

**AMENDMENT NO. 1**  
to the  
**Kyrene Employees Benefit Trust**  
**PLAN DOCUMENT/SUMMARY PLAN DESCRIPTION**  
*Amended, Restated and Effective July, 1, 2008*

**Effective July 1, 2008, the Plan Document/Summary Plan Description is amended as follows:**

**Page 31 in the Schedule of Medical Benefits under the Behavioral Health row, any mention of calendar year is changed to plan year.**

<b>SCHEDULE OF MEDICAL BENEFITS</b>					
See the Exclusions & Definitions sections of this document for important information on Plan benefits. This chart explains the benefits payable by the Plan. Certain benefits may require precertification.					
See the Utilization Review chapter. The deductible applies to PPO (network and non-PPO/non-network), and Indemnity Plan services, except where noted otherwise.					
<b>BENEFIT DESCRIPTION</b>	<b>LIMITATIONS AND EXPLANATIONS</b>	<b>Premium PPO Plan</b>		<b>Standard PPO Plan</b>	
		<b>In-Network PPO Providers</b>	<b>Non-Network Non-PPO Providers</b>	<b>In-Network PPO Providers</b>	<b>Non-Network Non-PPO Providers</b>
<p><b><u>Behavioral Health: Mental Health and Substance Abuse Services</u></b></p> <p>These behavioral health benefits apply to enrollment in any of the plan designs offered by Kyrene Employees Benefit Trust.</p> <ul style="list-style-type: none"> <li>• Outpatient visits.</li> <li>• Inpatient care.</li> <li>• Psychological Testing.</li> </ul> <p>Mental health and substance abuse services are payable only when precertified and administered by the Behavioral Health Program.</p> <p>The behavioral health services offered by this plan are coordinated with the Employee Assistance Program (EAP) and both are administered by the Behavioral Health Program whose name and telephone number are listed in the Quick Reference Chart in the front of this document.</p>	<p>NOTE: No payment for behavioral health services not precertified by the Behavioral Health Program.</p> <ul style="list-style-type: none"> <li>• Outpatient behavioral health prescription drugs payable through the Pharmacy Management Drug Card Program discussed under Medication in this Schedule of Medical Benefits chart.</li> <li>• Maximum of 2 substance abuse programs per individual per lifetime.</li> <li>• Behavioral health care providers payable by this plan are limited to Psychiatrists, Psychologist, counselors with a Master's degree in Behavioral Science, and Master's prepared clinical social workers (ACSW).</li> </ul> <p><b>Outpatient Visits:</b></p> <ul style="list-style-type: none"> <li>• <u>In-Network:</u> up to 50 visits/person per <b>calendar plan</b> year.</li> <li>• <u>Out of Network:</u> up to 25 visits/person per <b>calendar plan</b> year.</li> </ul> <p><b>Inpatient Care:</b></p> <p><u>In or out of network:</u> up to 45 days/person per <b>calendar plan</b> year.</p>	<p style="text-align: center;"><b><u>In-Network:</u></b></p> <p style="text-align: center;">(In-network = Services approved and referred by the Behavioral Health Program)</p> <p style="text-align: center;">No deductible.</p> <p><u>Inpatient:</u> 100% to the maximum number of days allowed by the Plan</p> <p style="text-align: center;"><u>Outpatient Visits:</u> 1-3= 100%, no copay 4-25= 100% after a \$10 copay 26-50= 100% after a \$25 copay</p> <p style="text-align: center;"><u>Psychological Testing:</u> 100%</p> <p style="text-align: center;"><b><u>Out-of-Network:</u></b></p> <p style="text-align: center;"><u>Deductible:</u> \$125 per person and \$375 per family.</p> <p><u>Inpatient:</u> 60% to the maximum number of days allowed by the Plan.</p> <p><u>Outpatient Visits:</u> 25 visits per person per <b>calendar plan</b> year at 60% of the allowed in-network charges.</p> <p style="text-align: center;"><u>Psychological Testing:</u> 60%</p>			

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**This Plan Document/SPD is amended as stated above this \_\_\_\_\_ day of \_\_\_\_\_, 2008.**

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Signature

**Chairperson, Kyrene Employee Benefit Trust**

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