

**AMENDMENT NO. 6
FOR
LANCASTER GENERAL HEALTH
LG SELECT/LG CONSUMER
EMPLOYEE HEALTH BENEFIT PROGRAM**

I. The “**SCHEDULE OF BENEFITS**” shall be amended as follows:

The following grid in the **LG-Consumer Plan Health Benefits** schedule shall be deleted in its entirety and the following substituted therefore:

LG Consumer Plan Health Benefits			
BENEFIT DESCRIPTION	Tier 1 <small>(% of <i>negotiated rate</i>, if applicable)</small>	Tier 2 <small>(% of <i>negotiated rate</i>, if applicable)</small>	Nonpreferred Provider <small>(% of the <i>allowable amount</i>)</small>
Specialty Drugs Administered as Inpatient, in a Physician’s Office or Outpatient Facility	*60%	*60%	Not Covered

* After Deductible

The following grid in the **LGMG/TR-Consumer Plan Health Benefits** schedule shall be deleted in its entirety and the following substituted therefore:

LGMG/TR Consumer Plan Health Benefits			
BENEFIT DESCRIPTION	Tier 1 <small>(% of <i>negotiated rate</i>, if applicable)</small>	Tier 2 <small>(% of <i>negotiated rate</i>, if applicable)</small>	Nonpreferred Provider <small>(% of the <i>allowable amount</i>)</small>
Specialty Drugs Administered as Inpatient, in a Physician’s Office or Outpatient Facility	*60%	*60%	Not Covered

* After Deductible

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

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

HOME HEALTH CARE

Home health care is subject to pre-certification.

Home health care enables the *enrolled individual* to receive treatment in his home for an *illness* or *injury* instead of being confined in a *hospital* or *extended care facility*. *Covered expenses* shall include the following services and supplies provided by a *home health care agency*:

1. Part-time or intermittent nursing care by a *nurse*;
2. Physical, respiratory, occupational or speech therapy;

3. Part-time or intermittent **home health aide services** (under the supervision of a registered nurse) for an **enrolled individual** who is receiving covered nursing or therapy services.

A visit by a member of a **home health care** team and four (4) hours of **home health aide service** will each be considered one (1) **home health care** visit.

No **home health care** benefits will be provided for dietitian services (except as may be specifically provided herein), homemaker services, maintenance therapy, dialysis treatment, food or home delivered meals, rental or purchase of **durable medical equipment** or prescription or non-prescription drugs or biologicals.

The subsection **INFERTILITY SERVICES** shall be deleted in its entirety and the following substituted therefore:

INFERTILITY SERVICES

You are encouraged to contact Trustmark Health Benefits prior to receiving the following services.

Covered expenses for **infertility** services shall be limited to the amount indicated on the *Schedule of Benefits*.

The subsection **HYPERALIMENTATION OR TOTAL PARENTERAL NUTRITION (TPN)** shall be deleted:

HYPERALIMENTATION OR TOTAL PARENTERAL NUTRITION (TPN)

Covered expenses shall include charges for Hyperalimentation or Total Parenteral Nutrition (TPN) for **covered persons** recovering from or preparing for surgery or if **medically necessary** for sustaining life.

Services not performed at Lancaster General Health, but performed at a Center of Excellence facility for bariatric surgery, will be subject to \$2,500 additional **copay** and payable at 80% after the deductible has been met for LG Select Plan, and 90% after the deductible has been met for LG Consumer Plan. The employee is required to successfully complete a twelve-week pre-operative program that includes monitoring by a dietician, exercise physiologist, psychologist, and the bariatric surgeon who will be performing the surgical treatment. The successful completion of this program is demonstrated through a patient's behavior modification, indicative of post-operative change.

And replaced with:

HYPERALIMENTATION OR TOTAL PARENTERAL NUTRITION (TPN)

Covered expenses shall include charges for Hyperalimentation or Total Parenteral Nutrition (TPN) for **covered persons** recovering from or preparing for surgery or if **medically necessary** for sustaining life.

The subsection **SURGICAL TREATMENT OF MORBID OBESITY** shall be deleted in its entirety and the following substituted therefore:

SURGICAL TREATMENT OF MORBID OBESITY

You are encouraged to contact Trustmark Health Benefits prior to receiving the following services.

Morbid obesity is defined as a BMI greater than 40 kilos per meter squared, or as a BMI greater than 35 kilos per meter squared and when two (2) or more co-morbidities exist. This definition does not apply to those under the age of 18.

Covered expenses shall include charges for surgical treatment of **morbid obesity** for **enrolled individuals** with health problems that are aggravated by or related to the **morbid obesity**, including, but not limited to Gastric Bypass, Sleeve Gastrectomy, and Adjustable Banding. Services must be performed at Lancaster General Health, by Bariatric Physician Specialists, or performed at a Center of Excellence facility for bariatric surgery.

Inpatient facility services performed at Lancaster General Health, by Bariatric Physician Specialists, will be payable at 100% after a \$200 ***copay*** per admission (no deductible) for LG Select Plan, and will be payable at 90% after deductible for LG Consumer Plan. ***Outpatient*** facility services performed at Lancaster General Health, by Bariatric Physician Specialists, will be payable at 100% (no deductible) for LG Select Plan, and will be payable at 100% after deductible for LG Consumer Plan. Surgery services performed at Lancaster General Health, by Bariatric Physician Specialists, will be payable at 100% (no deductible) for LG Select Plan, and will be payable at 100% after deductible for LG Consumer Plan. The employee is required to successfully complete a twelve-week pre-operative program that includes monitoring by a dietician, exercise physiologist, psychologist, and the bariatric surgeon who will be performing the surgical treatment. The successful completion of this program is demonstrated through a patient's behavior modification, indicative of post-operative change.

Services not performed at Lancaster General Health, but performed at a Center of Excellence facility for bariatric surgery, will be subject to \$2,500 additional ***copay*** and payable at 80% after the deductible has been met for LG Select Plan, and 90% after the deductible has been met for LG Consumer Plan. The employee is required to successfully complete a twelve-week pre-operative program that includes monitoring by a dietician, exercise physiologist, psychologist, and the bariatric surgeon who will be performing the surgical treatment. The successful completion of this program is demonstrated through a patient's behavior modification, indicative of post-operative change.

This amendment is effective March 10, 2022

Received and accepted for Lancaster General Health