

## City of McAllen Health Plan Amendments

The following Health Plan Amendments are effective on October 1, 2011 and should be utilized in conjunction with the City of McAllen Health Plan Amended and Restated Effective October 1, 2010. Amendments are with respect to **Transplant Benefits** and **Foot Orthotics**. These items can be found on the page numbers indicated within the Plan document. The amendments are to ensure compliance with applicable laws. For any questions, please contact your Employee Benefits Department.

*Strike through wording indicates deletion. Underlined wording indicates addition.*

### I. Case Management Amendment (Page 25)

Non- Designated Transplant Center

If the organ transplant is performed at a Non-Designated Transplant Center or Large Case Management is refused, the pre-transplant, transplant and post transplant care will not be covered. No Large Case Management is necessary for single kidney transplants or eye transplants.

### II. Reimbursement Amendment (Page 26)

Reimbursement

Reimbursement requests for travel and lodging shall be submitted on an expense activity report to Medical Management. ~~Reimbursement for food will be calculated and dispersed by the Plan Sponsor based on travel and lodging information as submitted on the Expense Activity Report.~~ All benefits under this provision not directly billed to the Plan Sponsor will be paid to the Employee. ~~The maximum travel, food and lodging benefit for the Covered Participant is \$10,000 and \$5,000 for an Eligible Companion.~~ The maximum travel and lodging for the Covered Participant and Eligible Companion is \$10,000. Eligible Companion is a person of the Covered Participant's choice.

### III. Lodging Amendment (Page 26)

Lodging

The Plan will pay for the Covered Participant's ~~reasonable lodging costs~~ lodging costs at a rate established by the IRS when not Hospital confined and the Eligible Companion's lodging as arranged by Medical Management.

### IV. Food Amendment (Page 26)

Food

~~The Plan will pay for the Covered Participant and Eligible Companion's reasonable food costs during Medically Necessary transplant-related Outpatient Treatment at the Designated Transplant Center at a rate of thirty-five dollars (\$35) each per day. Meals are not considered a qualified medical expense under the IRS Code unless provided in a hospital or similar facility – for which such meals would be reflected on the patients' medical invoice.~~

### V. Foot Orthotics Amendment (Page 24)

Charges for dressings, sutures, casts, splints, trusses, crutches, braces, or other Medically Necessary supplies, but not for dental braces, corrective shoes, orthotics or other supportive devices or appliances for the feet. Orthotics are corporately excluded with the exception of cases of diabetes, circulatory disorders of the lower extremities, peripheral vascular disease, peripheral neuropathy, or chronic arterial or venous insufficiency.

Approved by:

  
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Mike R. Perez ; City Manager

9/28/11

Date