



**CLARIFICATIONS/CHANGES TO THE CITY OF MESA
2011 PLAN DOCUMENT/SUMMARY PLAN DESCRIPTION**

| Description | Effective Date | Change/Clarification | More information on Page # | Previously | More information on Page # |
|------------------------------------|-----------------------|---|--|---|--|
| Allowed Charge | 3/1/2011 | Any amount in excess of the “allowed charge” amount does not count toward a Plan’s annual deductible. Participants are responsible for amounts that exceed “allowed charge” amounts by this Plan. See also Contracted Amount. | 122- Definitions | Any amount in excess of the “allowed charge” amount does not count toward the Plan’s annual Out-of-Pocket Maximums. Participants are responsible for amounts that exceed “allowed charge” amounts by this Plan. See also Contracted Amount. | 107 |
| Alternative Medicine | 1/1/2011 | Choice PPO and Choice Plus PPO Plans cover any Out-of-Network Alternative Health Care as In-Network | 25- Sched of Medical Ben/ Alternative Health Care Services | Choice PPO (60% after deductible) and Choice Plus PPO (70% after deductible) Plans. | 25 |
| Bariatric Psychological Counseling | 1/1/2011 | At Explanations and Limitations, Criteria for Bariatric Surgery, #7: added “(covered under Behavioral Health benefit)” | 46- Sched of Medical Ben/Weight Management Services | Not specified | 45-Sched of Medical Ben/Weight Mgt |
| Blood Transfusions | 1/1/2011 | Copay Plan/In-network: 100% No Copay | 26- Sched of Medical Ben/Blood Transfusion | 100% after a \$20 Copay per date of transfusion service | 26- Sched of Medical Ben/Blood Transfusion |



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| Dental - Basic Restorative | 1/1/2011 | <ul style="list-style-type: none"> Amalgam, silicate, acrylic, synthetic porcelain and composite filling restoration for decayed or broken teeth. | 26- Schedule of Medical Benefits/Basic Restorative Services | <ul style="list-style-type: none"> Amalgam, silicate, acrylic, synthetic porcelain and composite filling restoration for decayed or broken teeth. If tooth can be restored with amalgam, silicate or plastic, only payment for that procedure will be made. | |
| Dental Services Outside the U.S. | 1/1/2011 | Exclusion eliminated. | 75 – 76 | 35. Services Provided Outside the United States: Expenses for dental services or supplies rendered or provided outside the United States, except for treatment for a dental Emergency as defined in the Definitions chapter of this document or unexpected dental condition or as pre-approved by the Plan Administrator. | 68-Dental Plan Exclusions |
| Dental Xrays "required" | 1/1/2011 | <ul style="list-style-type: none"> Dental x-rays for diagnosis of a dental condition. | 77-Sched of Dental Ben/Major Restorative Services | Dental x-rays required for diagnosis of dental condition | 66- Sched of Dental Ben/Major Restorative Services |
| Dependents | 1/1/2011 | <ul style="list-style-type: none"> Natural Son or daughter (added), Grandchildren (added), Stepchildren and Foster children (clarification for documentation) | 6-Proof of Dependent Status | Definition of a dependent child included "never been married". Full time student status, Religious excursion documentation required. | 6-Proof of Dependent Status, 112-Definitions, Dependent(s) |



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| Disabled Dependent | 3/1/2011 | Disabled Dependent Child: The plan requires Social Security Disability documentation as proof of disability status | 6/131 | Pg 6. Disabled Dependent Child: Current written statement from the child's physician indicating the child's diagnoses that are the basis for the physician's assessment that the child is currently mentally or physically disabled (as that term is defined in this document) and is incapable of self-sustaining employment as a result of that disability; and dependent chiefly on you and/or your spouse for support and maintenance. The plan may require that you show proof of support and maintenance such as a copy of your income tax return showing you claim the child as a Dependent on IRS tax forms and may require recertification of the disability from the child's physician upon request by Employee Benefits Administration. Pg 131. This Plan may require initial and periodic proof of disability. | 6/131 |
| Emergency Services | 1/1/2011 | <ul style="list-style-type: none"> ER: 100% after a \$100 copay per visit. Copay waived if admitted but inpatient copay applies. Inpatient copay \$200 | 32 - Sched of Medical Ben/ Emergency Services | Not Specified | 32 - Sched of Medical Ben/Emergency Services |
| Observations up to 72 hours | 1/1/2011 | <ul style="list-style-type: none"> Observations up to 72 hours without admission are covered under the emergency room copay/co-insurance. After 72 hours, the inpatient copay/co-insurance applies. | 23 - Sched of Medical Ben/Hospital Services (Inpatient) | Not Specified | 23 - Sched of Medical Ben/ Hospital Services (Inpatient) |



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| Family Planning | 1/1/2011 | Maternity/Family Planning - Contraceptives okay with a prescription, breastfeeding classes okay (due to Health Care Reform) | 64 - Maternity/ Family Planning and 112 - Flexible Spending | Maternity/Family Planning/Contraceptive Exclusions: • Expenses related to non prescription contraceptive drugs and devices such as condoms. • Expenses for childbirth education, Lamaze classes, breast feeding classes. | 54 - Medical Plan Exclusions |
| Genetic Counseling | 1/1/2011 | <ul style="list-style-type: none"> • BRCA counseling about genetic testing for women at higher risk. • Counseling related to BRCA screening: The USPSTF recommends that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing. | 59 - Sched of Medical Benefits/ Preventive Care Program | Not covered | 54 - Medical Plan Exclusions |
| Hospice | 1/1/2011 | <ul style="list-style-type: none"> • Hospice Services require precertification, • Length of coverage is based on medical necessity. • Applies to facility or home hospice care | 34 - Sched of Medical Benefits/ Hospice | Not Specified | |



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| References to "Lifetime" Benefit Maximum | 1/1/2011 | <p>Pg 20. General Overall ("Annual") Maximum Plan Benefit: A General Overall ("Annual") Maximum Plan Benefit is the maximum amount of Benefits payable by the Plan during the calendar year in which a Plan Participant is covered under any plan option offered under this Plan and any previous medical expense plan provided by the City of Mesa during that calendar year. The Plan will not pay any further Plan Benefits on account of a Covered Individual once the Plan has paid the General Overall Maximum Plan Benefit for that individual. Limited Overall ("Annual") Maximum Plan Benefits: Plan Benefits for certain medical expenses are subject to Limited Overall ("Annual") Maximums for each Covered Individual. Once the Plan has paid the Limited Overall Maximum Plan Benefits for any of those services or supplies on behalf of any Covered Individual, it will not pay any further Plan Benefits for those services or supplies on account of that individual, even though the General Overall Maximum Plan Benefit has not been reached. The services or supplies that are subject to Limited Overall Maximum Plan Benefits and the amounts of the Limited Overall Maximum Plan Benefits are identified in the Schedule of Medical Benefits. This does not mean, nor should it be construed to mean, that the Plan has any obligation to pay any Benefits during the calendar year for the Plan Participant after coverage terminates. Pg 132. The maximum amount of Benefits payable by the Plan on account of medical and/or dental expenses incurred by any covered Plan Participant under this Plan and any previous medical and/or dental expense plan provided by the City. The General and Limited Overall Maximum Plan Benefits are often referred to as "Annual" Benefits, but this reference does not denote, nor should it be construed to denote, any obligation by the Plan to pay any Benefits for the a full year for the Plan Participant.</p> | <p>20, 132, add'l references to "lifetime" were removed on pages: 14, 15, 18, 22 (Sched of Med Benefits/Lifetime Maximum), 106 COBRA, 118</p> | <p>A General Overall ("Lifetime") Maximum Plan Benefit is the maximum amount of Benefits payable by the Plan during the entire time a Plan Participant is covered under this Plan and any previous medical and/or dental expense plan provided by the City. Limited Overall ("Lifetime") Maximum Plan Benefits are the maximum amount of Benefits payable on account of certain covered medical and/or dental services or supplies by the Plan during the entire time a Plan Participant is covered under this Plan and any previous medical and/or dental expense plan provided by the City. The services or supplies that are subject to Limited Overall ("Lifetime") Maximum Plan Benefits and the limits of those Benefits are identified in the Schedule of Medical Benefits. Pg 117. Lifetime Benefit: This term does not denote, nor should it be construed to denote, any obligation by the Plan to pay any Benefits for the lifetime of the Plan Participant. Rather, it is a popular term that describes the maximum amount of Benefits payable by the Plan during the entire time a Plan Participant is covered under this Plan and any previous medical and/or dental expense plan provided by the City. See the definitions of Maximum Plan Benefits.</p> | <p>20, 117, add'l references to "lifetime" on pgs: 14, 15, 22 Sched of Med Benefits/Lifetime Maximum, 87 COBRA, 118</p> |



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| Medical Marijuana | 1/1/2011 | Pg 63. Excluded regardless of medical necessity. Pg 111. Added to the list of examples of some Ineligible expenses | 63 - Medical Plan Exclusions, 111 - Health FSA | Not specified | |
| Mental Health | 1/1/2011 | Pg 26. • Subject to precertification; Outpatient Visits: Intensive outpatient, day treatment and partial day care; • Copay Plan/In-Network 100% after a \$20 Copay per visit; • Inpatient Admission: Hospital and residential treatment center services; • Neuropsychological testing for medical conditions is covered under the medical plan. | 26 - Sched of Medical Ben/ Behavioral Health Services | Inpatient Admissions and Outpatient Visits not specific | 26 - Sched of Medical Ben/Behavioral health Services |
| Newborn Hospital Charges | 3/1/2011 | Copay Plan/In-network: Inpatient copay will be assessed to the mother and newborn (each will incur the copay). | 36 - Schedule of Medical Benefits/ Maternity Services | Charges for the baby and mother are billed separately to the Plan. | 35 - Schedule of Medical Benefits/Maternity Services |
| References to "Plan Exclusions" | 1/1/2011 | NON-ELIGIBLE MEDICAL EXPENSES EXPLAINED (<i>last sentence added</i>): Plan exclusions apply whether or not services are medically necessary. | 18 | Not specified | |



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| Retail Medical Clinics | 1/1/2011 | Pg 24, Schedule of Medical Benefits/Physician and Health Care Practitioner Services: • Retail Medical Clinics. Pg 137, Retail Medical Clinics: Walk-in clinics in retail stores like pharmacies and supermarkets, staffed by nurse practitioners and provide high-quality care for routine illnesses. These retail medical clinics are usually open on evenings and weekends offering one-time care and standard interventions to a limited range of health needs at low cost. Retail medical clinics are NOT equipped to diagnose or deal with complex cases. They are not doctors, nor are they structured to follow-up on treatment or offer many diagnostic tests. | 24 Sched of Medical Ben/Physician & Health Care Practitioner Services, 137 Definitions Chapter | Not specified | |
| Short-Term Disability | 1/1/2011 | Benefits: there are three STD plan options: • One with a 14-day elimination waiting period. • One with a 29-day elimination waiting period. • One with a 44-day elimination waiting period. | 120 | Benefits: there are three STD plan options: • One with a 15-day elimination waiting period. • One with a 30-day elimination waiting period. • One with a 45-day elimination waiting period. | 105 |
| Smoking Cessation | 1/1/2011 | Smoking Cessation for age 18+ years, Tobacco Use screening for all adults and cessation interventions for tobacco users. Maximum in each 365 day period: • Nicotrol NS 90 days, • Nicotrol Inhaler 90 days, • Zyban 90 days, • Chantix 180 days, • Nicorette Gum/Lozenge 90 days, • Nicotine Transdermal System 90 days | 49, 54 Sched of Medical Ben/Preventive Care Program - Children, Adults | Pg 53, • Drugs, Medicines and Nutrition Exclusions, smoking cessation removed (#42). Pg 55, Smoking Cessation or Tobacco Withdrawal Exclusions – removed (#52) | 53, 55 Medical Plan Exclusions |



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| Wellness Preventive Care Program, now <i>Preventive Care Program</i> | 1/1/2011 | The Preventive Care Program offers the same benefits as the Well Care Programs without the limitation, including many additional services like Tobacco Counseling and Products, Obesity Screening for children and Diet counseling for Adults, and much more. It is highly recommended employees go to the 2011 Plan Document to review these pages carefully. | 47 - 58 Sched of Medical Ben/Preventive Care Program for Children/Men/Women | Wellness Care Programs for Children/Adult at \$400 maximum benefit | 46-47 Sched of Medical Ben/Wellness Preventive Care – Child / Adults |