to SurgeryPlus benefits are covered.</td>
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</tbody>
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IN WITNESS WHEREOF, the undersigned has caused this amendment to be duly adopted and effective as of July 1, 2019.

**Colorado Employer Benefit Trust**

[Signature]

Ed VanderTook, Authorized Representative

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July 9, 2019

Date