BLANKET AMENDMENT
TO THE
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
FOR
CITY OF SALEM HEALTH BENEFIT PLAN(S)

Effective Date: January 1, 2020

1. **AMEND the ALTERNATIVE SERVICES combined maximum in the MEDICAL BENEFITS SCHEDULE subsection of the SCHEDULE OF BENEFITS section as follows:**

   $1,000 combined maximum per Calendar Year for Chiropractic and Acupuncture Care. *(Does not apply to Naturopathic Care.)*

2. **AMEND the following PHYSICIAN CARE language under the COVERED CHARGES portion of the MEDICAL BENEFITS section as follows:**

   Physician Care. The professional services of a Physician for surgical or medical services.

   Charges for multiple surgical procedures are subject to the following provisions in the absence of a negotiated amount established by a provider network arrangement or other discounting or negotiated arrangement:

   (a) If bilateral or multiple surgical procedures are performed by one surgeon, benefits will be determined based on the Allowable Charge for the primary procedures; 50% of the Allowable Charge for each additional procedure performed through the same incision or during the same operative session. Any procedure that would not be an integral part of the primary procedure or is unrelated to the diagnosis will be considered "incidental" and no benefits will be provided for such procedures;

   (b) If multiple unrelated surgical procedures are performed by two or more surgeons on separate operative fields, benefits will be based on the Allowable Charge for each surgeon's primary procedure. If two or more surgeons perform a procedure that is normally performed by one surgeon, benefits for all surgeons will not exceed the Allowable Charge percentage allowed for that procedure; and

   (c) If an assistant surgeon is required, the assistant surgeon's Covered Charge will not exceed 20% of the surgeon’s Allowable Charge.

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PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
FOR
CITY OF SALEM HEALTH BENEFIT PLAN(S)

Effective Date: January 1, 2020

1. **AMEND** the **"Injury to or care of mouth, teeth and gums"** benefit in the **COVERED CHARGES** subsection of the **MEDICAL BENEFITS** section as follows:

   Injury to or care of **mouth, teeth and gums**. Charges for Injury to or care of the mouth, teeth, gums and alveolar processes will be Covered Charges under Medical Benefits only if that care is for the following oral surgical procedures:

   - Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth.

   - Surgery, including dental implants, needed to correct accidental Injuries to the jaws, cheeks, lips, tongue, floor and roof of the mouth (other than one occurring while eating, chewing or biting). Treatment must be completed within 90 days from the date of the Injury, except when medical and/or dental conditions preclude completion of treatment within this time period.Covered Charges will include subsequent care, revisions, complications, or stage II procedures that are Medically Necessary, eligible as a Covered Charge, and when the initial treatment was considered a Covered Charge under this Plan.

   - Excision of benign bony growths of the jaw and hard palate.

   - External incision and drainage of cellulitis.

   - Incision of sensory sinuses, salivary glands or ducts.

   In addition, the following will be considered Covered Charges under this benefit:

   - Inpatient or outpatient Hospital charges including professional charges for x-ray, lab and anesthesia when deemed Medically Necessary.

   - Removal of all teeth at an inpatient or outpatient Hospital or dentist's office if removal of the teeth is part of standard medical treatment that is required before the Covered Person can undergo radiation therapy for a covered medical condition.

   No charge will be covered under the Medical Benefits of this Plan for dental and oral surgical procedures involving orthodontic care of the teeth, periodontal disease and preparing the mouth for the fitting of or continued use of dentures.

Blanket Amendment – March 1, 2020

1. **ADD "Coronavirus (COVID-19) Testing" within the MEDICAL BENEFITS SCHEDULE table within the SCHEDULE OF BENEFITS section as follows:**

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Coronavirus (COVID-19) Testing	100%, no deductible applies	

Notwithstanding anything to the contrary contained herein, the Plan is modified in order to add the following:

2. **COVID-19 TESTING & VISITS.** This Plan will provide coverage for the following *Physician ordered* services and will not impose any cost sharing requirements (including deductibles, copayments, or coinsurance) whether provided by a network or non-network provider (if applicable), and without requiring medical management or prior authorization:

   a) Diagnostic testing (including the administration), provided to a Plan Participant for the detection of COVID-19, or the diagnosis of the SARS-CoV-2 virus that causes COVID-19, that are approved, cleared or authorized under the Federal Food, Drug and Cosmetic Act (FD&C Act). In addition, the tests are to be:

   i. subject to an emergency use authorization; or
   ii. those for which the developer of such test has requested or intends to request emergency use authorization, unless the emergency use authorization has been denied or the developer fails to submit a request within a reasonable timeframe; or
   iii. those developed in and authorized by a State that has notified the Secretary of HHS of its intention to review tests intended to diagnose COVID-19; or
   iv. any other test that the Secretary of HHS determines appropriate in guidance.

   b) Items and services furnished to a Plan Participant during a Physician visit (including office visits, urgent care visits and/or emergency room visits), that result in an order for or administration of diagnostic test, but only to the extent such items and services relate to the furnishing or administration of the diagnostic test or the evaluation of a Plan Participant to determine whether a test is necessary. Unrelated services performed during the diagnostic testing for COVID-19 will be payable per normal Plan provisions.

   c) Telehealth consultations resulting in an order for or administration of a diagnostic test will be a covered charge under this Plan and will not impose any cost sharing requirements (including deductibles, copayments, or coinsurance).

   d) Providers will be reimbursed for the diagnostic testing for COVID-19 at either the negotiated rate in effect before the public health emergency period or, if there is not a negotiated rate, at the cash price as listed by the provider on a public internet website or at an amount as required by applicable law.

3. **VACCINES AND IMMUNIZATIONS.** This Plan covers any qualifying coronavirus preventive service and will not impose any cost sharing requirements (including deductibles, copayments, or coinsurance) whether provided by a network or non-network provider (if applicable). A qualifying coronavirus preventive service is an item, service, or immunization intended to prevent or mitigate COVID-19 that is either (1) an evidence-based item or service with an "A" or "B" rating by the United States Preventive Services Task Force, or (2) an immunization recommended by the CDC Advisory Committee on Immunization Practices.

THIS AMENDMENT WILL TERMINATE WHEN THE PERIOD OF AN EMERGENCY OR DISASTER RELATED TO CORONAVIRUS (COVID-19) AS DECLARED BY THE PRESIDENT OF THE UNITED STATES HAS BEEN LIFTED, OR A PUBLIC HEALTH EMERGENCY RELATED TO CORONAVIRUS (COVID-19) AS DECLARED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES HAS BEEN LIFTED, AND/OR

Blanket Amendment

Notwithstanding anything to the contrary contained herein, the Plan is modified in order to add the following:

Effective: March 9, 2020

1. **ADD "Coronavirus (COVID-19) Testing" within the MEDICAL BENEFITS SCHEDULE table within the SCHEDULE OF BENEFITS section as follows:**

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Coronavirus (COVID-19) Testing	100%, no deductible applies	

Effective: March 18, 2020

1. **COVID-19 TESTING & VISITS.** This Plan will provide coverage for the following *Physician ordered* services and will not impose any cost sharing requirements (including deductibles, copayments, or coinsurance) whether provided by a network or non-network provider (if applicable), and without requiring medical management or prior authorization:

a) Diagnostic testing (including the administration), provided to a Plan Participant for the detection of COVID-19, or the diagnosis of the SARS-CoV-2 virus that causes COVID-19, that are approved, cleared or authorized under the Federal Food, Drug and Cosmetic Act (FD&C Act). In addition, the tests are to be:

i. subject to an emergency use authorization; or
ii. those for which the developer of such test has requested or intends to request emergency use authorization, unless the emergency use authorization has been denied or the developer fails to submit a request within a reasonable timeframe; or
iii. those developed in and authorized by a State that has notified the Secretary of HHS of its intention to review tests intended to diagnose COVID-19; or
iv. any other test that the Secretary of HHS determines appropriate in guidance.

b) Items and services furnished to a Plan Participant during a Physician visit (including office visits, urgent care visits and/or emergency room visits), that result in an order for or administration of diagnostic test, but only to the extent such items and services relate to the furnishing or administration of the diagnostic test or the evaluation of a Plan Participant to determine whether a test is necessary. Unrelated services performed during the diagnostic testing for COVID-19 will be payable per normal Plan provisions.

c) Telehealth consultations resulting in an order for or administration of a diagnostic test will be a covered charge under this Plan and will not impose any cost sharing requirements (including deductibles, copayments, or coinsurance).

d) Providers will be reimbursed for the diagnostic testing for COVID-19 at either the negotiated rate in effect before the public health emergency period or, if there is not a negotiated rate, at the cash price as listed by the provider on a public internet website or at an amount as required by applicable law.

2. **VACCINES AND IMMUNIZATIONS.** This Plan covers any qualifying coronavirus preventive service and will not impose any cost sharing requirements (including deductibles, copayments, or coinsurance) whether provided by a network or non-network provider (if applicable). A qualifying coronavirus preventive service is an item, service, or immunization intended to prevent or mitigate COVID-19 that is either (1) an evidence-based item or service with an "A" or "B" rating by the United States Preventive Services Task