

PLAN AMENDMENT #1

Client Name: City of Springfield
Group Number: G0020720
Plan Name: HIP Plan – Navigator 90+1500 S3
IRS Tax ID Number: 93-6002258

Effective January 1, 2022, the Plan Document is amended as follows, all other language and sections remains the same. Amended coverage will remain in effect until further notification from the Plan Sponsor.

The following language has been added to the Covered Expenses section:

- This Plan will provide the following services to its covered members from January 1, 2022 until further notification from the Plan Sponsor:
 - **COVID-19 testing and diagnosis:** Deductibles, Copayments, and/or Coinsurance will be waived for Coronavirus (COVID-19) testing and diagnosis related visits.
 - **Early Prescription Drug refill:** This Plan will allow a one-time early refill for Prescription Drugs, all applicable Deductibles, Copayments and/or Coinsurance will apply.

The above Coronavirus (COVID-19) related services provided by an Out-of-network Provider will be paid at the in-network Provider level. In-network Providers accept the fee allowance as payment in full. Out-of-network Providers are allowed to Balance Bill any remaining balance that this Plan did not cover, and this amount is not counted toward the out-of-network out-of-pocket limit. Please see Allowable Fee in the Definitions section of the Plan Document.

“Plan Sponsor”
City of Springfield

By: _____

Print: _____

Title: _____

Date: _____