

Amendment to Plan of Benefits

For Employees of: Houston Independent School District
Administrative Services Agreement No.: 620266
Amend: Consumer Plus - Choice & Limited
Issue Date: January 19, 2011
Open Access Aetna Select - Out of Area Dependents

Effective January 1, 2013, the following changes have been made to your Booklet.

For dependents who temporarily or permanently reside outside the Service Area in which you reside:

- Dependents who choose to enroll in a **network** in the **Service Area** in which they reside, will have no change in their Exclusive Provider Organization (EPO) Medical Plan.
- For Dependents who reside where there is no **network** in a **Service Area** or who choose not to enroll in the network in the **Service Area** in which they currently reside, the EPO Medical Plan will be as follows:

EPO Medical Plan

The following benefits or provisions apply separately to each covered dependent:

Deductible Amounts

Calendar Year Deductible \$1,750

The Benefits Payable

After any applicable **deductible** amount, the benefits paid under this Plan in a **Calendar Year** are paid at the **payment percentage** which applies to the type of **covered expense** which is incurred, except for any different benefit level which may be provided later in the Booklet.

If any expense is covered under one type of **covered expense**, it cannot be covered under any other type.

* All care will be considered to be **network** care, regardless of who provides the service or supply; and

* All benefits will be paid at the applicable **payment percentage** shown below.

Payment Percentage

The **payment percentage** applies after any **deductible** amount.

Hospital Expenses

Emergency Room Treatment *80% after \$150 emergency room **copay**

*No payment for non-emergency use of the emergency room

Other Hospital Expenses 80%

Physician Fees

Office Care 80%

Routine Physical Exam Expenses 100%

Routine Eye Exam Expenses No Coverage

Routine Hearing Expenses No Coverage

Routine Annual Gynecological Exam 100%

Other Physician Services 80%

Home Health Care Expenses	80%
Skilled Nursing Facility	80%
Hospice Care Expenses	80%
Short Term Rehabilitation Expenses	80%
Private Duty Nursing Expenses	80%

Payment Limit Which Applies to Expenses for a Person

Payment limit is the maximum **out-of-pocket** amount a person is responsible to pay for his or her **payment percentage for covered expenses** during a **Calendar Year**. Once the **payment limit** is satisfied, the plan will pay 100% of the **covered expenses** that apply toward the limit for the rest of the **Calendar Year**.

Individual Plan Payment Limit: \$4,250

Benefit Maximums

(Read the coverage section of your Booklet for a complete description of benefits available.)

Home Health Care Expenses	Maximum of 100 visits per Calendar Year Prior Hospital confinement NOT required.
Skilled Nursing Facility	60 days per Calendar Year
Hospice Care Expenses	Unlimited days Inpatient Unlimited days Outpatient
Short Term Rehabilitation Expenses	Maximum of 60 visits per Calendar Year
Private Room Limit	The institution's semi-private rate
Private Duty Nursing Care Maximum Shifts	70 shifts per Calendar Year One shift is equal to 8 hours of private duty nursing.

Payment Percentage and Special Maximums For Alcoholism, Drug Abuse or Mental Disorders

Alcoholism, Drug Abuse and Mental Disorders Expenses

Inpatient Treatment	80%
Inpatient Lifetime Maximum (Combined Alcoholism, Drug Abuse and Mental Disorders)	Unlimited
Outpatient Treatment	80%
Outpatient Lifetime Maximum (Combined Alcoholism, Drug Abuse and Mental Disorders)	Unlimited visits per Calendar Year

Explanation of Some Important Plan Provisions

The following **deductible** provision (**Calendar Year Deductible**) applies to expenses incurred by your eligible dependents who are residing outside the **Service Area**. Any provisions shown in the Booklet which pertain to **copays**, do not apply for these dependents. All other plan limitations, exclusions and provisions apply, except as specifically noted above.

Calendar Year Deductible

This is an amount of **covered expenses** incurred each **Calendar Year** for which no benefits will be paid. The **Calendar Year deductible** applies separately to each covered person. After **covered expenses** reach the **Calendar Year deductible**, the plan will begin to pay benefits for **covered expenses** for the rest of the **Calendar Year**.