

**AMENDMENT TO THE
 COLORADO EMPLOYER BENEFIT TRUST
 PPO AND HIGH DEDUCTIBLE MEDICAL BENEFIT PLAN
 AND SUMMARY PLAN DESCRIPTION, EFFECTIVE JANUARY 1, 2019**

The CEBT PPO and High Deductible 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 BENEFIT

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:

<u>Knee:</u>	<u>Foot & Ankle:</u>	<u>General Surgery:</u>
Knee Replacement	Ankle Replacement	Gallbladder Removal
Knee Replacement Revision	Bunionectomy	Hernia Repair
Knee Arthroscopy	Hammer Toe Repair	Thyroidectomy
ACL/MCL/PCL Repair	Ankle Fusion	<u>GI:</u>
<u>Hip:</u>	Ankle Arthroscopy	Colonoscopy
Hip Replacement	<u>Spine:</u>	Endoscopy
Hip Replacement	Laminectomy /	<u>GYN:</u>

Revision	Laminotomy	
Hip Arthroscopy	Anterior Lumbar Interbody Fusion	Hysterectomy
<u>Shoulder:</u>	Posterior Lumbar Interbody Fusion	Bladder Repair
Shoulder Replacement	Anterior Cervical Disk Fusion	Hysteroscopy
Shoulder Arthroscopy	360 Spinal Fusion	<u>ENT:</u>
Rotator Cuff Repair	Artificial Disk	Ear Tube Insertion (Ear Infection)
Bicep Tendon Repair	<u>Wrist & Elbow:</u>	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 SugeryPlus Care Advocates for an Initial Review/Consultation before *you* begin planning *your* surgery or procedure.

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

If *you* require surgery or another procedure and *you* wish to utilize SurgeryPlus, *you* must contact SugeryPlus 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* SugeryPlus Care Advocate and arrange for a second opinion with another SurgeryPlus physician.

4. PPO Benefit Provisions:


PPO benefits will be payable for *Non-PPO* 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 *PPO* benefit level, you will be responsible for any amounts over *the customary, usual and reasonable charge*.

Covered Expenses for all Plan Options	Payable at	Benefit Summary
SurgeryPlus surgery or procedure <ul style="list-style-type: none"> • PPO Plans 2, 3, 4, 5, 6, 7 & 8 • HD 2700, 3500 & 5000 	per <i>Episode of Care</i> <ul style="list-style-type: none"> • 100% deductible and coinsurance waived (no copay) • Deductible/100% 	Initial Review/Consultation is required. Certain surgeries, procedures, and travel costs related to SurgeryPlus benefits are covered.

IN WITNESS WHEREOF, the undersigned has caused this amendment to be duly adopted and effective as of July 1, 2019.

Colorado Employer Benefit Trust



 Ed VanderTook, Authorized Representative

 July 9, 2019
 Date