

Confirmation of Benefit Changes
Jefferson County Fire Service, Group 10371

Effective 3/1/2010

B12 injections will be covered under the Medical plan based on medical necessity and will apply to the outpatient Rx maximum. B12 injection claims will process with the following benefits:

- In-Network - No co-pay/Applicable Deductible/100%
- Out of Network - No co-pay/Applicable Deductible/70%

The outpatient drug maximum under the Medical plan will increase to \$50,000. The B12 benefit listed above is the only change to what is covered under the outpatient drug maximum.

Effective 4/1/2010

In-network Office visit co-pays will increase to \$25 for Primary Care physicians. These include general and family practitioners as well as internal medicine physicians, pediatricians, and OB/GYN's.

Office visit co-pays for specialists will increase to \$50 in-network.

The co-pay for speech, occupational, and physical therapies done in an office or outpatient hospital setting will process:

- In-network - \$25 co-pay/no deductible/100%
- Out of network - will continue to pay no co-pay/deductible applies/co-insurance applies.

There will be no change to the way the in-patient speech, occupational, and physical therapies are processed.

Emergency Room visits will have an increase in the co-pay for the facility charge.

- In-Network - \$250 co-pay/No Deductible/100%
- Out of Network - \$250 co-pay/No Deductible/100%

There will be no change to the way the Emergency Room physician's charges are processed.

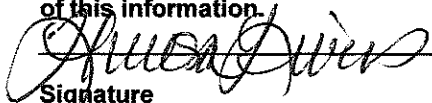
Urgent Care visits will have an increase in the co-pay for the facility charge at the in-network benefit level.

- In-Network - \$50 co-pay/No Deductible/100%
- Out of Network - No co-pay/Applicable Deductible/70%

There will be no change to the way the Urgent Care physician's charges are processed.

HRA claims begin to process after the member meets their portion of the medical deductible; \$500 Individual/\$1,000 Family. HRA claims incurred from 1/1/2010 through 3/31/2010 will pay at 100% to a Calendar Year Maximum of \$2,000 Individual/\$4,000 Family. HRA claims incurred 4/1/2010 and after will process at 80% to a Calendar Year Maximum of \$2,000 Individual/\$4,000 Family, after the member pays the 1st \$500 Individual/\$1,000 Family.

The undersigned, a representative of the Plan Administrator, has requested that the above changes be made to the referenced Plan(s). Upon my signature below, I hereby authorize MedBen to make the requested amendments. I understand that the language used in amending the Plan and its respective SPD may not exactly match the language used above. I also understand that the information on this form will be used to determine eligibility, process claims and answer customer service inquiries. I hereby agree to indemnify and hold MedBen harmless for any claims or losses that may arise from its use of this information.


Signature

03/24/2010
Date