

**AMENDMENT NO. 5
FOR
LANCASTER GENERAL HEALTH
LG SELECT/LG CONSUMER
EMPLOYEE HEALTH BENEFIT PROGRAM**

Effective December 23, 2021

I. The “**HEALTH BENEFITS**” section shall be amended as follows:

The subsection *EXTENDED CARE FACILITY* shall be deleted in its entirety and the following substituted therefore:

EXTENDED CARE FACILITY

Extended care facility confinement is subject to pre-certification, (except at a Tier 1 or Tier 2 facility). Failure to obtain pre-certification shall result in a reduction of benefits as specified in the *Health Benefit Claim Filing Procedure* section of this document.

Extended care facility services, supplies and treatments shall be a *covered expense* provided the *enrolled individual* is under a *physician's* continuous care and the *physician* certifies that the *enrolled individual* must have twenty-four (24) hours -per-day nursing care.

Covered expenses shall include:

1. *Room and board* (including regular daily services, supplies and treatments furnished by the *extended care facility*) limited to the *facility's* average *semiprivate* roomrate; and
2. Other services, supplies and treatment ordered by a *physician* and furnished by the *extended care facility* for *inpatient* medical care.

Extended care facility benefits are subject to the *maximum benefit* specified on the *Schedule of Benefits*.

II. The section “**PRE-SERVICE CLAIM PROCEDURE**” shall be amended as follows:

The subsection *FILING A PRE-CERTIFICATION CLAIM* shall be deleted in its entirety and the following substituted therefore:

FILING A PRE-CERTIFICATION CLAIM

This pre-certification provision will be waived by the *Health Care Management Organization* if the *covered expense* is rendered/provided outside of the continental United States of America or any U.S. Commonwealth, Territory or Possession.

All *inpatient* admissions, (except *extended care facility confinement* at a Tier 1 or Tier 2 facility), *home health care* (excluding supplies), *hospice* care, transplant procedures, genetic counseling, testing and screening, durable medical equipment, private duty nursing, PET scans, MRI scans (brain/spine only), esophagogastroduodenoscopy (EGD), nuclear stress test and colonoscopy under age 45 only (for a medical diagnosis) are to be certified by the *Health Care Management Organization*. For non-urgent care, the *enrolled individual* (or their authorized representative) must contact the *Health Care Management Organization* at least fifteen (15) calendar days prior to initiation of services. If the *Health Care Management Organization* is not contacted at least fifteen (15) calendar days prior to initiation of services for non-urgent care, benefits may be reduced. For *urgent care*, the *enrolled individual* (or their authorized representative) must contact the *Health Care Management Organization* within forty-eight (48) hours or the next business day, whichever is later, after the initiation of services. Please note that if the *enrolled individual* needs medical care that would be considered as *urgent care*, then there is no requirement that the *Plan* be contacted for prior approval.

III. Effective April 1, 2022 through June 30, 2022, the section “SCHEDULE OF BENEFITS” shall be amended as follows:

In the subsection “Benefit Description” for the LG Select Plan Health Benefits, the following benefit shall be added and made part of the Plan:

BENEFIT DESCRIPTION	Tier 1 (% of <i>negotiated rate</i> , if applicable)	Tier 2 (% of <i>negotiated rate</i> , if applicable)	Nonpreferred Provider (% of the <i>allowable amount</i>)
Telemedicine Visit			N/A
Personal Family Physician	100% (after \$15 <i>copay</i>)	100% (after \$40 <i>copay</i>)	
Specialist Physician	100% (after \$30 <i>copay</i>)	100% (after \$50 <i>copay</i>)	

In the subsection “Benefit Description” for the LG Consumer Plan Health Benefits, the following benefit shall be added and made part of the Plan:

BENEFIT DESCRIPTION	Tier 1 (% of <i>negotiated rate</i> , if applicable)	Tier 2 (% of <i>negotiated rate</i> , if applicable)	Nonpreferred Provider (% of the <i>allowable amount</i>)
Telemedicine Visit			N/A
Personal Family Physician	* 100% (after \$20 <i>copay</i>)	* 100% (after \$20 <i>copay</i>)	
Specialist Physician	* 100% (after \$35 <i>copay</i>)	* 100% (after \$35 <i>copay</i>)	

*After Deductible

In the subsection “Benefit Description” for the LGMG/TR Select Plan Health Benefits, the following benefit shall be added and made part of the Plan:

BENEFIT DESCRIPTION	Tier 1 (% of <i>negotiated rate</i> , if applicable)	Tier 2 (% of <i>negotiated rate</i> , if applicable)	Nonpreferred Provider (% of the <i>allowable amount</i>)
Telemedicine Visit			N/A
Personal Family Physician	100% (after \$15 <i>copay</i>)	100% (after \$40 <i>copay</i>)	
Specialist Physician	100% (after \$30 <i>copay</i>)	100% (after \$50 <i>copay</i>)	

In the subsection “*Benefit Description*” for the **LGMG/TR Consumer Plan Health Benefits**, the following benefit shall be added and made part of the *Plan*:

BENEFIT DESCRIPTION	<i>Tier 1</i> (% of <i>negotiated rate</i> , if applicable)	<i>Tier 2</i> (% of <i>negotiated rate</i> , if applicable)	<i>Nonpreferred Provider</i> (% of the <i>allowable amount</i>)
Telemedicine Visit			N/A
Personal Family Physician	* 100% (after \$20 <i>copay</i>)	* 100% (after \$20 <i>copay</i>)	
Specialist Physician	* 100% (after \$35 <i>copay</i>)	* 100% (after \$35 <i>copay</i>)	

*After Deductible

Sections I and II, Effective December 23, 2021
 Section III, Effective April 1, 2022 through June 30, 2022

Received and accepted for Lancaster General Health