Summary of Material Modifications Amendment

To the Revised April 1, 2015 Summary Plan Description of The Affiliated Physicians and Employers Health Plan

The following information will be sent to all APEHP members on 5/1/2018

I. The Plan will change Plan's Allowable Charges definition as follows:

Plan's Allowable Charges are charges that do not exceed the maximum dollar amount the Plan will recognize for a covered service, procedure or supply. For all In-Network services the Plan will pay based on the contracted rate between the Provider and the Plan.

The In-Network Provider cannot collect more than the contracted rate between Plan payment and Member responsibility of deductible, copay and/or coinsurance, if applicable.

For all Out-of-Network elective and non-emergent services the Plan will not pay more than 140% of current year Medicare/RBRVS. If there is not a Medicare rate for a specific service, an allowable amount is determined based on the Claims Administrator review and approval of comparable services and recommendations. The Out-of-Network provider can collect the difference of their billed amount and total paid amount, unless there is a previously established agreement to accept total paid amount as payment in full. Charges in excess of the Plan's Allowable Charges are not considered covered charges under the Plan and do not accrue towards Your maximum out-of-pocket allowance.

II. The Plan will add new definitions for the following:

Non-Emergent Services are services that do not require immediate attention due to a non-life-threatening condition.

Examples of Non-Emergent Services include, but not limited to: scheduled medical appointment or surgery, dialysis, chemotherapy, physical therapy, influenza, routine services.

Out-of-Network Elective Services means a member chooses services that are provided by an Out-Of-Network Provider and are Non-Emergent Services.

RBRVS means Resource-Based Relative Value Scale that is a scheme used to determine how much money medical provider should be paid. It is partially used by Medicare in the United States and by nearly all health maintenance organizations (HMOs). RBRVS assigns procedures performed by a physician or other medical provider a relative value which is adjusted by geographic region. This value is then multiplied by a fixed conversion factor, which changes annually, to determine the amount of payment.

III. Plans A, B, D, G, L, P and R Schedule of Benefits will reflect for Out-of-Network elective and non-emergent services the Plan will not pay more than the Plan's Allowable Charges which will be based on 140% of current year Medicare/RBRVS.

IV. If you are enrolled in Delta Dental, the following enhancements will be added: Carryover Max Benefit and Oral Health Enhancement Option. Please visit http://apehp.com/resources/ and click on Dental for more information.

V. If you are enrolled in Delta Dental, the following changes will be made to Standard Benefits:

PLAN	CURRENT BENEFIT	NEW BENEFIT
Fillings for posterior teeth	Covers Silver Filling	Covers Silver & White Filling
Fluoride	1x/year	Children 2x/year; Adults 1x/yr
Bitewing X-rays	2x/year	Children 2x/yr; Adults 1x/yr
Panoramic Film	1 every 3 yrs or 36 months	1 every 5 yrs or 60 months