

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

**PLAN AMENDMENT AND SUMMARY OF MATERIAL MODIFICATIONS**

This Amendment amends your employee benefit plan (Plan) and becomes a part of your Plan as of January 1, 2023. Please place this Amendment with your Plan Document/Summary Plan Description for future reference.

**1. The Medical Schedule of Benefits – Tier 4 For Single Coverage is amended only as follows:**

**IF YOU HAVE SINGLE COVERAGE:**

**Network (PPO Network Providers)**

Calendar Year Deductible:  
Per Individual.....**\$1,500.00**

Out-of-Pocket Maximum per Calendar Year (including any applicable Deductible and  
Coinsurance):  
Per Individual.....**\$2,500.00**

**Non-Network (Non-PPO Network Providers)**

Calendar Year Deductible:  
Per Individual.....**\$3,000.00**

**Note: The Non-Network Out-of-Pocket Maximum will remain as currently written:**

Out-of-Pocket Maximum per Calendar Year (including the Deductible and Coinsurance):  
Per Individual.....\$7,600.00

**2. The Medical Schedule of Benefits – Tier 4 For Family Coverage is amended only as follows:**

**IF YOU HAVE FAMILY COVERAGE:**

**Network (PPO Network Providers)**

Calendar Year Deductible (**Aggregate**):  
Per Individual.....**\$3,000.00**  
Per Family.....**\$3,000.00**

Out-of-Pocket Maximum per Calendar Year (including any applicable Deductible and  
Coinsurance) (**Aggregate**):  
Per Individual.....**\$5,000.00**  
Per Family.....**\$5,000.00**

**Non-Network (Non-PPO Network Providers)**

Calendar Year Deductible (**Aggregate**):  
Per Individual.....**\$6,000.00**  
Per Family.....**\$6,000.00**

**Note: The Non-Network Out-of-Pocket Maximum will remain as currently written:**

Out-of-Pocket Maximum per Calendar Year (including the Deductible and Coinsurance)  
(**Aggregate**):  
Per Individual.....\$15,200.00  
Per Family.....\$15,200.00

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

**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

Rhonda Feasel

Printed Name and Title

9/13/2022

Date

# Multi-Language Interpreter Services & Nondiscrimination Notice



This document notifies individuals of how to seek assistance if they speak a language other than English.

## Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-367-3762 (TTY: 711).

## Chinese

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-367-3762 (TTY: 711)。

## German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-367-3762 (TTY: 711).

## Arabic

ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك (بالمجان). اتصل برقم 1-800-367-3762 (رقم هاتف الصم والبكم 711).

## Pennsylvania Dutch

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-367-3762 (TTY: 711).

## Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-367-3762 (телетайп: 711).

## French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-367-3762 (ATS: 711).

## Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-367-3762 (TTY: 711).

## Navajo

Díí baa akó nínízin: Díí saad bee yánílti' go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kóji' hódíílnih 1-800-367-3762 (TTY: 711).

## Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-367-3762 (TTY: 711).

## Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-367-3762 (TTY: 711)번으로 전화해 주십시오.

## Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-367-3762 (TTY: 711).

## Japanese

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-367-3762 (TTY: 711)まで、お電話にてご連絡ください。

## Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-367-3762 (TTY: 711).

## Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-367-3762 (телетайп: 711).

## Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-367-3762 (TTY: 711).

## Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-367-3762 (TTY: 711).

Please Note: 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.

**QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MUTUAL HEALTH SERVICES' CUSTOMER CARE DEPARTMENT AT 1-800-367-3762.**

**Nondiscrimination Notice**

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 in its operation of health programs and activities. Mutual Health Services does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Mutual Health Services provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Mutual Health Services provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

**If you need these services or if you believe Mutual Health Services failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.**

**Civil Rights Coordinator**

Medical Mutual of Ohio  
2060 East Ninth Street  
Cleveland, OH 44115-1355  
MZ: 01-10-1900

**Email:** [CivilRightsCoordinator@MedMutual.com](mailto:CivilRightsCoordinator@MedMutual.com)

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:  
[ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- By mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F  
HHH Building  
Washington, DC 20201-0004
- By phone at:  
1-800-368-1019 (TDD: 1-800-537-7697)
- Complaint forms are available at:  
[hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html)

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.