

PLAN DOCUMENT AMENDMENT #1

FOR

NEW ORLEANS REGIONAL PHYSICIAN HOSPITAL ORGANIZATION, INC. D/B/A PEOPLES HEALTH

PHN EMPLOYEE PLAN

EFFECTIVE JUNE 1, 2017

NOTICE IS HEREBY GIVEN that the New Orleans Regional Physician Hospital Organization, Inc. d/b/a Peoples Health PHN Employee Plan document is amended effective June 1, 2017.

CHANGE 1. The subsection, "UTILIZATION MANAGEMENT PENALTY," which appears in the subsection "Schedule of Medical Benefits" in the section entitled "HIGHLIGHTS OF THE PHN EMPLOYEE PLAN," is hereby deleted in its entirety and replaced with the following:

BENEFIT DESCRIPTION	PHN EMPLOYEE PLAN NETWORK	OUT-OF- NETWORK
UTILIZATION MANAGEMENT PENALTY		
Expenses will not be covered if you fail to precertify the following:		
<ul style="list-style-type: none">• Bariatric surgery• Brachytherapy• Diagnostic testing, including MRA scans, CTA scans, and angiograms• Durable medical equipment greater than \$1,000• Home infusion in excess of \$2,000	<ul style="list-style-type: none">• Injectable drugs in excess of \$2,000• Inpatient admissions• Organ transplants• Orthotics• Outpatient surgery• Prosthetics• Stereotactic/gamma knife procedures	

CHANGE 2. The item "Diagnostic Testing (Advanced Imaging – MRI, CAT, PET, nuclear stress tests, etc.)," which appears in the subsection "Schedule of Medical Benefits" in the section entitled "HIGHLIGHTS OF THE PHN EMPLOYEE PLAN," is hereby deleted in its entirety and replaced with the following:

BENEFIT DESCRIPTION	PHN EMPLOYEE PLAN NETWORK	OUT-OF- NETWORK
Diagnostic Testing (Advanced Imaging – MRI, CAT, PET, nuclear stress tests, etc.) (Precertification required for MRA and CTA)	100%	80% after deductible

CHANGE 3. The item "Durable Medical Equipment," which appears in the subsection "Schedule of Medical Benefits" in the section entitled "HIGHLIGHTS OF THE PHN EMPLOYEE PLAN," is hereby deleted in its entirety and replaced with the following:

BENEFIT DESCRIPTION	PHN EMPLOYEE PLAN NETWORK	OUT-OF- NETWORK
Durable Medical Equipment (Precertification is required for equipment in excess of \$1,000)	100%	80% after deductible

CHANGE 4. The item "Home Health Care," which appears in the subsection "Schedule of Medical Benefits" in the section entitled "HIGHLIGHTS OF THE PHN EMPLOYEE PLAN," is hereby deleted in its entirety and replaced with the following:

BENEFIT DESCRIPTION	PHN EMPLOYEE PLAN NETWORK	OUT-OF- NETWORK
Home Health Care	100%	80% after deductible

CHANGE 5. The item "Hospice Care," which appears in the subsection "Schedule of Medical Benefits" in the section entitled "HIGHLIGHTS OF THE PHN EMPLOYEE PLAN," is hereby deleted in its entirety and replaced with the following:

BENEFIT DESCRIPTION	PHN EMPLOYEE PLAN NETWORK	OUT-OF- NETWORK
Hospice Care	100%	Not Covered

CHANGE 6. The item "Rehabilitation Services (Physical, Occupational, Speech, & Cardiac Rehab Therapies)," which appears in the subsection "Schedule of Medical Benefits" in the section entitled "HIGHLIGHTS OF THE PHN EMPLOYEE PLAN," is hereby deleted in its entirety and replaced with the following:

BENEFIT DESCRIPTION	PHN EMPLOYEE PLAN NETWORK	OUT-OF- NETWORK
Rehabilitation Services (Physical, Occupational, Speech, & Cardiac Rehab Therapies) (Cardiac Rehab is limited to Phases I and II only) (Physical, Occupational, and Speech Therapy are limited to a combined maximum of 60 visits per Calendar Year) (Additional visits may be approved if precertification is obtained)	\$10 copay, then 100%	80% after deductible

CHANGE 7. Item "(a)," which appears in the subsection "Utilization Management" in the section entitled "UTILIZATION MANAGEMENT" is hereby deleted in its entirety and replaced with the following:

(a) Precertification of the Medical Necessity for the following non-emergency services before medical and/or surgical services are provided:

- Bariatric surgery
- Brachytherapy
- Diagnostic testing, including MRA scans, CTA scans, and angiograms
- Durable medical equipment greater than \$1,000
- Home infusion in excess of \$2,000
- Injectable drugs in excess of \$2,000
- Inpatient admissions
- Organ transplants
- Outpatient surgery (including certain surgeries performed in the Physician's office)
- Prosthetics and orthotics
- Stereotactic/gamma knife procedures

Copies of the Plan document and this Plan document amendment are maintained on file by the Plan Administrator and by the Benefit Services Manager.

This PHN Employee Plan document amendment is hereby adopted in its entirety.

By: 
Plan Administrator

Date: 7/13/17