

**SUMMARY OF MATERIAL MODIFICATION
AND
AMENDMENT #9
TO THE
EFFINGHAM COUNTY
EMPLOYEE BENEFIT PLAN
GROUP NO. 17760**

This Summary of Material Modification and Amendment describes changes to the Effingham County Employee Benefit Plan effective January 1, 2021. These changes are effective as of **January 1, 2026** and will remain in effect until amended in writing by the Plan Administrator.

This document should be read carefully and attached to the Plan Document and Summary Plan Description. Please contact the Plan Administrator identified in the Summary Plan Description if you have any questions regarding the changes described in this Summary of Material Modification.

Effingham County Board of Commissioners (the "Plan Sponsor") is amending the Effingham County Employee Benefit Plan (the "Plan") as follows:

1. *The **Deductible** and **Out-of-Pocket Maximum** subsections under the **General Overview of the Plan** section are hereby deleted and replaced as shown below:*

GENERAL OVERVIEW OF THE PLAN

Deductible

Base Plan and Buy-Up Plan Only: A Deductible is the total amount of eligible expenses as shown in the Medical Schedule of Benefits, which must be Incurred by you during any Calendar Year before Covered Expenses are payable under the Plan. The family Deductible maximum, as shown in the Medical Schedule of Benefits, is the maximum amount which must be Incurred by the covered family members during a Calendar Year. However, each individual in a family is not required to contribute more than one individual Deductible amount to a family Deductible.

If the Deductible is satisfied in whole or in part by eligible expenses Incurred during October, November or December, those expenses will apply to the Deductible applicable in the next Calendar Year.

QHDHP Plan Only: A Deductible is the total amount of eligible expenses as shown in the Medical Schedule of Benefits, which must be Incurred by you during any Calendar Year before Covered Expenses are payable under the Plan, except as otherwise shown in the Medical Schedule of Benefits. The family Deductible maximum, as shown in the Schedule of Benefits, is the maximum amount which must be Incurred by covered family members during a Calendar Year. When selecting family coverage, the entire family Deductible must be satisfied by one individual or collectively before benefits will be paid at the Coinsurance rate.

Out-of-Pocket Maximum

An Out-of-Pocket Maximum is the maximum amount you and/or all of your family members will pay for eligible expenses Incurred during a Calendar Year before the percentage payable under the Plan increases to 100%.

The single Out-of-Pocket Maximum applies to a Covered Person with single coverage. When a Covered Person reaches his or her Out-of-Pocket Maximum, the Plan will pay 100% of additional eligible expenses for that individual during the remainder of that Calendar Year.

Base Plan and Buy-Up Plan Only: The family Out-of-Pocket Maximum applies collectively to all Covered Persons in the same family. The family Out-of-Pocket Maximum is the maximum amount that must be satisfied by covered family members during a Calendar Year. The entire family Out-of-Pocket Maximum must be satisfied; however each individual in a family is not required to contribute more than the single Out-of-Pocket amount to the family Out-of-Pocket Maximum before the Plan will pay 100% of Covered Expenses for any Covered Person in the family during the remainder of that Calendar Year.

QHDHP Plan Only: The family Out-of-Pocket Maximum applies collectively to all Covered Persons in the same family. The family Out-of-Pocket Maximum is the maximum amount that must be satisfied by covered family members during a Calendar Year. When selecting family coverage, the entire family Out-of-Pocket Maximum must be satisfied, by one individual or collectively, before the Plan will pay 100% of Covered Expenses for any Covered Person in the family during the remainder of that Calendar Year.

All Plans:

Your Out-of-Pocket Maximum may be higher for Non-Participating Providers than for Participating Providers. Please note, however, that not all Covered Expenses are eligible to accumulate toward your Out-of-Pocket Maximum. The types of expenses, which are not eligible to accumulate toward your Out-of-Pocket Maximum, ("non-accumulating expenses") include:

- (1) Charges over Usual and Customary Charges for Non-Participating Providers.
- (2) Charges this Plan does not cover.
- (3) Non-Participating Provider transplant expenses.

Reimbursement for any eligible non-accumulating expenses will continue at the percentage payable shown in the Schedule of Benefits, subject to the Plan maximums.

The Plan will not reimburse any expense that is not a Covered Expense. In addition, you must pay any expenses that are in excess of the Usual and Customary Charges for Non-Participating Providers. This could result in you having to pay a significant portion of your claim. None of these amounts will accumulate toward your Out-of-Pocket Maximum.

Once you have paid the Out-of-Pocket Maximum for eligible expenses Incurred during a Calendar Year, the Plan will reimburse additional eligible expenses Incurred during that year at 100%.

If you have any questions about whether an expense is a Covered Expense or whether it is eligible for accumulation toward your Out-of-Pocket Maximum, please contact your Plan Administrator for assistance.

2. *The **Medical Schedule of Benefits – QHDHP Plan** is hereby added to the Plan as shown in **Exhibit A**.*
3. *The **Prescription Drug Schedule of Benefits – QHDHP Plan** is hereby added to the Plan as shown in **Exhibit B**.*
4. *Numbers **(9) - Circumcision** and **(53) - Routine Newborn Care** under the **Eligible Medical Expenses** section are hereby deleted and replaced as shown below:*

ELIGIBLE MEDICAL EXPENSES

- (9) **Circumcision:** Services and supplies related to circumcision. Circumcision performed while Hospital confined following birth will be considered as part of the mother's expenses. For the QHDHP Plan option, circumcision while Hospital confined following birth will be considered as a newborn expense.
- (53) **Routine Newborn Care:** Routine newborn care including Hospital nursery expenses and routine pediatric care while confined following birth will be considered as part of the mother's expense. For the QHDHP Plan option, routine newborn care including Hospital nursery expenses and routine pediatric care while confined following birth will be considered as part of the newborn's expense.

If the newborn is ill, suffers an Injury or requires care other than routine care, benefits will be provided on the same basis as any other eligible expense.

In Witness Whereof, Effingham County Board of Commissioners has caused this Amendment to take effect, be attached to, and form a part of their Employee Benefit Plan.

Title

Title

EXHIBIT A

MEDICAL SCHEDULE OF BENEFITS – QHDHP PLAN

QHDHP PLAN	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
LIFETIME MAXIMUM BENEFIT	Unlimited	
CALENDAR YEAR MAXIMUM BENEFIT	Unlimited	
CALENDAR YEAR DEDUCTIBLE (combined with Prescription Drug Card)		
Single	\$3,000	\$6,000
Family	\$6,000	\$12,000
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible, Coinsurance and Copays – combined with Prescription Drug Card)		
Single	\$5,000	\$10,000
Family	\$10,000	\$20,000
MEDICAL BENEFITS		
Allergy Serum	80% after Deductible	60% after Deductible
Allergy Testing and Injections	80% after Deductible	60% after Deductible
Ambulance Services	80% after Deductible	Paid at Participating Provider level of benefits
Air Ambulance Services	80% after Deductible	Paid at Participating Provider level of benefits Up to 300% of Medicare Allowable Rates
NOTE: Ambulance services received from a Non-Participating Provider for a non-Emergency Medical Condition is limited to \$50,000 per trip.		
Cardiac Rehab (Outpatient)	80% after Deductible	60% after Deductible
Chemotherapy (Outpatient – Includes all related charges)	80% after Deductible	60% after Deductible
Chiropractic Care/Spinal Manipulation	80% after Deductible	60% after Deductible
Calendar Year Maximum Benefit	20 visits	
Diabetic Education	Paid based on place of service	Paid based on place of service
Diagnostic Testing, X-Ray and Lab Services (Outpatient)	80% after Deductible	60% after Deductible
Advanced Imaging (MRI, MRA, CT and PET Scans, Bone Density, Scintimammography, Capsule Endoscopy)	80% after Deductible	60% after Deductible
Dialysis (Outpatient)	80% after Deductible	60% after Deductible

QHDHP PLAN	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
Durable Medical Equipment (DME)	80% after Deductible	60% after Deductible
Emergency Services/Emergency Room Services	80% after Deductible	Paid at the Participating Provider level of benefits
Hearing Aids (Covered Persons up to age 19)	80% after Deductible	60% after Deductible
Maximum Benefit	\$3,000 per hearing aid per hearing impaired ear every 48 months	
Home Health Care	80% after Deductible	60% after Deductible
Calendar Year Maximum Benefit	120 days	
Hospice Care	80% after Deductible	60% after Deductible
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)		
Inpatient	80% after Deductible	60% after Deductible
Room and Board Allowance*	Semi-Private Room Rate*	Semi-Private Room Rate*
Intensive Care Unit	ICU/CCU Room Rate	ICU/CCU Room Rate
Miscellaneous Services & Supplies	80% after Deductible	60% after Deductible
Outpatient	80% after Deductible	60% after Deductible
* A private room will be considered eligible when Medically Necessary. Charges made by a Hospital having only single or private rooms will be considered at the least expensive rate for a single or private room.		
Infertility (see Eligible Medical Expenses)	Paid based on place of service	Paid based on place of service
NOTE: Includes any item or service not otherwise covered under the preventive services provision.		
Infusion Therapy (Outpatient)	80% after Deductible	60% after Deductible
Maternity (non-facility charges)*		
Preventive Prenatal and Breastfeeding Support (other than lactation consultations)	100%, Deductible waived	60% after Deductible
Lactation Consultations	100%, Deductible waived	100%, Deductible waived
All Other Prenatal, Delivery and Postnatal Care	80% after Deductible	60% after Deductible
Mental Disorders and Substance Use Disorders		
Inpatient	80% after Deductible	60% after Deductible
Outpatient/Telemedicine	80% after Deductible	60% after Deductible
NOTE: Emergency care (ambulance and Emergency Services/Room) will be paid the same as the benefits for ambulance services and Emergency Services/Room listed above in the Medical Schedule of Benefits, however, the Participating Provider level of benefits will always apply regardless of the provider utilized.		
Morbid Obesity	Paid based on place of service	Paid based on place of service
Lifetime Maximum Benefit	1 Surgical Procedure	
Occupational Therapy (OT) (Outpatient)	80% after Deductible	60% after Deductible
Calendar Year Maximum Benefit	20 visits	
Physical Therapy (PT) (Outpatient)	80% after Deductible	60% after Deductible
Calendar Year Maximum Benefit	20 visits	

QHDHP PLAN	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
Physician's Services		
Inpatient/Outpatient Services	80% after Deductible	60% after Deductible
Office Visits/Telemedicine:	80% after Deductible	60% after Deductible
Physician Office Surgery	80% after Deductible	60% after Deductible
Teladoc	\$20 Copay then 100%, Deductible waived	N/A
Preventive Services and Routine Care		
Preventive Services (includes the office visit and any other eligible item or service received at the same time, whether billed at the same time or separately)	100%, Deductible waived	100%, Deductible waived
Routine Care (includes any routine care item or service not otherwise covered under the preventive services provision above)	100%, Deductible waived	100%, Deductible waived
Prosthetics	80% after Deductible	60% after Deductible
Radiation Therapy (Outpatient - includes all related charges)	80% after Deductible	60% after Deductible
Respiratory/Pulmonary Therapy (Outpatient)	80% after Deductible	60% after Deductible
Retail Health Clinic	80% after Deductible	60% after Deductible
Skilled Nursing Facility and Rehabilitation Facility	80% after Deductible	60% after Deductible
Combined Calendar Year Maximum Benefit	60 days	
Speech Therapy (ST) (Outpatient)	80% after Deductible	60% after Deductible
Calendar Year Maximum Benefit	20 visits	
Surgery (Outpatient) (does not include Surgery in the Physician's office)		
Ambulatory Surgical Center:	80% after Deductible	60% after Deductible
Outpatient Hospital (facility, professional fees and miscellaneous)	80% after Deductible	60% after Deductible
Transplants	80% after Deductible (Aetna IOE Program)* 60% after Deductible (All Other Network Providers)	60% after Deductible
Non-Participating Provider Donor Search Maximum Benefit	N/A	\$30,000 per transplant
* Please refer to the Aetna Institute of Excellence (IOE) Program section of this Plan for a more detailed description of this benefit, including travel and lodging maximums. Travel and lodging will be paid at 100% after Deductible.		
NOTE: Cornea transplants performed by any provider are covered under the Plan as a separate benefit and paid the same as any other illness.		
Urgent Care Facility	80% after Deductible	60% after Deductible

QHDHP PLAN	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
Wig (see Eligible Medical Expenses)	80% after Deductible	60% after Deductible
Calendar Year Maximum Benefit	1 wig up to \$500	
All Other Eligible Medical Expenses	80% after Deductible	60% after Deductible

EXHIBIT B

PRESCRIPTION DRUG SCHEDULE OF BENEFITS – QHDHP PLAN

BENEFIT DESCRIPTION	BENEFIT
NOTE: The Covered Person will be reimbursed the amount that would have been paid to a Participating Provider less the applicable Copay if Prescription Drugs are obtained from a Non-Participating Provider.	
CALENDAR YEAR DEDUCTIBLE (combined with major medical Deductible) Single Family	 \$3,000 \$6,000
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible and Copays – combined with major medical Out-of-Pocket) Single Family	 \$5,000 \$10,000
Retail Pharmacy: 30-day supply	
Generic Drug	Deductible, then \$10 Copay
Preferred Drug	Deductible, then \$45 Copay
Non-Preferred Drug	Deductible, then \$85 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay, Deductible waived
Mandatory Specialty Pharmacy Program: 30-day supply	
Specialty Drug	20% after Deductible
NOTE: Specialty Drugs MUST be obtained directly from the specialty pharmacy. Specialty Drugs are not available at retail or mail order pharmacies and there are no grace fills provided to Covered Persons.	
Retail Pharmacy: 60-day supply	
Generic Drug	Deductible, then \$20 Copay
Preferred Drug	Deductible, then \$90 Copay
Non-Preferred Drug	Deductible, then \$170 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay, Deductible waived
Retail Pharmacy: 90-day supply	
Generic Drug	Deductible, then \$30 Copay
Preferred Drug	Deductible, then \$135 Copay
Non-Preferred Drug	Deductible, then \$255 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay, Deductible waived
Mail Order Pharmacy: 90-day supply	
Generic Drug	Deductible, then \$20 Copay
Preferred Drug	Deductible, then \$90 Copay
Non-Preferred Drug	Deductible, then \$170 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay, Deductible waived

NOTE: Certain Prescription Drug classes are subject to Step Therapy. (See the Prescription Drug Card Program section for further details regarding Step Therapy.)

Dispense as Written

The Plan requires pharmacies dispense Generic Drugs when available unless the Physician specifically prescribes a Preferred or Non-Preferred Drug and marks the script "Dispense as Written" (DAW). Should a Covered Person choose a Preferred or Non-Preferred Drug rather than the Generic equivalent when the Physician allowed a Generic Drug to be dispensed, the Covered Person will also be responsible for the cost difference between the Generic and Preferred or Non-Preferred Drug. The cost difference is not covered by the Plan and will not accumulate toward your Out-of-Pocket Maximum.

Mandatory Specialty Pharmacy Program

Self-administered Specialty Drugs that do not require administration under the direct supervision of a Physician must be obtained directly from the specialty pharmacy program. For additional information, please contact the Prescription Drug Card Program Administrator.

Specialty Drugs that must be administered in a Physician's office, infusion center or other clinical setting, or the Covered Person's home by a third party, will be considered under the Medical Benefits section of the Plan. Those drugs that can be self-administered and do not require the direct supervision of a Physician are only eligible under the Prescription Drug Program.

Advanced Control Specialty Formulary

Advanced Control Specialty Formulary (ACSF) is a moderately aggressive approach and presents specialty trend management. The formulary utilizes formulary exclusions, new-to-market (NTM) drug management and tiering strategies to help ensure clinically appropriate utilization and cost-effectiveness of specialty therapies.

Rx Smart Savings Program

The Rx Smart Savings Program works with the Plan, your Physician, and pharmacies to improve your quality of care and identify possible savings in your Prescription Drug coverage. From time to time, you may be contacted by a program representative who will speak with you about possible alternatives to your current prescribed drugs. The decision to switch to a different prescribed drug is up to you and your Physician.

Preventive Drug means items which have been identified by the U.S. Department of Health and Human Services (HHS) as a preventive service. You may view the guidelines established by HHS by visiting the following website:

<https://www.healthcare.gov/what-are-my-preventive-care-benefits>

For a list of Preventive Drugs, contact the Prescription Drug Card Program Administrator identified in the General Plan Information section of this Plan.