

**AMENDMENT NO. 2  
FOR  
MERCER-AUGLAIZE EMPLOYEE BENEFIT TRUST  
PREFERRED PROVIDER ORGANIZATION  
EMPLOYEE BENEFIT PLAN**

I. Effective September 30, 2007, the section “**SCHEDULE OF BENEFITS**” shall be amended as follows:

In the subsection “**PPO Medical Benefits,**” under the heading “**Maximum Benefit Per Covered Person Per Calendar Year For,**” the items “**Inpatient Mental & Nervous Disorders and Chemical Dependency Care Combined**” and “**Outpatient Mental & Nervous Disorders and Chemical Dependency Care Combined**” shall be deleted in their entirety and the following substituted therefore:

Inpatient Chemical Dependency Care and Mental & Nervous Disorders Other Than Biologically Based Mental Illness, Combined	31 Days
Outpatient Chemical Dependency Care and Mental & Nervous Disorders Other Than Biologically Based Mental Illness, Combined	31 Days

II. Effective September 30, 2007, the section “**SCHEDULE OF BENEFITS**” shall be amended as follows:

In the subsection “**PPO Medical Benefits,**” under the heading “**Other Maximum Benefits,**” the item “**Special Care Facility Charges for Inpatient Mental & Nervous Disorders and Chemical Dependency Care, per Day**” shall be deleted in its entirety and the following substituted therefore:

Special Care Facility Charges for Inpatient Chemical Dependency Care and Mental & Nervous Disorders Other Than Biologically Based Mental Illness, per Day	\$50
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III. Effective January 1, 2008, the section “**SCHEDULE OF BENEFITS**” shall be amended as follows:

In the subsection “**PPO Medical Benefits,**” under the heading “**Other Maximum Benefits,**” the following item shall be added:

Routine Colonoscopy (for <i>covered persons</i> age 50 and older)	One Colonoscopy per Ten Year Period
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IV. Effective January 1, 2008, the section “**SCHEDULE OF BENEFITS**” shall be amended as follows:

In the subsection “**PPO Medical Benefits**,” under the heading “**Benefit Description**,” the following item shall be added under the “**Routine Preventive Care – age 9 and over**” benefit:

<b>BENEFIT DESCRIPTION</b>	<b><i>Preferred Provider</i></b> (% of <i>negotiated rate</i> , if applicable, otherwise % of <i>customary and reasonable amount</i> )	<b><i>Nonpreferred Provider</i></b> (% of <i>customary and reasonable amount</i> )
Routine Colonoscopy (for <i>covered persons</i> age 50 and older) Limitation: One routine colonoscopy per ten year period	100%	*100%

\* Deductible Waived

V. Effective September 30, 2007, the section “**SCHEDULE OF BENEFITS**” shall be amended as follows:

In the subsection “**PPO Medical Benefits**,” under the heading “**Benefit Description**,” the benefit for “**Mental & Nervous Disorders and Chemical Dependency Care**” shall be deleted in its entirety and the following substituted therefore:

<b>BENEFIT DESCRIPTION</b>	<b><i>Preferred Provider</i></b> (% of <i>negotiated rate</i> , if applicable, otherwise % of <i>customary and reasonable amount</i> )	<b><i>Nonpreferred Provider</i></b> (% of <i>customary and reasonable amount</i> )
<p><b>Chemical Dependency Care and Mental &amp; Nervous Disorders Other Than Biologically Based Mental Illness (<i>biologically based mental illness</i> shall be covered as any other covered expense for a physical disease or disorder)</b></p> <p>Inpatient Services Limitation: 31 days <i>maximum benefit</i> per calendar year and \$50 per day <i>maximum benefit</i> for care in a special care <i>facility</i></p> <p>Outpatient Services Limitation: 31 days <i>maximum benefit</i> per calendar year and \$50 per day <i>maximum benefit</i> for care in a special care <i>facility</i></p>	<p>90%</p> <p>90%</p>	<p>70%</p> <p>70%</p>

VI. Effective January 1, 2008, the section “**SCHEDULE OF BENEFITS**” shall be amended as follows:

In the subsection “**PPO Medical Benefits**,” under the heading “**Benefit Description**,” the following item shall be added:

<b>BENEFIT DESCRIPTION</b>	<b><i>Preferred Provider</i></b> (% of <i>negotiated rate</i> , if applicable, otherwise % of <i>customary and reasonable amount</i> )	<b><i>Nonpreferred Provider</i></b> (% of <i>customary and reasonable amount</i> )
<b>Qualified Clinical Trials</b>	Refer to Benefit for Service Provided	

VII. Effective January 1, 2008, the section “**MEDICAL EXPENSE BENEFIT**” shall be amended as follows:

The subsection “**Routine Preventive Care**” shall be deleted in its entirety and the following substituted therefore:

***ROUTINE PREVENTIVE CARE***

*Covered expenses* shall include the following routine services and supplies which are not required due to *illness* or *injury* for *covered persons* age 9 and older:

1. comprehensive history and physical examination, pediatric check-ups and related diagnostic testing, subject to the *maximum benefit* as specified on the *Schedule of Benefits*;
2. one (1) gynecological examination and Papanicolaou test (Pap Smear) per calendar year;
3. one (1) prostate examination and prostate specific antigen (PSA) test per calendar year;
4. one (1) routine mammogram per calendar year;
5. one (1) routine colonoscopy per ten (10) year period for *covered persons* age fifty (50) and older.

VIII. Effective September 30, 2007, the section “**MEDICAL EXPENSE BENEFIT**” shall be amended as follows:

The subsection “**Mental & Nervous Disorders and Chemical Dependency Care**” shall be deleted in its entirety and the following substituted therefore:

***CHEMICAL DEPENDENCY CARE AND MENTAL & NERVOUS DISORDERS***

*Covered expenses* for *inpatient* and *outpatient* treatment, services or supplies for the treatment of *chemical dependency* and *mental and nervous disorders* other than *biologically based mental illness*, shall be subject to the *maximum benefit* as shown on the *Schedule of Benefits*.

### *Biologically Based Mental Illness*

Plans in the State of Ohio must provide benefits for the diagnosis and treatment of **biologically based mental illnesses** on the same terms and conditions as, with benefits no less extensive than, those provided under the **Plan** for the diagnosis and treatment of all other physical diseases and disorders. This includes **inpatient hospital** services, **outpatient** services, medication, **maximum benefits** while covered by the **Plan**, copayments and deductibles (see the *Schedule of Benefits*).

**Biologically based mental illnesses** means:

- Schizophrenia
- Schizoaffective disorder
- Major depressive disorder
- Bipolar disorder
- Paranoia and other psychotic disorders
- Obsessive-compulsive disorder
- Panic disorder

All as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

The **biologically based mental illness** must be clinically diagnosed by a licensed **physician**, psychologist, professional clinical counselor, professional counselor, independent social worker or clinical nurse specialist with a mental health specialty. Treatment that is **experimental** or **investigational** is excluded from coverage.

### *Inpatient or Partial Confinement*

Subject to the pre-certification provisions of the **Plan**, the **Plan** will pay the applicable **coinsurance**, as shown on the *Schedule of Benefits*, for **confinement** in a **hospital** or **treatment center** for treatment, services and supplies related to the treatment of **chemical dependency** and **mental and nervous disorders**, other than **biologically based mental illness**.

**Covered expenses** shall include:

1. **Inpatient hospital confinement**;
2. Special care **facility confinement**, subject to the **maximum benefit** as shown on the *Schedule of Benefits*;
3. Individual psychotherapy;
4. Group psychotherapy;
5. Psychological testing;
6. Electro-Convulsive therapy (electroshock treatment) or convulsive drug therapy, including anesthesia when administered concurrently with the treatment by the same **professional provider**.

## *Outpatient*

The *Plan* will pay the applicable *coinsurance*, as shown on the *Schedule of Benefits*, for *outpatient* treatment, services and supplies related to the treatment of *chemical dependency* and *mental and nervous disorders* other than *biologically based mental illness*.

IX. Effective January 1, 2008, the section “**MEDICAL EXPENSE BENEFIT**” shall be amended as follows:

The following subsection shall be added to the end of this section:

### ***QUALIFIED CLINICAL TRIALS***

*Covered expenses* shall include health care items or services that are furnished to a individual enrolled in a *qualified clinical trial*, which is consistent with the usual and customary standard of care for someone with the patient’s diagnosis, is consistent with the study protocol for the clinical trial, and would be covered if the patient did not participate in the *qualified clinical trial*, including, but not limited to, *physician* examinations and diagnostic tests.

*Covered expenses* shall also include an FDA approved drug or device only to the extent that the drug or device is not paid for by the manufacturer, the distributor or the provider of the drug or device.

*Covered expenses* shall not include: non-health care services that a patient may be required to receive as a result of being enrolled in the *qualified clinical trial*; costs associated with managing the research associated with the *qualified clinical trial*; costs that would not be covered for non-*investigational* treatment; any item, service or cost that is reimbursed or otherwise furnished by the sponsor of the *qualified clinical trial*; or, the costs of services, which are not provided as part of the *qualified clinical trial’s* stated protocol or other similarly intended guidelines.

The *plan administrator* may require a copy of the *qualified clinical trial’s* study protocol before determining if any benefits are payable under this *Plan*.

Benefits for covered *qualified clinical trial* expenses shall be subject to all applicable *Plan* provisions including, but not limited to: *deductible*, *copay*, *coinsurance* and *maximum benefit* provisions as shown on the *Schedule of Benefits*.

This benefit shall not create any legal presumption that the Plan has recommended, directed, endorsed or required any covered person’s participation in a *qualified clinical trial*.

Covered expenses shall include any medical device, drug, or biological product that has received final approval to market by the United States Food and Drug Administration (FDA) for the particular diagnosis or condition except as set forth in (1) or (2) below. Any other approval granted as an interim step in the FDA regulatory process, e.g., an Investigational Device Exemption or an Investigational New Drug Exemption, is not sufficient.

1. Once FDA has been granted for a particular diagnosis or condition, use of the medical device, drug or biological product for another diagnosis or condition will require that one or more of the following established reference compendia; the American Medical Association Drug Evaluations; The American hospital Formulary Service Drug Information; or the United States Pharmacopoeia Drug Information, recognize the usage as appropriate medical treatment.
2. As an alternative to such recognition in one or more of the compendia, the usage of the drug will be recognized as appropriate if it is recommended by “Reliable Scientific Evidence.” A medical device, drug, or biological product that meets the above test will not be considered experimental or investigational.

For the purpose of this benefit, “Reliable Scientific Evidence” means:

- a. Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff.
- b. Peer-reviewed literature, biomedical compendia, and other medical literature that meet the criteria of the National Institute of Health’s National Library of Medicine for indexing in Index Medicus, Excerpta Medica (EMBASE), Medline, or MEDLARS database Health Services Technology Assessment Research (STAR), or
- c. Medical journals recognized by the Secretary of Health and Human Services, under Section 1861 (t)(2) of the Social Security Act (42U.S.C. 1395x).

X. Effective January 1, 2008, the section “**PLAN EXCLUSIONS**” shall be amended as follows:

Subsection number 11 shall be deleted in its entirety and the following substituted therefore:

11. Charges for services, supplies or treatment that are considered *experimental/investigational*, except as specifically stated in *Medical Expense Benefit, Qualified Clinical Trials*.

XI. Effective January 1, 2008, the section “**DEFINITIONS**” shall be amended as follows:

In the subsection “**Professional Provider**,” the following professional provider shall be added to the list of covered professional providers:

Nurse Practitioner

XII. Effective September 30, 2007, the section “**DEFINITIONS**” shall be amended as follows:

The following subsection shall be added:

***Biologically Based Mental Illness***

***Biologically based mental illnesses*** means:

- Schizophrenia
- Schizoaffective disorder
- Major depressive disorder
- Bipolar disorder
- Paranoia and other psychotic disorders
- Obsessive-compulsive disorder
- Panic disorder

All as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

XIII. Effective January 1, 2008, the section “**DEFINITIONS**” shall be amended as follows:

The following subsection shall be added:

***Qualified Clinical Trial***

A qualified clinical trial is defined as a clinical trial that meets all the following conditions:

1. The clinical trial is intended to treat cancer in a patient who has been so diagnosed, and
2. The clinical trial has been peer reviewed and is approved by at least one of the following:
  - a. One of the United States National Institutes of Health,
  - b. A cooperative group or center of the National Institutes of Health,
  - c. A qualified nongovernmental research entity identified in guidelines issued by the National Institutes of Health for center support grants,
  - d. The United States Food and Drug Administration pursuant to an investigational new drug exemption,
  - e. The United States Departments of Defense or Veterans Affairs, or
  - f. With respect to Phase II, III and IV clinical trials only, a qualified institutional review board, and
3. The facility and personnel conducting the clinical trial are capable of doing so by virtue of their experience and training and treat a sufficient volume of patients to maintain that expertise, and
4. The patient meets the patient selection criteria enunciated in the study protocol for participation in the clinical trial, and
5. The patient has provided informed consent for participation in the clinical trial in a manner that is consistent with current legal and ethical standards, and
6. The available clinical or pre-clinical data provide a reasonable expectation that the patient’s participation in the clinical trial will provide a medical benefit that is commensurate with the risks of participation in the clinical trial, and
7. The clinical trial does not unjustifiably duplicate existing studies, and
8. The clinical trial must have a therapeutic intent and must, to some extent, assess the effect of the intervention on the patient.

**Received and accepted for: Mercer-Auglaize Employee Benefit Trust**