

Amendment to the HealthPartners Medical Benefit Plan Summary Plan Description

Keep this Amendment with your Summary Plan Description

Group Name: Bethel University
Group Number: 3334
Effective Date: The later of January 1, 2023 and your effective date for coverage under the HealthPartners Medical Benefit Plan

Your Summary Plan Description is amended as follows:

1. In the “Benefits Chart”, “Deductibles and Out-of-Pocket Limits” is replaced with the following:

DEDUCTIBLES AND OUT-OF-POCKET LIMITS

Calendar Year Deductible

Individual Calendar Year Deductible

<u>Network Benefits</u>	<u>Out-of-Network Benefits</u>
\$1,000	\$2,000

Family Calendar Year Deductible

<u>Network Benefits</u>	<u>Out-of-Network Benefits</u>
\$3,000	\$6,000

The Deductibles under the Network Benefits and the Out-of-Network Benefits are combined.

The Plan has an embedded Deductible. This means once a Covered Person meets the individual Deductible, the Plan begins paying benefits for that person. If two or more members of the family meet the family Deductible, the Plan begins paying benefits for all members of the family, regardless of whether each Covered Person has met the individual Deductible. However, a Covered Person may not contribute more than the individual Deductible toward the family Deductible.

Calendar Year Out-of-Pocket Limit

Individual Calendar Year Out-of-Pocket Limit

<u>Network Benefits</u>	<u>Out-of-Network Benefits</u>
\$4,000	\$5,000

Family Calendar Year Out-of-Pocket Limit

<u>Network Benefits</u>	<u>Out-of-Network Benefits</u>
\$8,000	\$10,000

The Out-of-Pocket Limits under the Network Benefits and the Out-of-Network Benefits are combined.

Out-of-Network Benefits above the usual and customary charge (see definition of Charge) do not apply to the Out-of-Pocket Limit.

2. In the “Prescription Drug Services” section, the “Specialty drugs that are self-administered” benefit is replaced with the following:

Specialty Drugs that are self-administered

<u>Network Benefits</u>	<u>Out-of-Network Benefits</u>
\$150 Copayment and 100% thereafter per prescription. Deductible does not apply. For Network Benefits, Specialty Drugs must be obtained from a Designated Vendor.	60% of the Charges incurred, after you pay the Deductible.

In order for the Plan to better manage available manufacturer-funded copayment assistance, Copayments for certain specialty medications may vary and be set to approximate the maximum of any available manufacturer-funded copayment assistance programs. However, in no case will true out-of-pocket costs to the Covered Person be greater than the maximum Copayment/Coinsurance shown in this Benefits Chart. Manufacturer-funded copayment assistance received by a Covered Person will not apply to the Covered Person’s Calendar Year Deductible or Out-of-Pocket Limit.

This Amendment does not change, alter or amend any of the other provisions or limitations of the Summary Plan Description. In all other respects the Summary Plan Description shall, except to the extent explicitly amended hereby, remain in full force and effect.