

Fourth Amendment to the
New Hampshire School Health Care Coalition
Health Benefits Booklet

WHEREAS, the New Hampshire School Health Care Coalition (the “Plan Sponsor”) sponsors the SCHOOLCARE Health Benefits Plan, effective July 1, 2019 (the “Plan”); and

WHEREAS, Section 16c of the Plan reserves to the Plan Sponsor the right to amend the Plan; and

WHEREAS, the Plan Sponsor wishes to amend the Plan with respect to compliance with the Consolidated Appropriations Act – No Surprise Bill and clarifying coverages.

NOW THEREFORE, the Plan is amended effective July 1, 2023 as follows:

Section 2. Definitions replaced or added as follows:

Emergency Medical Condition. A medical condition, including a mental health condition or substance use disorder, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

Emergency Services. With respect to an Emergency Medical Condition, a medical screening examination that is within the capability of the emergency department of a Hospital or of an independent freestanding emergency facility, including ancillary services routinely available to the emergency department to evaluate such Emergency Medical Condition, and such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the Hospital or emergency department, as are required to Stabilize the patient.

Maximum Reimbursable Charge – Medical. Does not apply to Emergency Services. Determined based on the lesser of: the provider’s normal charge for a similar service or supply; the amount agreed to by the Out-of-Network provider and Cigna; or a percentage of a fee schedule Cigna has developed that is based upon a methodology similar to a methodology utilized by Medicare to determine the allowable reimbursement for the same or similar service within the geographic market. The percentage used to determine the Maximum Reimbursable Charge can be obtained by contacting Cigna Member Services/Customer Service. In some cases, a Medicare based schedule will not be used and the Maximum Reimbursable Charge for covered services is determined based on the lesser of: the provider’s normal charge for a similar service or supply; the amount agreed to by the Out-of-Network provider and Cigna; or the 80th percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by Cigna. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. The Maximum Reimbursable Charge is subject to all other benefit limitations and applicable coding and payment methodologies determined by Cigna.

Stabilize. With respect to an Emergency Medical Condition, to provide medical treatment as necessary to assure that no material deterioration of the condition is likely if the individual is transferred from a facility, or, with respect to a pregnant woman who is having contractions, to deliver.

Section 3. Schedule of Benefits, the following replaced or added as follows:

Choice Fund – Health Reimbursement Account (HRA) [SCHOOLCARE Yellow Open Access Schedule of Benefits ONLY]
The SCHOOLCARE Yellow Open Access with Choice Fund Plan includes an embedded Choice Fund HRA in the amount of \$1,000 Individual/\$2,000 Family. It can be used to pay the first portion of eligible out-of-pocket expenses during the Contract Year. The Subscriber must take the online health assessment at myCigna annually during the sixty (60) day period beginning June 1st or, if newly enrolling, within sixty (60) days of the effective date. Any balance in the Choice Fund HRA on June 30th rolls over to the following Contract Year for any Subscriber continuing to be enrolled with SCHOOLCARE in a Yellow with Choice Fund, Yellow or Orange Open Access Plan. The annual rollover cannot exceed \$2,000 Individual/\$4,000 Family.

Out-of-Network Emergency Services Charges

1. Emergency Services are covered at the In-Network cost-sharing level if services are received from a non-Participating (Out-of-Network) provider.
2. The allowable amount used to determine the Plan's benefit payment for covered Emergency Services rendered in an Out-of-Network Hospital, or by an Out-of-Network provider in an In-Network Hospital, is the amount agreed to by the Out-of-Network provider and Cigna, or as required by applicable state or Federal law.
3. The allowable amount used to determine the Plan's benefit payment when Out-of-Network Emergency Services result in an inpatient admission is the median amount negotiated with In-Network facilities.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

Air Ambulance

Subject to any plan coinsurance and plan deductible.

IN WITNESS WHEREOF, the Plan Sponsor has executed this Fourth Amendment as of this 20th day of July, 2023.

New Hampshire School Health Care Coalition

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