

## South Central Ohio Insurance Consortium Health Plan

**Amendment No.:** 6

**Effective Date:** July 1, 2018

**Summary Plan Description:** South Central Ohio Insurance Consortium  
Health Benefit Plan for Employees of Miami  
Trace Local Schools  
**Dated: January 1, 2016**

Pursuant to the Employer's right to amend the Plan Document for South Central Ohio Insurance Consortium Health Plan for Employees of Miami Trace Local Schools (the "Plan"), the Plan is hereby amended effective July 1, 2018 as follows:

I. In the SPD under "Plan Exclusions" the following exclusion is hereby removed:

**(31) Sex changes.** Care, services or treatment for non-congenital transsexualism, gender dysphoria or sexual reassignment or change. This exclusion includes medications, implants, hormone therapy, surgery, medical, or psychiatric treatment.

II. In the SPD under "Eligibility, Funding, Effective Date and Termination Provisions", "Special Enrollment Periods", item (3) is replaced with the following:

**(3) Acquiring a newly eligible Dependent may create a Special Enrollment right. If:**

- (a)** The Employee is a participant under this Plan (or is eligible to be enrolled under this Plan but for a failure to enroll during a previous enrollment period), and
- (b)** A person becomes a Dependent of the Employee through marriage, birth, adoption or placement for adoption,

then the Dependent may be enrolled under this Plan. If the Employee is not enrolled at the time of the event, the Employee must enroll under this Special Enrollment Period in order for his eligible Dependents to enroll. In the case of the birth or adoption of a child, the Spouse of the covered Employee may be enrolled as a Dependent of the covered Employee if the Spouse is otherwise eligible for coverage.

The Special Enrollment Period for newly eligible Dependents is a period of 30 days and after the date of the marriage, birth, adoption or placement for adoption. To be eligible for this Special Enrollment, the Dependent and/or Employee must request enrollment during this 30-day period.

The coverage of the Dependent and/or Employee enrolled in the Special Enrollment Period will be effective:

- (a) in the case of marriage, the date of the marriage;
- (b) in the case of a Dependent's birth, as of the date of birth; or
- (c) in the case of a Dependent's adoption or placement for adoption, the date of the adoption or placement for adoption.

III. In the SPD under "How to Submit a Claim", "Procedure for Claiming Benefits Under the Plan", the following is added:

**The Plan is authorized to make payments directly to Providers who have performed Covered Services for you. The Plan also reserves the right in some circumstances to make payment directly to you in the event you receive Covered Services from a Non-Network Provider. When this occurs, you must pay the Provider the amounts you may owe to the Provider. You cannot assign your right to receive payment to anyone else, nor can you authorize someone else to receive your payments for you, including your Provider.**

IV. In the SPD under "How to Submit a Claim", "Incomplete Claims", the "Post Service" section is replaced with the following:

**Post-Service:** If a Post-Service Claim fails to provide sufficient information to determine whether, or to what extent, benefits are covered or payable under the Plan, the claim will be treated as an incomplete claim and the Plan will notify the claimant that additional information is needed to process the claim and it will be denied. The notice shall include a description of the missing information and shall provide the claimant no more than 180 days in which the necessary information must be provided. If the requested information is provided, the Plan shall decide the claim no later than 15 days after the missing information is received by the Plan.

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**Whereupon**, to record the adoption of the foregoing, Miami Trace Local Schools, has caused this document to be executed, on its behalf on this \_\_\_ day of \_\_\_\_\_, 2018.

**EMPLOYER:**

**Miami Trace Local Schools**

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By:

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Title

**Summary of Material Modification**  
To all Participants under the  
**South Central Ohio Insurance Consortium Health Plan**

This is a Summary of Material Modifications (“SMM”) regarding the South Central Ohio Insurance Consortium Health Benefit Plan for Employees of Miami Trace Local Schools (the “Plan”). This SMM supplements and amends the Summary Plan Description (“SPD”) previously provided to you. The effective date of the changes in this SMM is July 1, 2018, unless an alternative effective date is specified below. Please do three things:

- (1) Carefully read this SMM. If you have any questions, contact the Plan Administrator;
- (2) Keep this SMM with your Summary Plan Description; and
- (3) Mark the sections of your Summary Plan Description that have been changed, so when you look at that section of your Summary Plan Description, you will be reminded that the change described in this SMM has occurred.

I. In the SPD under “Plan Exclusions” the following exclusion is hereby removed:

**(31) Sex changes.** Care, services or treatment for non-congenital transsexualism, gender dysphoria or sexual reassignment or change. This exclusion includes medications, implants, hormone therapy, surgery, medical, or psychiatric treatment.

II. In the SPD under “Eligibility, Funding, Effective Date and Termination Provisions”, “Special Enrollment Periods”, item (3) is replaced with the following:

**(3) Acquiring a newly eligible Dependent may create a Special Enrollment right. If:**

- (a)** The Employee is a participant under this Plan (or is eligible to be enrolled under this Plan but for a failure to enroll during a previous enrollment period), and
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The coverage of the Dependent and/or Employee enrolled in the Special Enrollment Period will be effective:

- (a) in the case of marriage, the date of the marriage;
- (b) in the case of a Dependent's birth, as of the date of birth; or
- (c) in the case of a Dependent's adoption or placement for adoption, the date of the adoption or placement for adoption.

- III. In the SPD under “How to Submit a Claim”, “Procedure for Claiming Benefits Under the Plan”, the following is added:

**The Plan is authorized to make payments directly to Providers who have performed Covered Services for you. The Plan also reserves the right in some circumstances to make payment directly to you in the event you receive Covered Services from a Non-Network Provider. When this occurs, you must pay the Provider the amounts you may owe to the Provider. You cannot assign your right to receive payment to anyone else, nor can you authorize someone else to receive your payments for you, including your Provider.**

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**If you have questions about this Summary of Material Modification or about the Plan, or need a copy of the Summary Plan Description, please check with your employer’s benefits office.**

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