

AMENDMENT NO. 2
to the
Kyrene Employees Benefit Trust
PLAN DOCUMENT/SUMMARY PLAN DESCRIPTION
Amended, Restated and Effective July, 1, 2008

Effective July 1, 2009 the Plan Document/Summary Plan Description is amended as follows:

Page 4 in the Quick Reference Chart the text is amended by the addition of the text in italics and the deletion of text in strike-through, as follows:

QUICK REFERENCE CHART	
Information Needed	Contact the following:
<u>COBRA Administrator</u>	<p>Discovery Benefits-COBRA Services 3216 13th Avenue Fargo, ND 58103 Phone: toll free at 1-866-451-3399 Fax: 866-451-3245 www.discoverybenefits.com</p> <p>B.A.S.I.C. Western USA, Inc. 2526 E. Lee St. Tucson, AZ 85716 520-327-0455 or 800-473-0455 www.basiconline.com</p>
<p><u>Behavioral Health Program (for any Plan Design/Plan Option)</u></p> <ul style="list-style-type: none"> • Employee Assistance Program (EAP) (<i>up to 3 free visits per person per issue per year</i>); also includes referral for assistance with legal and financial help. • Mental/Nervous/Substance Abuse Providers • Behavioral Health Claims, Benefits and Providers 	<p>CONTACT Behavioral Health Services 1400 E. Southern Ave., Suite 800 Tempe, AZ 85282-5679 1-800-222-8335 (EAP) or 1-800-888-1477 www.contactbhs.com</p> <p>United Health Care24® Program 1-888-887-4114 or call the number on the back of your ID card</p> <p>KEBT Dedicated Member Services Line: 1-877-406-2273 www.unitedhealthcare.com or www.myuhc.com</p>
<p><u>24 Hour Nurse Triage Help Line</u></p> <ul style="list-style-type: none"> • <i>For confidential assistance with health issues at any time, 24 hours a day, call the nurses at this help line.</i> 	<p>United Health Care24® Program 1-888-887-4114 or call the number on the back of your ID card</p>

Page 7 in the Eligibility and Enrollment chapter, the text is amended by the addition of the text in italics and the deletion of text in strike-through, as follows:

ELIGIBLE EMPLOYEES

You are eligible to participate in the Plan if you are:

- A regular, full-time employee of the Kyrene School District working ~~35~~ 30 hours or more per week. Kyrene School District pays the entire cost of medical benefits for employees working ~~35~~ 30 or more hours per week.
- ~~A part-time employee of the Kyrene School District working between 20 and 34 hours per week must pay a proportionate part of the cost of medical benefits.~~
- A Governing Board member of the Kyrene School District (as of March 26, 1991). Governing Board members are eligible to participate in the medical plan if the Board member pays the full premium associated with plan coverage.
- A Former Governing Board member of the Kyrene School District if they have served at least four consecutive years on the Board, have been covered under this Plan while serving as a Board member. Former Governing Board members must pay the full premium associated with medical plan coverage.

Page 8 in the Eligibility and Enrollment chapter, the text is amended by the addition of the text in italics and the deletion of text in strike-through, as follows:

WAIVING (DECLINING) COVERAGE

- If you are a full-time employee of the Kyrene School District working ~~35~~ 30 or more hours per week, you may waive benefits coverage for yourself under this Plan. You may also waive benefits coverage for your Spouse and/or Dependent Child(ren).

You may waive coverage only if, within 31 days of the date you are eligible for Initial Enrollment, you complete the Plan's process for waiver of coverage. To waive coverage go to the online enrollment system (described in the Quick Reference Chart) or complete the written waive coverage form available from the Human Resource Office.

- If you are ~~an employee of the Kyrene School District working between 20 and 34 hours per week, or~~ a Governing Board member you may waive benefits coverage under this Plan for both yourself and your Spouse or Dependent Child(ren), without proof of other coverage but you must and complete the Plan's process for waiver of coverage. To waive coverage go to the online enrollment system (described in the Quick Reference Chart) or complete the written waive coverage form available from the Human Resource Office.
- Note that no compensation is made if coverage is waived.

To waive coverage for yourself or your Dependents, you must complete either the online waiver or the appropriate section on the enrollment form, available from the Human Resource Office, indicating you wish to waive coverage.

No dependent may, however, be enrolled in this plan if the employee or Governing Board member is not also enrolled (exception is made for surviving spouse and dependents of a former Governing Board member).

If you or your Dependents do not enroll at the time of Initial Enrollment and you do not qualify for the Special Enrollment provision of this plan, you will have to wait to enroll at the next Open Enrollment period.

Page 41 in the Schedule of Medical Benefits under the row titled “Wellness/Preventative Care: Adult/Well Woman Care” the text is amended by the addition of the text in italics and the deletion of text in strike-through, as follows:

SCHEDULE OF MEDICAL BENEFITS					
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.					
BENEFIT DESCRIPTION	LIMITATIONS AND EXPLANATIONS	Premium PPO Plan		Standard PPO Plan	
		In-Network PPO Providers	Non-Network Non-PPO Providers	In-Network PPO Providers	Non-Network Non-PPO Providers
<p><u>Wellness/Preventive Care: Adult/Well Woman Care</u></p> <ul style="list-style-type: none"> Annual gynecology (GYN) exam and pap test. Annual Screening mammogram (age 35 and up). 	<ul style="list-style-type: none"> One GYN exam and pap smear lab test per plan year. Mammograms are payable as follows: <ul style="list-style-type: none"> Age 35-40: one baseline mammogram; Age 41-49: once every 2 years; Age 50 & up: annually. <i>One screening mammogram is payable between the ages of 35-40. Thereafter from age 41 and up, an annual screening mammogram is payable.</i> 	<p>90% no deductible</p>	<p>No coverage</p>	<p>80% no deductible</p>	<p>No coverage</p>