

SCHEDULE OF BENEFITS

Plan Sponsor: Douglas County
Benefit Period: June 1 - May 31

| Primary Plan Covered Services | In-Network | Out-of-Network |
|--|--------------------|--|
| Benefit Period Maximum | \$2,000,000 | |
| Deductible (per Benefit Period) | | |
| Individual | \$0 | \$400 |
| Family | \$0 | \$800 |
| <i>Other special deductibles may apply to specific services</i> | | |
| Out-of-Pocket Maximum <i>(includes Deductible)</i> | | |
| Individual | \$1,300 | \$3,000 |
| Family | \$2,600 | \$6,000 |
| Standard Benefit Percentage | 80% | 60% |
| Services at an In-Network facility rendered by an Out-of-Network Provider for Ancillary Radiology, Anesthesia, Pathology | | In-Network Rate |
| Services received Out-of-Network while traveling | | Out-of-Network rate, Deductible waived |

NOTE: Because of special discount arrangements for individuals covered under this Plan, services rendered by the following “Contracted Providers” will be payable at the In-Network rate:

- ★ Douglas County Visiting Nurse Association
- ★ Bert Nash Community Mental Health Center, Inc.
- ★ Lawrence/Douglas County Ambulance Service
- ★ Qualicare

| Primary Plan Covered Services | In-Network | Out-of-Network |
|--|--|---|
| | Deductible and Co-insurance Apply Except as Provided: | |
| Physician Services Office Visits | 100% after \$15 Co-pay | 60% |
| Lab/X-Ray | 80% | 60% |
| <i>Services rendered at time of visit</i> | | |
| Preventive Care Mammogram/pap smear PSA Tests Immunizations Routine Physical Examinations for Employee, Spouse and each covered Dependent Child (age 2 and over) Vision Exam (<i>1 exam per year</i>) \$50 Max. for purchase of eyewear | 100% | 100% Deductible waived |
| Well Child/Well Baby Care (under age 2 includes immunizations and office visit) | 100% after \$15 Co-pay | 100% after \$15 Co-pay Deductible waived |
| Preventive Colonoscopy (age 50 and over) Initial Colonoscopy | 100% | 100% Deductible applies |
| Subsequent Preventive Colonoscopies (limited to one (1) every five years) | 80% | 60% |
| Hospital Care | 80% | 60% |
| Outpatient Surgery | 80% | 60% |
| Emergency Room¹ <i>Co-pay waived if admitted</i> | \$50 Co-pay, then 80% | \$100 Co-pay, then 60% after the Deductible |
| Private Duty Nursing <i>\$2,000 Max. per Benefit Period</i> | 80% | 60% |
| Ambulance | 80% | 60% |
| Organ Transplant | 80% | 60% |
| Skilled Nursing Facility <i>60 Days Max. per Benefit Period</i> | 50% | 50% |
| Home Health Care <i>120 visits per disability Max. per Benefit Period</i> | 80% | 60% |

¹ Coverage for emergency room treatment at an Out-of-Network Hospital for conditions that meet the definition of Emergency will be considered at the In-Network level. If you are then admitted to the Out-of-Network Hospital, Covered Expenses for Hospital and Physician services will be considered at the In-Network level until your Attending Physician determines it is medically appropriate for you to be transferred.

| Primary Plan Covered Services | In-Network | Out-of-Network |
|--|-------------------|---------------------------|
| Hospice Care | 80% | 60% |
| Rehabilitation Facility | 80% | 60% |
| Physical, Occupational, and Speech Therapy <i>90 visits combined Max. per Benefit Period</i> | 80% | 60% |
| Chiropractic Care <i>\$25 Max. per visit</i> <i>\$500 Max. per Benefit Period</i> | 50% | 50% Deductible waived |
| Mental and Nervous/Substance Abuse Inpatient | 80% | 60% |
| Outpatient | 80% | 60% |
| Preadmission Testing (with in 7 days of admission) | 100% | 100% Deductible waived |
| Second Surgical Opinion | 100% | 100% Deductible waived |
| Durable Medical Equipment | 80% | 60% |
| Allergy Shots and Testing | 80% | 60% |
| TMJ Treatment | 80% | 80% Deductible waived |
| Impacted Teeth | 80% | 80% Deductible waived |

| PRESCRIPTION DRUG BENEFITS | |
|---|--|
| Retail Pharmacy (30-day supply) Generic (preferred) Brand Name (preferred) <i>One Co-payment applies per 30 days of medication</i> | \$8 Co-pay \$35 Co-pay |
| Retail 90-Day Generic (preferred) Brand Name (preferred) | \$24 Co-pay \$105 Co-pay |
| Specialty Injectables (30-day supply) Generic (preferred) Brand Name (preferred) | \$8 Co-pay \$35 Co-pay |
| Compound Drugs | \$40 Co-pay or 50% of the cost of the compound, whichever is higher |
| <p>If a generic equivalent of a prescription Drug is available and the Covered Person chooses the brand name over the generic equivalent, then he or she must pay the cost difference between the generic and brand name Drug in addition to the brand name Co-pay. However, if there is a documented medical reason (such as an allergic reaction) for the brand name Drug to be dispensed, this provision is waived and the Covered Person will pay only the brand name Co-pay.</p> | |
| <p>Prescriptions filled Out-of-Network, if purchased after hours due to an Emergency or while the Covered Person is on vacation, must be submitted manually to Administrative Services who will send them to the Pharmacy Benefit Manager for reimbursement. The Covered Person will be reimbursed the amount paid, less the Co-pay due, plus a manual claim fee.</p> | |
| <p>Specialty Drugs are only available in 30-day supplies and <u>must</u> be obtained through the pharmacy benefit manager's Specialty Drug program in order to be a covered Benefit, see the section titled, <i>Appendix C, Prescription Drug Benefits</i>, for further details.</p> | |

| DENTAL BENEFITS | |
|---|--|
| Maximum Benefit Class I, II and III Combined (per person per Benefit Period, ages 19 and over) | \$1,250 |
| Deductible (per Benefit Period) Individual Family | \$50 per Covered Person After two (2) members of the family unit have <u>fully satisfied</u> the deductible in a Benefit Period, no further deductible will be applied in that Plan Year against dental expenses incurred by members of the family. |
| Benefit Percentages: Class I - Preventive & Diagnostic Class II - Basic Class III - Major | 100% Deductible waived 80% 50% |

AMENDMENT AND RESTATEMENT
DOUGLAS COUNTY EMPLOYEE BENEFIT TRUST

The terms of the Douglas County Employee Benefit Trust provide that Douglas County (“the Plan Sponsor”) may amend the Plan at any time and from time to time. In accordance with the authority granted by that provision, the Plan Sponsor hereby amends and restates the Plan in its entirety, in the form attached hereto.

This amendment and restatement shall be effective June 1, 2011, except that certain provisions of this amended and restated Plan may be effective earlier, to the extent changes in the law so require.

DOUGLAS COUNTY

By _____

Title _____

Date _____

ATTEST:
