

AMENDMENT #1

**Colorado Employer Benefit Trust (PPO and High Deductible Plan)**  
**Employer Identification Number: 74-2141123**

**BENEFIT PLAN AMENDMENT**  
**IT IS UNDERSTOOD AND AGREED THAT:**


On page 1-52, item 37 is added to the Other Covered Expenses section:

37. Treatment, services and supplies for, or leading to, **gender transition surgery**. Benefits will be payable as any other *sickness* or *injury*. Related prescription drug expenses will be payable through the *plan's* Prescription Drug Card.

On page 1-54, exclusion 2 of the Physical Appearance section is deleted from the *plan* in its entirety.

IN WITNESS WHEREOF, the undersigned has caused this amendment to be duly adopted and effective as of March 23, 2020.

**Colorado Employer Benefit Trust**

  
\_\_\_\_\_  
(Authorized Representative)

April 6, 2020  
\_\_\_\_\_  
(Date)

**BENEFIT PLAN AMENDMENT**  
**IT IS UNDERSTOOD AND AGREED THAT:**

All references throughout the document to QHDHP 5000 are amended to read as follows:

HDHP5

All references to QHDHP 2800, 3500 & 5000 throughout the Covered Expenses section of the Schedule of Benefits are amended to read as follows:

QHDHP 2800, QHDHP 3500, HDHP 2, HDHP 3, HDHP 4, HDHP 5

On page 1-12, the following plan options are added:

HDHP 2 MEDICAL BENEFITS	PLAN PAYS	YOU PAY	BENEFIT SUMMARY	TEXT PAGE
Deductible per <i>Calendar Year</i> <i>PPO</i> Single Family  Non- <i>PPO</i> Single Family	\$0 \$0  \$0 \$0	\$2,000 \$4,000  \$2,000 \$4,000	The amount <i>you</i> must pay each year before the <i>plan</i> will begin paying any benefits.  If <i>you</i> elected to cover only yourself, the Single deductible will apply. The <i>plan</i> will not begin paying benefits until this deductible is met.  If <i>you</i> elected to cover yourself and one or more <i>dependents</i> , the Family deductible will apply. The Family deductible applies in full to each <i>covered person</i> until it has been satisfied. It may be satisfied by one person or through a combination of family members. The <i>plan</i> will not begin paying benefits for any <i>covered person</i> until the Family deductible is met.	
Individual Coinsurance per <i>Calendar Year</i> <i>PPO</i>  Non- <i>PPO</i>	80%  60%	20%  40%	After the deductible, the coinsurance applies. After which the <i>plan</i> pays 100% of <i>covered expenses</i> subject to any maximums.	

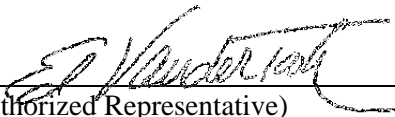
HDHP 2 MEDICAL BENEFITS	PLAN PAYS	YOU PAY	BENEFIT SUMMARY	TEXT PAGE
<p>Out-of-Pocket Limit per <i>Calendar Year</i></p> <p><i>PPO</i></p> <p>Single Family</p> <p><i>Non-PPO</i></p> <p>Single Family</p>		<p>\$4,000 \$8,000</p> <p>\$8,000 \$16,000</p>	<p>Represents the total paid for the deductible, coinsurance and copays (if applicable). After which the <i>plan</i> pays 100% of <i>covered expenses</i> subject to any maximums.</p> <p>If <i>you</i> elected to cover only yourself, the Single out-of-pocket limit will apply. The <i>plan</i> will not begin paying benefits at 100% until this amount has been met.</p> <p>If <i>you</i> elected to cover yourself and one or more <i>dependents</i>, the Family out-of-pocket limit will apply. The Family out-of-pocket limit applies in full to each <i>covered person</i> until it has been satisfied. It may be satisfied by one person or through a combination of family members. The <i>plan</i> will not begin paying benefits at 100% for any <i>covered person</i> until the Family out-of-pock limit has been met.</p>	
<p>All <i>covered expenses</i> under the <i>plan</i> are payable at the <i>plan's customary, usual and reasonable</i> charge, the <i>negotiated rate</i> or the fee schedule for the service or supply. The deductible and coinsurance limits shown above apply to all <i>covered expenses</i> unless stated otherwise below.</p>				

HDHP 3 MEDICAL BENEFITS	PLAN PAYS	YOU PAY	BENEFIT SUMMARY	TEXT PAGE
Deductible per <i>Calendar Year</i> <i>PPO</i> Single Family  Non- <i>PPO</i> Single Family	 \$0 \$0  \$0 \$0	 \$3,000 \$6,000  \$3,000 \$6,000	The amount <i>you</i> must pay each year before the <i>plan</i> will begin paying any benefits.  <i>PPO</i> and Non- <i>PPO</i> family maximums are on an aggregate dollar basis.	
Individual Coinsurance per <i>Calendar Year</i> <i>PPO</i>  Non- <i>PPO</i>	 80%  60%	 20%  40%	After the deductible, the coinsurance applies. After which the <i>plan</i> pays 100% of <i>covered expenses</i> subject to any maximums.	
Out-of-Pocket Limit per <i>Calendar Year</i> <i>PPO</i> Single Family  Non- <i>PPO</i> Single Family		 \$5,000 \$10,000  \$10,000 \$20,000	Represents the total paid for the deductible, coinsurance and copays (if applicable). After which the <i>plan</i> pays 100% of <i>covered expenses</i> subject to any maximums.  <i>PPO</i> and Non- <i>PPO</i> family maximums are calculated on a combined dollar basis for all <i>covered persons</i> in the family.	
All <i>covered expenses</i> under the <i>plan</i> are payable at the <i>plan's customary, usual and reasonable</i> charge, the <i>negotiated rate</i> or the fee schedule for the service or supply. The deductible and coinsurance limits shown above apply to all <i>covered expenses</i> unless stated otherwise below.				

HDHP 4 MEDICAL BENEFITS	PLAN PAYS	YOU PAY	BENEFIT SUMMARY	TEXT PAGE
Deductible per <i>Calendar Year</i> <i>PPO</i> Single Family  Non- <i>PPO</i> Single Family	 \$0 \$0  \$0 \$0	 \$4,000 \$8,000  \$4,000 \$8,000	The amount <i>you</i> must pay each year before the <i>plan</i> will begin paying any benefits.  <i>PPO</i> and Non- <i>PPO</i> family maximums are on an aggregate dollar basis.	
Individual Coinsurance per <i>Calendar Year</i> <i>PPO</i>  Non- <i>PPO</i>	 80%  60%	 20%  40%	After the deductible, the coinsurance applies. After which the <i>plan</i> pays 100% of <i>covered expenses</i> subject to any maximums.	
Out-of-Pocket Limit per <i>Calendar Year</i> <i>PPO</i> Single Family  Non- <i>PPO</i> Single Family		 \$6,000 \$12,000  \$12,000 \$24,000	Represents the total paid for the deductible, coinsurance and copays (if applicable). After which the <i>plan</i> pays 100% of <i>covered expenses</i> subject to any maximums.  <i>PPO</i> and Non- <i>PPO</i> family maximums are calculated on a combined dollar basis for all <i>covered persons</i> in the family.	
All <i>covered expenses</i> under the <i>plan</i> are payable at the <i>plan's customary, usual and reasonable</i> charge, the <i>negotiated rate</i> or the fee schedule for the service or supply. The deductible and coinsurance limits shown above apply to all <i>covered expenses</i> unless stated otherwise below.				

IN WITNESS WHEREOF, the undersigned has caused this amendment to be duly adopted and effective as of July 1, 2020.

**Colorado Employer Benefit Trust**

  
\_\_\_\_\_  
(Authorized Representative)

April 6, 2020  
(Date)