

AMENDMENT

to the WEA Trust Essential Qualified Health Self-Funded Plan Certificate of Coverage

This amendment modifies Section 4, “General Provisions That Apply to All Benefits,” of your WEA Trust Essential Qualified Health Plan Certificate of Coverage. Under “Factors That Affect the Reimbursement Amount,” the “Non-Network Providers” provision under “Maximum Allowable Fee” is being deleted and replaced with the following:

Non-Network Providers—Unless the non-network provider’s billed charge is less than any of the following maximum allowable reimbursement amounts, our reimbursement will be less than the provider’s billed charge. You are responsible for any amount that exceeds our maximum allowable fee and that excess amount does not apply to your maximum out-of-pocket limit.

The maximum allowable fee for emergency services and for services for which we have contracted with specialty Network providers is described later in this section. For all other services, the first of the following options that applies to the provider from whom you seek care will determine our reimbursement:

1. The fee that we have negotiated with the provider who is billing you for this service.
2. The fee that entities we are affiliated with have negotiated with the provider who is billing you for this service.
3. A percentage, determined by us, of the amount that Medicare would allow to the facility or provider, or an equivalent of what Medicare would allow based on the use of Medicare data and independent relative value unit or other industry data, for the goods and services reported on the claim, established utilizing the most currently available Medicare, provider-specific or facility-specific reimbursement schedules and methodologies. Please see your Benefit Summary for the percentage of the Medicare-allowable fee we currently use.
4. A percentage, determined by us, of the fee we have contracted to pay Network providers. Please see your Benefit Summary for the percentage of the contracted Network provider fee we currently use.
5. For providers of residential mental health or substance abuse treatment in the state of Wisconsin, the daily rate will be the fee paid to residential care centers as determined by the State of Wisconsin Department of Children and Families.

6. For providers of residential mental health or substance abuse treatment outside of Wisconsin, the daily rate will be the lowest fee payable to residential care centers as determined by the State of Wisconsin Department of Children and Families.

Amendment Effective Date—This amendment is effective May 1, 2016.