

**SUMMARY OF MATERIAL MODIFICATIONS  
AND  
AMENDMENT #1  
TO THE  
EGYPTIAN AREA SCHOOLS  
EMPLOYEE MEDICAL BENEFIT PLAN**

**Amendments Effective March 1, 2019**

This Summary of Material Modifications and Amendment describes changes to the Egyptian Area Schools Employee Medical Benefit Plan as restated effective September 1, 2017. These changes are effective as of **March 1, 2019** and will remain in effect until amended in writing by the Plan Administrator.

This document should be attached to the Plan Document and Summary Plan Description. Please contact the Plan Administrator identified in the Summary Plan Description if you have any questions regarding the changes described in this Summary of Material Modifications and Amendment.

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The Board of Managers of the Egyptian Area Schools Employee Benefit Trust (the "Plan Sponsor") is amending the Egyptian Area Schools Employee Medical Benefit Plan (the "Plan") as follows:

1. BlueCross BlueShield of Illinois is the Claims Administrator for claims incurred on or after March 1, 2019. BlueCross BlueShield of Illinois also handles all utilization management and customer service for such claims.
2. HealthSCOPE Benefits continues to be the third party administrator for eligibility, enrollment and billing and the claims administrator for claims incurred before March 1, 2019.
3. Prime Therapeutics is the Pharmacy Benefit Manager effective March 1, 2019, replacing Express Scripts.
4. Effective March 1, 2019, the Plan provides different levels of benefits for in network and out of network providers using the BlueCross BlueShield provider network. Refer to the Schedules of Benefits for specific in and out of network benefits.

This Amendment was approved by the Board of Managers of the Egyptian Area Schools Employee Benefit Trust at its meeting on December 5, 2018, effective March 1, 2019. This Amendment shall be attached to and form a part of the Employee Medical Benefit Plan.

**SUMMARY OF MATERIAL MODIFICATIONS  
AND  
AMENDMENT #2  
TO THE  
EGYPTIAN AREA SCHOOLS  
EMPLOYEE MEDICAL BENEFIT PLAN**

**Amendment Effective September 1, 2019**

This Summary of Material Modifications and Amendment describes changes to the Egyptian Area Schools Employee Medical Benefit Plan as restated effective September 1, 2017. These changes are effective as of **September 1, 2019** and will remain in effect until amended in writing by the Plan Administrator.

This document should be attached to the Plan Document and Summary Plan Description. Please contact the Plan Administrator identified in the Summary Plan Description if you have any questions regarding the changes described in this Summary of Material Modifications and Amendment.

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The Board of Managers of the Egyptian Area Schools Employee Benefit Trust (the "Plan Sponsor") has amended the Egyptian Area Schools Employee Medical Benefit Plan (the "Plan") as follows. The changes made by sections 2 through 6 below are made to comply with changes in Illinois law.

1. **Section 15.01, Eligible Medical Expenses**, is amended by deleting section 14 and substituting new section 14 to read as follows:

"14. **Chiropractic Care.** Spinal adjustment and manipulation, x-rays for manipulation and adjustment, heat treatment, cold treatment, massage, and other modalities performed by a Physician or other licensed practitioner. Refer to the Schedules of Benefits for specific benefit levels for in and out of network services."

2. **Section 15.01, Eligible Medical Expenses**, is amended by deleting section 13 and substituting new section 13 to read as follows:

"13. **Chemotherapy.** Charges for chemotherapy/radiation. With respect to drug treatment of Stage 4 advanced metastatic cancer, the Plan will not limit or exclude coverage for an FDA-approved drug by mandating that the Participant first be required to fail to successfully respond to a different drug or prove a history of failure of the drug provided that the use of the prescribed drug is consistent with best practices for the treatment of stage 4 advanced metastatic cancer and is supported by peer-reviewed medical literature."

3. **Section 15.01, Eligible Medical Expenses**, is amended by deleting section 35 and substituting new section 35 to read as follows:

"35. **Mental Disorders, Alcohol and/or Substance Use Disorders.** Treatment of Mental Disorders of any type, regardless of cause or origin, including but not limited to ICD 10 codes F01 – F99, may be provided by an M.D. or Ph.D. Clinical Psychologist, or by a master's level counselor (M.A.) or Master of Social Work (M.S.W.), provided they are licensed in the political jurisdiction where practicing, acting within the scope of their licenses and performing services ordered by an M.D., D.O. or a Ph.D. Clinical Psychologist.

Effective September 1, 2019, the Plan will comply with the requirements of the Mental Health Parity and Addiction Equity Act. Expenses for treatment of Mental Disorders, Alcohol and/or Substance Use Disorders by eligible providers are covered on the same basis as other covered medical services,

with no fixed inpatient day limits or outpatient visit limits, but subject to applicable medical necessity and policy guidelines.”

4. **Section 15.01, Eligible Medical Expenses**, is amended by adding new section 69 to read as follows:

“69. **Standard Fertility Preservation.** Medically necessary expenses for standard fertility preservation services are covered when a necessary medical treatment (such as surgery, radiation, chemotherapy or other treatment affecting reproductive organs or processes) may cause infertility. Standard fertility preservation services include such procedures as freezing eggs or sperm or embryos and certain surgical procedures that meet standards of care established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or other national medical associations.”

5. **Section 15.01, Eligible Medical Expenses**, is amended by adding new section 70 to read as follows:

“70. **Hearing Exams/Aids for Children to Age 18.** Medically necessary hearing aids or devices and related services for children up to the age of 18 are covered when a hearing care professional prescribes a hearing instrument. This includes coverage for one hearing instrument for each ear every 36 months. Repairs are covered when medically necessary. Covered related services include audiological exams and selection, fitting and adjustment of ear molds. Routine hearing exams are covered for children when considered preventive care services under the Affordable Care Act.”

6. **Section 16.01, Exclusions and Limitations**, is amended by deleting exclusion 21 and substituting new exclusion 21 to read as follows:

“21. **Hearing Exams/Aids.** Expenses for routine hearing examinations, hearing aids (including the fitting thereof) and supplies will not be considered eligible except as specifically provided under Eligible Medical Expenses.”

This Amendment was approved by the Board of Managers of the Egyptian Area Schools Employee Benefit Trust at its meeting on May 8, 2019, effective September 1, 2019. This Amendment shall be attached to and form a part of the Employee Medical Benefit Plan.

**SUMMARY OF MATERIAL MODIFICATIONS  
AND  
AMENDMENT #3  
TO THE  
EGYPTIAN AREA SCHOOLS  
EMPLOYEE MEDICAL BENEFIT PLAN**

**Amendment Effective January 1, 2020**

This Summary of Material Modifications and Amendment describes a change to the Egyptian Area Schools Employee Medical Benefit Plan as restated effective September 1, 2017. This change is effective as of **January 1, 2020** and will remain in effect until amended in writing by the Plan Administrator.

This document should be attached to the Plan Document and Summary Plan Description. Please contact the Plan Administrator identified in the Summary Plan Description if you have any questions regarding the change described in this Summary of Material Modifications and Amendment.

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The Board of Managers of the Egyptian Area Schools Employee Benefit Trust (the "Plan Sponsor") has amended the Egyptian Area Schools Employee Medical Benefit Plan (the "Plan") as follows:

**Section 16.01, Exclusions and Limitations**, is amended by deleting exclusion 56 which reads as follows:

"56. **Sex Transformation.** Expenses in connection with sex transformation (gender reassignment) will not be considered eligible."

As a result of this amendment, expenses for such services will be covered by the Plan on the same basis as other covered services subject to medical necessity and policy guidelines.

This Amendment was approved by the Board of Managers of the Egyptian Area Schools Employee Benefit Trust at its meeting on December 4, 2019, effective January 1, 2020. This Amendment shall be attached to and form a part of the Employee Medical Benefit Plan.

**SUMMARY OF MATERIAL MODIFICATIONS  
AND  
AMENDMENT #4  
TO THE  
EGYPTIAN AREA SCHOOLS  
EMPLOYEE MEDICAL BENEFIT PLAN**

**Effective in 2020**

This Summary of Material Modifications and Amendment describes changes to the Egyptian Area Schools Employee Medical Benefit Plan as restated effective September 1, 2017. These amendments are intended to address concerns raised by COVID-19 and recent changes in Illinois law. These changes will be effective as of the dates and for the periods set forth below.

This document should be attached to the Plan Document and Summary Plan Description. Please contact the Plan Administrator identified in the Summary Plan Description if you have any questions regarding the changes described in this Summary of Material Modifications and Amendment.

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The Board of Managers of the Egyptian Area Schools Employee Benefit Trust (the "Plan Sponsor") is amending the Egyptian Area Schools Employee Medical Benefit Plan (the "Plan") as follows.

- 1. Testing for COVID-19 and Related Services.** This change is effective for expenses incurred on or after **January 1, 2020**.

The Plan will cover diagnostic testing, including serological testing, for COVID-19 and related services at no cost to Participants, including Participants in high deductible health plans. Related services may include an office visit or telehealth visit, urgent care visit or emergency room visit that results in an order for or administration of a diagnostic test for COVID-19, and other services provided during such visit that relate to the administration of the test or evaluation of the need for the test, including screening for other causes of respiratory illness, as determined appropriate by the attending healthcare provider.

- 2. Telehealth Services.** This change is effective for expenses incurred in the period **March 18, 2020 through June 30, 2020**. The coverage period may be extended beyond June 30, 2020 in accordance with guidelines issued by BlueCross and BlueShield of Illinois.

During the coverage period the Plan will cover telehealth visits, including behavioral health services, with BCBS network PPO providers at no cost to Participants, including Participants in high deductible health plans. Telehealth visits are services provided in a virtual manner, such as a phone call or web-based encounter with a physician or clinic. Covered telehealth visits are not limited to services related to COVID-19.

- 3. Treatment of COVID-19.** This change is effective for expenses incurred in the period **April 1, 2020 through June 30, 2020**. The coverage period may be extended beyond June 30, 2020 in accordance with guidelines issued by BlueCross and BlueShield of Illinois.

During the coverage period the Plan will cover services for treatment of COVID-19 by BCBS network PPO providers and emergency services for treatment of COVID-19 by out of network providers at no cost to Participants, including Participants in high deductible health plans. Outside the coverage period the Plan will cover medically necessary services for treatment of COVID-19 subject to applicable plan deductibles, copays and coinsurance.

- 4. Diagnostic Mammograms.** This change provides coverage for diagnostic mammograms at no cost to Participants effective for expenses incurred on or after **July 1, 2020**.

**Section 15.01, Eligible Medical Expenses**, is amended by deleting section 20 and substituting new section 20 to read as follows:

**“20. Diagnostic Tests/Examinations.** Charges for x-rays, breast tomosynthesis, microscopic tests, laboratory tests, esophagoscopy, gastroscopy, proctosigmoidoscopy, colonoscopy, Cologuard screening and other diagnostic tests and procedures. Dental ex-rays are not eligible expenses, except when performed relating to Emergency Medical Services for Injury to sound, natural teeth or other covered dental surgery as specified under “Dental Care.”

**Cologuard Screening.** The Plan will cover Cologuard screening once every 3 years for Participants who meet all of the following criteria:

- a. Age 50 to 85 years;
- b. Asymptomatic (exhibit no signs or symptoms of colorectal disease, including but not limited to lower gastrointestinal pain, blood in stool, positive guaiac fecal occult blood test or fecal immunochemical test); and
- c. At average risk of developing colorectal cancer (no personal history of adenomatous polyps, colorectal cancer, or inflammatory bowel disease, including Crohn’s Disease and ulcerative colitis; no family history of colorectal cancers or adenomatous polyps, familial adenomatous polyposis, or hereditary nonpolyposis colorectal cancer).

**Diagnostic Mammograms.** Diagnostic mammograms, including 3D mammograms (breast tomosynthesis), provided by BCBS network PPO providers will be covered at no cost to Participants, except Participants in high deductible health plans. In high deductible health plans diagnostic mammograms provided by BCBS network PPO providers will be covered at no additional Participant cost after the Participant satisfies the applicable calendar year deductible. Diagnostic mammograms provided by non-network providers will be covered subject to applicable plan deductibles and coinsurance.”

5. **Hearing Instrument Benefit.** This change adds a hearing aid benefit for adults effective for expenses incurred on or after **September 1, 2020**.

**Section 15.01, Eligible Medical Expenses**, is amended by deleting section 70 and substituting new section 70 to read as follows:

**“70. Hearing Exams/Aids for Children to Age 18.** Medically necessary hearing aids or devices and related services for children up to the age of 18 will be covered subject to applicable plan deductibles, copays and coinsurance when a hearing care professional prescribes a hearing instrument. This includes coverage for one hearing instrument for each ear every 36 months. Repairs are covered when medically necessary. Covered related services include audiological exams and selection, fitting and adjustment of ear molds. Routine hearing exams are covered for children when considered preventive care services under the Affordable Care Act.

**Hearing Exams/Aids for Participants Age 18 and Older.** Medically necessary hearing aids or devices and related services for Participants age 18 and older will be covered subject to applicable plan deductibles, copays and coinsurance when a hearing care professional prescribes a hearing instrument to augment communication. This includes coverage for one hearing instrument for each ear every 24 months up to a maximum benefit of \$2,500 per hearing instrument. Covered related services include services necessary to assess, select and adjust or fit the hearing instrument to ensure optimal performance, including but not limited to audiological exams, replacement ear molds, and repairs to the hearing instrument.”

This Amendment was approved by the Board of Managers of the Egyptian Area Schools Employee Benefit Trust at its meeting on May 13, 2020. This Amendment shall be attached to and form a part of the Employee Medical Benefit Plan.