

**CORRECTIVE AMENDMENT
TO THE
PLAN DOCUMENT/SUMMARY PLAN DESCRIPTION
for
THE DISTRICT SCHOOL BOARD OF COLLIER COUNTY
HEALTH BENEFITS PLAN - GROUP 2003022**

Effective January 1, 2025, The District School Board of Collier County Health Benefits Plan is amended as follows (**red** and *italics* means change or addition and ~~strikeout~~ means deletion):

Within "BASIC PATHWAY (no incentives) SCHEDULE OF MEDICAL BENEFITS", "TMJ/JAW DISORDERS" is replaced as follows:

MEDICAL BENEFITS / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT	
	IN-NETWORK	OUT-OF-NETWORK
TMJ/JAW DISORDERS		
	60% after Deductible	50% after Deductible
<i>Benefit Limits: \$5,000 Maximum Benefit Per Benefit Period. Benefit limits are for services received from In-Network and Out-of-Network Providers.</i>		

Within "CUSTOM PATHWAY (partial incentives) SCHEDULE OF MEDICAL BENEFITS", "TMJ/JAW DISORDERS" is replaced as follows:

MEDICAL BENEFITS / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT	
	IN-NETWORK	OUT-OF-NETWORK
TMJ/JAW DISORDERS		
	70% after Deductible	55% after Deductible
<i>Benefit Limits: \$5,000 Maximum Benefit Per Benefit Period. Benefit limits are for services received from In-Network and Out-of-Network Providers.</i>		

Within "ENHANCED PATHWAY (full incentives) SCHEDULE OF MEDICAL BENEFITS", "TMJ/JAW DISORDERS" is replaced as follows:

MEDICAL BENEFITS / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT	
	IN-NETWORK	OUT-OF-NETWORK
TMJ/JAW DISORDERS		
	80% after Deductible	60% after Deductible
<i>Benefit Limits: \$5,000 Maximum Benefit Per Benefit Period. Benefit limits are for services received from In-Network and Out-of-Network Providers.</i>		

Within "MEDICAL BENEFITS", "TMJ/JAW DISORDERS" is replaced as follows:

TMJ/JAW DISORDERS

Benefit limits apply as stated in the Schedule of Medical Benefits.

Coverage includes charges in connection with any operation or treatment for temporomandibular joint dysfunction (TMJ) or any related diagnosis or treatment of any nature including, but not limited to, correction of the position of the jaws in relation to each other (orthognathic surgery), realignment of the teeth or jaws, surgery for atrophy of the lower jaw, occlusion, maxillofacial surgery, or retrognathia. This includes Expenses Incurred for any appliance or prosthetic device used to replace tooth structure lost as a result of abrasion or attrition.

Nothing in this amendment is deemed to change any other provision of the Plan Document/Summary Plan Description of which it becomes a part.

THE DISTRICT SCHOOL BOARD OF COLLIER COUNTY

BY:

Valerie Wernick

TITLE:

Chief Human Resources Officer