

**NCOT Mohawk Board of Education Non-Grandfathered Employee Benefit Plan**

**PLAN AMENDMENT AND SUMMARY OF MATERIAL MODIFICATIONS**

This Amendment modifies the benefits described in your Summary Plan Description (“SPD”) and becomes a part of your Plan, effective January 1, 2025. Please place this Amendment with your SPD for future reference.

1. The Out-of-Pocket Maximum in the Prescription Drug Schedule of Benefits for the PPO Plan is amended as follows:

**PRESCRIPTION DRUG BENEFITS – PPO PLAN**

Out-of-Pocket Maximum per Calendar Year:  
Per Individual.....\$6,950.00  
Per Family.....\$13,900.00

2. The Medical Schedule of Benefits for the High Deductible Health Plan is amended only as follows:

**Network (PPO Network Providers)**

Calendar Year Deductible:  
Per Individual.....\$3,300.00  
Per Family.....\$6,600.00

Out-of-Pocket Maximum per Calendar Year (including any applicable Deductible and Coinsurance):  
Per Individual.....\$3,300.00  
Per Family.....\$6,600.00

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



Printed Name and Title



Date



## Dutch

LET OP: als je Nederlands spreekt, zijn er gratis taalhulpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1-800-367-3762 (TTY: 711) of spreek met je provider.

## Pennsylvania Dutch

WICHDICH: Wann du Deitsch schwetzsch un hoscht Druwwel fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtofft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 1-800-367-3762 (TTY: 711) uff odder schwetz mit dei Provider.

## Ukrainian

УВАГА: Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-367-3762 (TTY: 711) або зверніться до свого постачальника.

## Navajo

SHOOH: Diné bee y1ni[ti'gogo, saad bee an1'awo' bee 1ka'an7da'awo'7t'11 jiiik'eh n1 h0l=. Bee ahil hane'go bee nida'anish7 t'11 1kodaat'4h7g77 d00 bee 1ka'an7da'wo'7 1ko bee baa hane'7 bee hadadilyaa bich'8' ahoot'i'7g77 47 t'11 jiiik'eh h0l=. Kohj8' 1-800-367-3762 (TTY: 711) hod7ilnih doodago nika'an1lwo'7 bich'8' hanidziih.

## Notice of Nondiscrimination and Accessibility Requirements: Discrimination is Against the Law

Mutual Health Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Mutual Health Services does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Mutual Health Services:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

**If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator at [CivilRightsCoordinator@MedMutual.com](mailto:CivilRightsCoordinator@MedMutual.com).**

If you believe that Mutual Health Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

100 American Road  
Cleveland, OH 44144

Call: 1-800-382-5729 (TTY: 711)  
Email: [CivilRightsCoordinator@MedMutual.com](mailto:CivilRightsCoordinator@MedMutual.com)

You can file a grievance in person, by mail, or email. If you need help filing a grievance, our Civil Rights Coordinator (who is also our Section 1557 Coordinator) is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services**  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

- Complaint forms are available at:  
<http://www.hhs.gov/ocr/office/file/index.html>
- This notice is available at Mutual Health Services' website: [www.MutualHealthServices.com](http://www.MutualHealthServices.com)

**Questions about your benefits or other inquiries about your health insurance should be directed to Mutual Health Service's Customer Care Department at 1-800-367-3762.**

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.