

IN THE MATTER OF AUTHORIZING THE ACCEPTANCE OF THE MODIFIED HEALTH SUMMARY PLAN AND BOOKLET FOR THE AUGLAIZE COUNTY- MEBC HIGH DEDUCTIBLE HEALTH BENEFIT SUMMARY PLAN DOCUMENT AND BENEFIT BOOKLET.

The Board of County Commissioners of Auglaize County, Ohio met in regular session on the 15th day of October, 2026.

Commissioner Bambauer moved the adoption of the following:

RESOLUTION

WHEREAS, the Board of County Commissioners and Arthur J. Gallagher have modified the Auglaize County-MEBC Health summary plan description (SPD). This SPD, referred to as the plan document, is the governing plan document that will be the basis for the administration of the Auglaize County's Health Plan; and,

WHEREAS, the SUMMARY OF MODIFICATIONS will become part of this resolution; and,

WHEREAS, the modifications have been completed and presented to the Board of County Commissioners and the Board of County Commissioners has approved said modifications with the effective date of January 1, 2027.

THEREFORE, BE IT RESOLVED, that the Board of Commissioners, Auglaize County, Ohio, does hereby authorize the modifications to the Midwest Employee Benefit Consortium – Auglaize County Employee Benefit Plan – Plan Document and Employee Benefit Booklet as presented; and,

BE IT FURTHER RESOLVED, that the Board of Commissioners, Auglaize County, Ohio, does hereby authorize the President of the Board to execute the Acceptance Page of Health Plan 7670-00-412003; and,

BE IT STILL FURTHER RESOLVED that each elected official and department head be given a copy of said Plan Document and Employee Benefit Booklet; it will also be available on the county website, auglaizecounty.org.

Commissioner Spencer seconded the Resolution and upon the roll being called, the vote resulted in the adoption of the Resolution as follows:

Adopted this
15th day of
October, 2026

BOARD OF COUNTY COMMISSIONERS
AUGLAIZE COUNTY, OHIO

John N. Bergman , yes
John N. Bergman

Douglas A. Spencer , yes
Douglas A. Spencer

David Bambauer , yes
David Bambauer

cc: Arthur J. Gallagher
UMR
Elected Officials and Department Heads



115 W Wausau Ave
Wausau WI 54401-2875
PO Box 8046
Wausau WI 54402-8046

AUGLAIZE COUNTY (MEBC)

October 9, 2026

Plan Number: 7670-00-412003

Dear Valued Customer:

With this letter, we are sending your current Health summary plan description (SPD). This SPD, referred to as the plan document, will be the basis for the administration of your Health Plan.

Customized verbiage is identified in blue font throughout the document and remains as such to distinguish Plan owned language. Custom language is the responsibility of the Plan and not monitored by UMR for grammatical accuracy or compliance and regulatory appropriateness. It is the Plan's responsibility to monitor the language with each version of the SPD.

Also enclosed is the Acceptance Page, which formally approves the plan document. Please sign, retain a copy for your records, and return one copy to your UMR strategic account executive as soon as possible.

Note, however, that since the corresponding system changes have been implemented, this document is considered final, whether or not a signature is received. This document will be posted to the UMR employer web portal.

If you want UMR to post your book(s) to the UMR member web portal, please understand that posting may occur only after the signed Acceptance Page requirement has been satisfied. Book(s) will not be posted until the signed Acceptance Page is obtained. If the signed Acceptance Page has been received, the book(s) will be posted within 14 days of your receipt of the document. It is also important that the information in your formally approved plan document agrees with any material distributed to your employees, as this document contains the terms of plan coverage.

Any applicable stop loss policies typically rely on the last formally approved plan document when determining coverage. If the plan document distributed to your employees does not accurately describe the way your plan is actually being administered, the result can be a lapse or delay in stop loss coverage. **Important:** To prevent such lapses or delays in coverage, be sure to return the signed Acceptance Page to your UMR strategic account executive as soon as possible. If applicable, submit a copy of the Acceptance Page along with a copy of your current plan document to your stop loss carrier, which will constitute required notice of plan terms and conditions. Please keep a copy for your records.

If you have any questions, please contact your UMR strategic account executive.

Thank you for your business.

Argie Cronologia
Case Installations
Enclosure



A UnitedHealthcare Company

October 9, 2026

SUMMARY OF MODIFICATIONS

As requested, effective January 1, 2027, the following provision(s) were updated in, added to, or deleted from your Health Plan document. The change(s) are shaded in the plan document, with the exception of deleted wording:

- Introduction.
- Plan Information.
- Prescription Schedule of Benefits, Benefit Plan(s) 002, 003.
- Out-of-Pocket Expenses And Maximums.
- Prescription Drug Benefits.
- Coordination of Benefits.
- General Exclusions.
- Claims and Appeal Procedures.
- Glossary of Terms.

As required, effective January 1, 2027, the following changes were made to your Health Plan document. The change(s) are shaded in the plan document, with the exception of deleted wording:

- Medical Schedule of Benefits, Benefit Plan(s) 002, 003:
 - Manipulations: Language has been added to support alignment with Mental Health Parity and Addiction Equity Act (MHPAEA) requirements for visit maximums.
 - Preventive / Routine Care Benefits: Preventive / Routine Breast Cancer Screenings and Exams language has been revised to align with standard preventive handling practices. It ensures coverage for additional breast cancer screening services for women at average risk, consistent with the Health Resources and Services Administration's (HRSA) recommendation.
 - Therapy Services: Language has been added to support alignment with Mental Health Parity and Addiction Equity Act (MHPAEA) requirements for visit maximums.
 - Wigs (Cranial Protheses), Toupees, And Hairpieces Due To Cancer Treatment Or Alopecia Caused By A Covered Underlying Disease Or Treatment: Language has been revised for consistency with current clinical policy and to comply with Mental Health Parity and Addiction Equity Act (MHPAEA).
- Termination: Your Dependent's Coverage: Language has been added to clarify guidance regarding the termination of coverage in the event of an employee's death.
- COBRA Continuation of Coverage: Language has been revised to clarify that the full COBRA continuation premium may be paid by the qualified beneficiary or by another party acting on the beneficiary's behalf.
- Covered Medical Benefits:
 - 3D Mammograms: Language has been removed. Preventive 3D mammogram screenings are covered in accordance with Affordable Care Act (ACA) guidelines. 3D mammograms performed for diagnostic or treatment purposes are covered under standard imaging benefit provisions.
 - Emergency Room Hospital and Physician Services: Language was revised to align with the updated definition of emergency.
 - Emergency Services Provided in a Foreign Country: Language was revised to align with the updated definition of emergency.
 - Nutritional Supplements, Enteral Feedings Administered Orally or Through a Tube, Vitamins, and Electrolytes: Language for Enteral Feedings has been revised to include oral administration to align with current clinical policy and improve readability through revised formatting.
 - Wigs (Cranial Protheses), Toupees, and Hairpieces: Language has been revised for consistency with current clinical policy and to support alignment with Mental Health Parity and Addiction Equity Act (MHPAEA) requirements.



A UnitedHealthcare Company

October 9, 2026

- Teladoc Health Services: The note has been removed. Teladoc Health Services are now available nationwide.
- Transplant Benefits: Language has been revised to remove references to T-cell therapy (CAR-T) and ex vivo gene therapy because these services are covered under the medical plan benefits rather than the transplant benefit.
- UMR CARE: Clinical Advocacy Relationships to Empower:
 - CARE Provisions:
 - Ongoing Condition CARE: Language has been revised to remove the reference identifying the number of target programs along with adding Chronic Pain as a target program and self-enroll language.
 - Maternity CARE: Language has been added for virtual classes and breastfeeding support group options available for members who enroll.
- Right of Subrogation, Reimbursement, and Offset:
 - Language has been revised to broaden coverage and avoid requiring formal legal determination of liability before the provision applies.
 - Language has been revised to ensure the provision applies as soon as a claim or potential liability exists, not only after liability has been legally established.
 - Language has been revised for clarity and to strengthen enforceability.
- General Exclusions:
 - 3D Mammograms: Language has been removed. Preventive 3D mammogram screenings are covered in accordance with Affordable Care Act (ACA) guidelines. 3D mammograms performed for diagnostic or treatment purposes are covered under standard imaging benefit provisions.
 - Alternative / Complementary Treatment: Language has been clarified that standard treatment/therapy is not included in this exclusion even if it occurs at an alternative treatment location/facility.
 - Claims: Language has been revised to remove the specific timely filing period.
 - Experimental or Investigational Services: Language has been revised to separate Experimental or Investigational and Unproven into two distinct exclusions to provide clearer guidance on denial of non-covered services.
 - Unproven Services: Language has been revised to separate Experimental or Investigational and Unproven into two distinct exclusions to provide clearer guidance on denial of non-covered services.
 - Weekend Admissions: Language has been removed because the day of the week is not considered in inpatient admission determinations.
- Claims and Appeal Procedures:
 - Timely Filing:
 - Language has been revised to include information regarding network/contractual agreements.
 - Appeals should be sent within the prescribed time period as stated above to the following address(es):
 - The Pre-Service Claim appeals address has been updated.
- Glossary of Terms:
 - Emergency: Language has been revised to clarify the definition of 'Emergency,' ensuring it includes both medical and behavioral health emergencies in accordance with applicable law.
 - Experimental or Investigational Services: Language has been revised to separate Experimental or Investigational Services and Unproven Services into two distinct definitions to clarify the basis for denial of non-covered services.
 - Unproven Services: Language has been revised to separate Experimental or Investigational Services and Unproven Services into two distinct definitions to clarify the basis for denial of non-covered services.



A UnitedHealthcare Company

October 9, 2026

ACCEPTANCE PAGE

Health Plan
7670-00-412003

AUGLAIZE COUNTY (MEBC) acknowledges that we have reviewed the plan document effective January 1, 2027, and agree that the provisions contained in the plan document will be the basis for the administration of our Health Plan. The Plan Sponsor further represents that the plan document accurately reflects the intent of the Plan Sponsor and agrees that UMR may rely on such document in the administration of the Plan.

Accepted by the Plan Sponsor on 10-15-26
Date

John N Bergman Pres
Authorized Signature and Title
AUGLAIZE COUNTY (MEBC)

FOR INTERNAL USE ONLY
CHIP #: 424545