

**DOUGLAS COUNTY SCHOOL DISTRICT
EMPLOYEE HEALTH CARE PLAN**

AMENDMENT TO THE PLAN DOCUMENT

- 1) That portion of the Plan Document for the Douglas County School District Employee Health Care Plan on page 30 under the heading "Eligible Medical Expenses" that currently reads as follows:

Autism Spectrum Disorder

Limited to \$36,000 per Calendar Year Is hereby amended and replaced with the following:

Autism Spectrum Disorder

Limited to 515 hours per Calendar Year

- 2) That portion of the Plan Document for Douglas County School District Employee Health Care Plan which references the Center for Consumer Information and Insurance Oversight (CCIIO) on pages page 18, 81, 82 and 83 are replaced with new external appeals vendor information.

Pages 81 & 83 under the heading **Level II – External Review of the Claim and Review of the Pre-Certification Denial** currently reads as follows:

Within four (4) months of the date Claimant receives an adverse benefit determination or final internal adverse benefit determination, Claimant or Claimant's authorized representative may file a request for external review. The request should be sent to:

Center for Consumer Information and Insurance Oversight (CCIIO)
Centers for Medicare and Medicaid Services (CMS)
P.O. Box 791
Washington, DC 20044

Phone: 877-549-8152
Fax: 202-606-0036
Email: disputedclaim@opm.gov

is hereby amended and replaced with the following:

By Mail:
MAXIMUS Federal Services
3750 Monroe Avenue, Suite 705
Pittsford, NY 14534 **By Phone: 1-888-866-6205 By Fax: 1-888-866-6190**

Except as specifically stated above, nothing in this amendment shall alter or amend the Plan Document/Summary Plan Description.

The effective date of this amendment is January 1, 2014.

FOR: **DOUGLAS COUNTY SCHOOL DISTRICT EMPLOYEE HEALTHCARE PLAN**

By: _____

Date: 09/23/14

Witness: C. Sherwood