

**SUMMARY OF MATERIAL MODIFICATIONS
TO
GLENWOOD CSD
MEDICAL REIMBURSEMENT PLAN**

The following Schedule of Benefits is in effect for covered medical expenses incurred on or after July 1, 2017:

BENEFIT	INDIVIDUAL LIMITS (Embedded Deductibles)	ADDITIONAL FAMILY LIMITS
DEDUCTIBLES	<p>The Plan will pay 90% of any additional In-Network deductibles incurred by an individual during a Policy Year once that individual has incurred a total of \$500.00 of In-Network deductibles during the Policy Year.</p> <p>No Benefits are payable for services provided Out-of-Network.</p>	<p>The plan will pay 90% of any additional In-Network deductibles incurred by an Eligible Employee or any family member of that Eligible Employee during a Policy Year once the Eligible Employee and family members of that Eligible Employee have collectively incurred a total of \$1,000.00 of In-Network deductibles during the Policy Year.</p> <p>No Benefits are payable for services provided Out-of-Network.</p>
COINSURANCE	<p>The Plan will pay 50% of all In-Network amounts designated as coinsurance that is incurred by an Eligible Employee or a family member of that Eligible Employee during the Policy Year.</p> <p>No Benefits are payable for services provided Out-of-Network.</p>	
OUT OF POCKET MAXIMUM	<p>The Plan will pay 100% of all additional In-Network deductible, coinsurance and co-payment charges incurred by an individual during a Policy Year after the individual has incurred a combined total of \$2,000.00 of In-Network deductible, coinsurance and co-payment amounts (net of reimbursements) during the Policy Year.</p> <p>No Benefits are payable for services provided Out-of-Network.</p>	<p>The Plan will pay 100% of all additional In-Network deductible, coinsurance and co-payment charges incurred by any Eligible Employee or any family member of an Eligible Employee during a Policy Year after the Eligible Employee and family members of that Employee have collectively incurred a combined total of \$4,000.00 of In-Network deductible, coinsurance and co-payment amounts (net of reimbursements) during a Policy Year.</p> <p>No Benefits are payable for services provided Out-of-Network.</p>