

Wilkes University
Group Numbers 051316-000, 051316-099, 051317-000, 051317-099
Summary Material Modification (SMM)
Amendment #1

TO: Employees and Participants of the Wilkes University Medical Plans
FROM: Joseph Housenick, Chief HR Officer

Wilkes University has amended the PPO Plan, a self-insured health insurance plan, effective June 1, 2014. Accordingly, certain provisions in your PPO Group Health Insurance Summary Plan Description (SPD) have been modified to describe and explain the PPO Plan as amended. The SMM should be maintained and read with the SPD. The following description adds to or replaces the information in the SPD as indicated.

Experimental/Investigative Treatment:

- Care Coordination, Experimental/Investigative treatment is updated to clarify that the Participant or the provider may contact customer service, not the Pre-Certification department, to determine whether a service is Experimental or Investigative.

Prescription Drug:

- Prescription drug coverage is updated to clarify the definitions of Participating Mail Order Pharmacy Provider and Participating Pharmacy Provider for Specialty Drugs. The clarification states that a participating provider has entered into an agreement with First Priority Life, its affiliates, agents and assigns.

Transplants:

- The Transplant Surgery section of the Description of Benefits is renamed Transplant Procedures and the section is updated to include more specific information on the responsibility for obtaining precertification.

TRANSPLANT PROCEDURES:

- The pre-testing and/or initial evaluation and/or consultation processes occurring before as well as leading up to and including Surgery for the transplant of human tissue and/or organs.

Clinical Trials:

- For non-grandfathered plans, routine costs for items and services furnished in connection with a participant in a phase I, II, III, or IV clinical trial designed to prevent, detect, or treat cancer or other life-threatening diseases or conditions are covered. Routine costs associated with clinical trials are subject to deductibles, copayments, coinsurance, and amounts in excess of any benefit maximums.

Exclusions:

- Exclusion is added as follows: Screenings, other than those specifically listed on the Preventive Schedule or recommended by the U.S. Preventive Service Task Force (USPSTF) are excluded
- The exclusion "Substance Abuse services utilizing methadone or methadone-like equivalent" is removed from the contracts and replaced with "Methadone-like equivalents (except for Suboxone equivalents and Subutex equivalents)

Annual Limitations:

- Final regulation on standards related to the Affordable Care Act state that all non-grandfathered group health plans must comply with the annual limitation of \$6,350 Individual / \$12,700 Family on in-network out-of-pocket maximums. All groups will have a \$6,350 Individual / \$12,700 Family maximum applied to in-network medical services (deductibles, coinsurance and copayments).

All other terms and conditions of the Plan which are not affected by this Amendment are unchanged. Contact Joseph Housenick, Chief Human Resources Officer at (570) 408-4631 with questions.

Accepted:

Wilkes University

By: 

Date: 4/7/14

Title: Chief Human Resources Officer

Phone: 570-408-4631

Wilkes University
Group Numbers 080648-000, 080648-099
Summary Material Modification (SMM)
Amendment #1

TO: Employees and Participants of the Wilkes University Medical Plans
FROM: Joseph Housenick, Chief HR Officer

Wilkes University has amended the HMO Plan, a self-insured health insurance plan, effective June 1, 2014. Accordingly, certain provisions in your HMO Group Health Insurance Summary Plan Description (SPD) have been modified to describe and explain the HMO Plan as amended. The SMM should be maintained and read with the SPD. The following description adds to or replaces the information in the SPD as indicated.

Experimental/Investigative Treatment:

- General Provisions, Experimental or Investigative is updated to clarify that First Priority Health, not specifically a Medical Director, shall determine whether the use of any treatment, procedure, provider, equipment, drug, device or supply is experimental or investigative.

Prescription Drug:

- Prescription drug coverage is updated to clarify the definitions of Participating Mail Order Pharmacy Provider and Participating Pharmacy Provider for Specialty Drugs. The clarification states that a participating provider has entered into an agreement with the Plan, its affiliates, agents and assigns.

Transplants:

- The Transplant Surgery section of the Description of Benefits is renamed Transplant Procedures and the section is updated to include more specific information on the responsibility for obtaining precertification.

TRANSPLANT PROCEDURES:

- The pre-testing and/or initial evaluation and/or consultation processes occurring before as well as leading up to and including Surgery for the transplant of human tissue and/or organs.

Clinical Trials:

- For non-grandfathered plans, routine costs for items and services furnished in connection with a participant in a phase I, II, III, or IV clinical trial designed to prevent, detect, or treat cancer or other life-threatening diseases or conditions are covered. Routine costs associated with clinical trials are subject to deductibles, copayments, coinsurance, and amounts in excess of any benefit maximums.

Exclusions:

- Exclusion is added as follows: Screenings, other than those specifically listed on the Preventive Schedule or recommended by the U.S. Preventive Service Task Force (USPSTF) are excluded
- The exclusion "Substance Abuse services utilizing methadone or methadone-like equivalent" is removed from the contracts and replaced with "Methadone-like equivalents (except for Suboxone equivalents and Subutex equivalents)"

Annual Limitations:

- Final regulation on standards related to the Affordable Care Act state that all non-grandfathered group health plans must comply with the annual limitation of \$6,350 Individual / \$12,700 Family on in-network out-of-pocket maximums. All groups will have a \$6,350 Individual / \$12,700 Family maximum applied to in-network medical services (deductibles, coinsurance and copayments).

All other terms and conditions of the Plan which are not affected by this Amendment are unchanged. Contact Joseph Housenick, Chief Human Resources Officer at (570) 408-4631 with questions.

Accepted:

Wilkes University

By: 

Date: 4/2/14

Title: Chief Human Resources Officer

Phone: 570-408-4631