

## EFFINGHAM COUNTY BOARD OF COMMISSIONERS

**Subject:** Stop loss carrier effective January 1, 202

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Enclosed please find the amendment you requested to your Plan Document/Summary Plan Description (PD/SPD). Any self-funded plan with a stop loss relationship must mirror the exclusions and defined terms in the stop loss contract within the corresponding Plan Document/Summary Plan Description (PD/SPD). If a contradiction between the stop loss contract and the PD/SPD exists, a gap in coverage may be created.

Your amendment includes Meritain Health, Inc. standard language. Please be sure to compare this amendment and your current PD/SPD with the provisions of your stop loss contract to ensure the language aligns. If exclusions and defined terms do not align after your comparison, please do not execute this document and immediately contact your Client Management Representative and provide information on the required language changes.

If no changes are required, please sign the attached document and return it to Meritain Health, Inc., retaining a copy for your records.

Thank you for your attention to this matter.

**SUMMARY OF MATERIAL MODIFICATION  
AND  
AMENDMENT #8  
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, 2025** 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.

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

1. *The **Sex Transformation** exclusion under **General Exclusions and Limitations** is hereby deleted and **Gender Reassignment** is added alphabetically under **Eligible Medical Expenses**:*

**ELIGIBLE MEDICAL EXPENSES**

**Gender Reassignment Services:** Services and supplies provided in connection with gender transition when you have been diagnosed with gender identity disorder or gender dysphoria by a Physician. This coverage is provided according to the terms and conditions of the Plan that apply to all other covered medical conditions, including Medical Necessity requirements, Medical Management, Prescription Drug programs, and exclusions for Cosmetic services (except as allowed per guidelines). Additional guidelines or requirements may need to be satisfied before benefits are paid under the Plan. Coverage includes, but is not limited to, Medically Necessary services related to gender transition such as gender reassignment (sex change) Surgery, breast removal, gonadectomy, breast implants, hormone therapy, and psychotherapy.

Services that are excluded on the basis that they are Cosmetic include, but are not limited to: abdominoplasty; blepharoplasty; body contouring (liposuction of waist); brow lift; calf implants; cheek/malar implants; chin/nose implants; collagen injections; construction of a clitoral hood; drugs for hair loss or growth; face lifting; facial bone reduction; facial feminization and masculinization Surgery; feminization of torso; forehead lift; jaw reduction (jaw contouring); hair removal (e.g., electrolysis, laser hair removal; exception: a limited number of electrolysis or laser hair removal sessions are considered Medically Necessary for skin graft preparation for genital Surgery); hair transplantation; lip enhancement; lip reduction; liposuction; masculinization of torso; mastopexy; neck tightening; nipple reconstruction; nose implants; pectoral implants; pitch-raising Surgery; removal of redundant skin; rhinoplasty; skin resurfacing (dermabrasion/chemical peel); tracheal shave (reduction thyroid chondroplasty); voice modification Surgery (laryngoplasty, cricothyroid approximation or shortening of the vocal cords); and voice therapy/voice lessons.

2. The **Nutritional Counseling** benefit under **Eligible Medical Expenses** is hereby deleted and replaced with the following:

### ELIGIBLE MEDICAL EXPENSES

**Nutritional Counseling:** Services related to nutritional counseling for medical and mental health conditions (e.g., eating disorders such as bulimia and anorexia, diabetes mellitus, gastro-intestinal disorders, chronic obstructive pulmonary disease), in which dietary adjustment has a therapeutic role, when furnished by a provider (e.g., licensed nutritionist, registered dietician, or other qualified licensed health professionals such as nurses who are trained in nutrition) recognized under the Plan. Medically Necessary nutritional counseling is covered in addition to and to the extent it is not otherwise included for coverage under the preventive services section of the Plan.

3. The **Surrogate** exclusion under **General Exclusions and Limitations** is hereby deleted and replaced with the following:

### GENERAL EXCLUSIONS AND LIMITATIONS

**Surrogate:** Expenses relating to a surrogate pregnancy of any person who is not covered under this Plan will not be considered eligible, including but not limited to pre-pregnancy, conception, prenatal, childbirth and postnatal expenses.

All other provisions of this Plan shall remain unchanged.

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.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Witness

Date

Title