

**WALWORTH COUNTY  
HEALTH PLAN  
TIER 1**

**Amendment #1**

Effective October 27, 2014, the Walworth County Health Plan established January 1, 1999, and restated on January 1, 2011, January 1, 2013, January 1, 2014 and June 1, 2014 shall be amended as described herein.

*With regards to the **PRESCRIPTION DRUG BENEFIT** section on pages 22-23 of the Master Plan Document, **Retail Pharmacy Option** shall be deleted in its entirety and replaced with the following:*

**Retail Pharmacy Option**

Generic drugs

30-day supply, <i>Co-payment</i> .....	\$10
60-day supply, <i>Co-payment</i> .....	\$20
90-day supply, <i>Co-payment</i> .....	\$25

*Formulary* brand name drugs

30-day supply, <i>Co-payment</i> .....	\$25
60-day supply, <i>Co-payment</i> .....	\$50
90-day supply, <i>Co-payment</i> .....	\$62.50

Non-*Formulary* Brand Name drugs

30-day supply, <i>Co-payment</i> .....	Lesser of \$50 or 25%
60-day supply, <i>Co-payment</i> .....	Lesser of \$100 or 25%
90-day supply, <i>Co-payment</i> .....	Lesser of \$150 or 25%

Aspirin, Generic only and OTC requires a prescription (Men age 45 to 79 and Women age 55 to 79), Folic acid, Generic only and OTC requires a prescription (Women to age 55), Iron supplements, OTC requires a prescription (*Children* age 6 to 12 months), Oral fluoride pills (*Children* 6 months to 6 years), and Erythromycin ophthalmic ointment (*Newborn* 0 to 3 months) Immunizations for Influenza, Pneumonia, and Shingles ((*Zostavax*) age 60 and older, limit 1 per lifetime) at select pharmacy retailers- contact company identified on your Drug Card for additional information.

<i>Co-payment</i> .....	\$0
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*With regards to the **ELIGIBILITY** section on pages 24-29 of the Master Plan Document, **Dependent Eligibility 1. Lawful Spouse** shall be deleted in its entirety and replaced with the following:*

1. **LAWFUL SPOUSE** – A *Plan Participant's* lawful spouse in the state of residence, living in the same country, if not legally separated or divorced. The *Plan Administrator* may require documentation proving a legal marital relationship. A retiree's lawful spouse who is eligible for Medicare is an eligible dependent. This includes same sex spouses where a same sex marital relationship is recognized as legal under applicable state or federal law.

Not considered eligible for spousal coverage:

- a. Common Law Spouses; and
- b. Domestic partnerships

If a divorce is pending, a Spouse cannot be dropped from coverage until the divorce is finalized. A finalized divorce decree must be submitted in order to drop Spouse's coverage from this Plan.

*With regards to the **PRESCRIPTION DRUG EXPENSE BENEFIT** section on pages 57-58 of the Master Plan Document, **Additional Prescription Drug Benefit Information** shall be deleted in its entirety and replaced with the following:*

#### **Additional Prescription Drug Benefit Information**

When a participating pharmacy is used and you do not present your I.D. card to the participating pharmacy at the time of purchase, you must pay the pharmacy the full retail price and submit the pharmacy receipt to the *Prescription Drug* Plan Supervisor at the address listed below. You will be reimbursed at 100% of billed charges after the charge has been reduced by the applicable *Co-payments*.

When a *Non-Participating Pharmacy* is used, you must pay the pharmacy the full price of the drug and submit the pharmacy receipt to the *Prescription Drug* Plan Supervisor at the address listed below. You will be reimbursed for the Plans cost for the drug reduced by the applicable *Co-payment*.

Mail a *Prescription Drug* Reimbursement Form (available from the *Prescription Drug* Plan Supervisor or your Human Resources/Benefits) and Pharmacy receipts to the address listed on the Reimbursement form.

Coordination of Benefits applies to the Pharmacy Benefits under this Plan.

IN WITNESS WHEREOF, **Walworth County** has caused this Amendment to take effect, be attached to and form a part of its Health Plan.

10/23/2014  
Date Signed

[Signature] Risk/Benefit Manager  
Authorized Signature & Title

Walworth County  
Location

[Signature]  
Witness County Administrator

**WALWORTH COUNTY  
HEALTH PLAN  
TIER 2**

**Amendment #1**

Effective October 27, 2014, the Walworth County Health Plan established January 1, 2012, and restated on January 1, 2014 and June 1, 2014 shall be amended as described herein.

*With regards to the **PRESCRIPTION DRUG BENEFIT** section on pages 21-23 of the Master Plan Document, **Retail Pharmacy Option** shall be deleted in its entirety and replaced with the following:*

**Retail Pharmacy Option**

Generic drugs

30-day supply, <i>Co-payment</i> .....	Network Deductible then \$10 co-pay
60-day supply, <i>Co-payment</i> .....	Network Deductible then \$20 co-pay
90-day supply, <i>Co-payment</i> .....	Network Deductible then \$25 co-pay

*Formulary* brand name drugs

30-day supply, <i>Co-payment</i> .....	Network Deductible then \$25 co-pay
60-day supply, <i>Co-payment</i> .....	Network Deductible then \$50 co-pay
90-day supply, <i>Co-payment</i> .....	Network Deductible then \$62.50 co-pay

Non-*Formulary* Brand Name drugs

30-day supply, <i>Co-payment</i> .....	Network Deductible then the lesser of \$50 or 25%
60-day supply, <i>Co-payment</i> .....	Network Deductible then the lesser of \$100 or 25%
90-day supply, <i>Co-payment</i> .....	Network Deductible then the lesser of \$150 or 25%

Aspirin, Generic only and OTC requires a prescription (Men age 45 to 79 and Women age 55 to 79),  
Folic acid, Generic only and OTC requires a prescription (Women to age 55),  
Iron supplements, OTC requires a prescription (*Children* age 6 to 12 months),  
Oral fluoride pills (*Children* 6 months to 6 years), and

Erythromycin ophthalmic ointment (*Newborn* 0 to 3 months)  
Immunizations for Influenza, Pneumonia, and Shingles ((Zostavax) age 60 and older, limit 1 per lifetime) at select pharmacy retailers- contact company identified on your Drug Card for additional information.

*Co-payment* ..... \$0

*With regards to the **ELIGIBILITY** section on pages 25-30 of the Master Plan Document, **Dependent Eligibility 1. Lawful Spouse** shall be deleted in its entirety and replaced with the following:*

1. **LAWFUL SPOUSE** – A *Plan Participant's* lawful spouse in the state of residence, living in the same country, if not legally separated or divorced. The *Plan Administrator* may require documentation proving a legal marital relationship. A retiree's lawful spouse who is eligible for Medicare is an eligible dependent. This includes same sex spouses where a same sex marital relationship is recognized as legal under applicable state or federal law.

Not considered eligible for spousal coverage:

- a. Common Law Spouses; and
- b. Domestic partnerships

If a divorce is pending, a Spouse cannot be dropped from coverage until the divorce is finalized. A finalized divorce decree must be submitted in order to drop Spouse's coverage from this Plan.

*With regards to the **PRESCRIPTION DRUG EXPENSE BENEFIT** section on pages 58-59 of the Master Plan Document, **Additional Prescription Drug Benefit Information** shall be deleted in its entirety and replaced with the following:*

#### **Additional Prescription Drug Benefit Information**

When a participating pharmacy is used and you do not present your I.D. card to the participating pharmacy at the time of purchase, you must pay the pharmacy the full retail price and submit the pharmacy receipt to the *Prescription Drug Plan Supervisor* at the address listed below. You will be reimbursed at 100% of billed charges after the charge has been reduced by the applicable *Co-payments*.

When a *Non-Participating Pharmacy* is used, you must pay the pharmacy the full price of the drug and submit the pharmacy receipt to the *Prescription Drug Plan Supervisor* at the address listed below. You will be reimbursed for the Plans cost for the drug reduced by the applicable *Co-payment*.

Mail a *Prescription Drug Reimbursement Form* (available from the *Prescription Drug Plan Supervisor* or your Human Resources/Benefits) and Pharmacy receipts to the address listed on the Reimbursement form.

Coordination of Benefits applies to the Pharmacy Benefits under this Plan.

IN WITNESS WHEREOF, **Walworth County** has caused this Amendment to take effect, be attached to and form a part of its Health Plan.

10/23/2014  
Date Signed

Walworth County  
Location

Smithke Risk/Benefits Manager  
Authorized Signature & Title

[Signature]  
Witness County Administrator

**WALWORTH COUNTY  
DENTAL PLAN**

**Amendment #1**

Effective October 27, 2014, the Walworth County Dental Plan established June 1, 1992, and restated on June 1, 1999, January 1, 2011, January 1, 2013 and June 1, 2014 shall be amended as described herein.

*With regards to the **ELIGIBILITY** section on pages 8-12 of the Master Plan Document, **Dependent Eligibility 1. Lawful Spouse** shall be deleted in its entirety and replaced with the following:*

1. **LAWFUL SPOUSE** – A *Plan Participant's* lawful spouse in the state of residence, living in the same country, if not legally separated or divorced. The *Plan Administrator* may require documentation proving a legal marital relationship. This includes same sex spouses where a same sex marital relationship is recognized as legal under applicable state or federal law.

Not considered eligible for spousal coverage:

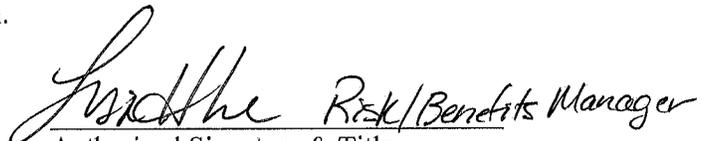
- a. Common Law Spouses; and
- b. Domestic partnerships

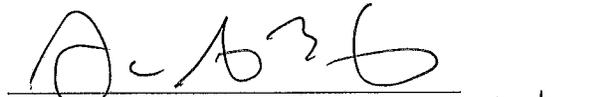
If a divorce is pending, a Spouse cannot be dropped from coverage until the divorce is finalized. A finalized divorce decree must be submitted in order to drop Spouse's coverage from this Plan.

IN WITNESS WHEREOF, **Walworth County** has caused this Amendment to take effect, be attached to and form a part of its Health Plan.

10/23/14  
Date Signed

Elkhorn, WI  
Location

  
Authorized Signature & Title

  
Witness County Administrator