

NCOT Mohawk Board of Education

NON-GRANDFATHERED PLAN AMENDMENT AND  
SUMMARY OF MATERIAL MODIFICATIONS

This Amendment amends your employee benefit plan (Plan) and becomes a part of your Plan as of July 1, 2015. Please place this Amendment with your Plan Document/Summary of Benefits for future reference.

1. The Medical Schedule of Benefits is amended only as follows:

TIER 4

Network (PPO Providers)

Calendar Year Deductible:	
Per Individual	\$1,300.00
Per Family	<b>\$2,600.00</b>

Then: all eligible charges will be paid at 90% until the Out-of-Pocket Maximum has been satisfied.

Out-of-Pocket Maximum per Calendar Year (including any applicable Copayments, Deductible and Coinsurance):	
Per Individual	<b>\$2,300.00</b>
Per Family	<b>\$4,600.00</b>

Once the Out-of-Pocket Maximum is met, eligible charges will be paid at 100% thereafter for that Individual for the remainder of that Calendar Year unless stated otherwise.

**Please note that the Prescription Drug Out-of-Pocket Maximum for Tier 4 will remain as written:**

Out-of-Pocket Maximum per Calendar Year:

Any Copayments, Deductibles or Coinsurance that apply to this benefit will count toward the Network Out-of-Pocket Maximum shown in the Comprehensive Major Medical Benefits section of this Schedule. (There is no Out-of-Pocket Maximum for charges received from a Non-Network Provider.)

**This Amendment terminates concurrently with the Plan to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Plan except as stated. NCOT, Mohawk Board of Education adopts the terms and conditions set forth in this Amendment as of the Effective Date, regardless of the date signed below.**

  
\_\_\_\_\_  
Signature on behalf of the Plan

*Roy Swante, Treasurer*  
\_\_\_\_\_  
Printed Name and Title

*10/14/15*  
\_\_\_\_\_  
Date