

**DALLAS COUNTY HOSPITAL  
DISTRICT d/b/a PARKLAND HEALTH  
& HOSPITAL SYSTEM  
DALLAS TX**

**Health Benefit Plan [Amendment](#)**

**Revised 01-01-2022**

**BENEFITS ADMINISTERED BY**



A UnitedHealthcare Company

**Amendment to Dallas County Hospital District d/b/a Parkland Health and Hospital System  
Dallas TX Medical Plan  
Effective January 01, 2022**

As stated in Parkland Health and Hospital System’s medical SPD under ‘Plan Amendment and Termination Information’, the employer reserves the right to amend this Plan at any time. In accordance with the terms of such provision, the Plan is hereby amended as reflected in this document. This Amendment supersedes any conflicting provision, predating the effective date of this Amendment.

Now, therefore, the Plan is amended as follows:

- A. Effective January 1, 2022, the Medical Schedule of Benefits is updated to include the following benefits provisions related to maternity and telehealth benefits.

**MEDICAL SCHEDULE OF BENEFITS  
Benefit Plan 001**

	<b>Parkland Health &amp; Hospital System Network (Tier One)</b>	<b>Benefit Panel Services Network (Tier Two)</b>	<b>Out-of-Network (Tier Three)</b>
<b>Maternity:</b> Delivery Facility (Tier 1 Benefit Will Only Be Applied For Those Who Participate in the UMR Maternity Management Program and who receive their prenatal care at the Employee Women’s Wellness Clinic and deliver at Parkland) Co-pay Per Admission Paid By Plan After Deductible	\$250 100% (Deductible Waived)	70%	50%
<b>Physician Office Visit:</b>  <b>Telehealth Primary Care Physician Visit:</b> Co-pay Per Exam Paid by Plan After Deductible	\$20 100% (Deductible Waived)	\$30 100% (Deductible Waived)	Not Applicable 50%
<b>Telehealth Specialist Visit:</b> Co-pay Per Exam Paid by Plan After Deductible	\$50 100% (Deductible Waived)	\$50 100% (Deductible Waived)	Not Applicable 50%

- B. Effective January 1, 2022, the section 'Eligibility and Enrollment' has been modified. The following paragraphs replace in their entirety the current language listed in the SPD.

### **Annual Enrollment**

During annual enrollment, held in the fourth quarter each year, You can change Your benefit elections. All changes made during annual enrollment period will be effective on January 1 of the following calendar year. If You do not make any changes to Your existing coverage during annual enrollment, You will be considered to have reenrolled in Your existing coverage for the following calendar year for Yourself and Your Dependents, if any, who continue to qualify for coverage under this Plan, with a few exclusions - see your benefits enrollment brochure.

### **Late Enrollment (Paragraph 1 and 2)**

If You do not complete Your enrollment online during the initial enrollment period, You and Your Dependents may be considered Late Enrollees and coverage may be deferred until the next enrollment period.

### **Effective Date of Coverage Dependents (Paragraph 4)**

Expenses for the well newborn will be processed under the mother's benefits until the mother is discharged from the Hospital following the delivery. If the covered newborn needs to stay in the Hospital longer than the mother following the delivery, those charges will be processed under the newborn's benefits subject to the Deductible and other Plan provisions. Refer to SPD for additional information on the coverage of a dependent child's newborn.

- C. Effective January 1, 2022, the section 'Covered Medical Benefits' has been modified to reflect the following 30 Gender Dysphoria treatments specifically related to gender reassignment surgery for female-to-male:

Certain ancillary procedures, including but not limited to the following, are considered cosmetic and not medically necessary, when performed as part of gender reassignment:

- Abdominoplasty; Panniculectomy and Body Contouring Procedures; Blepharoplasty; Blepharoptosis and Brow Ptosis Repair; Body contouring (e.g., fat transfer, lipoplasty, panniculectomy); Breast enlargement, including augmentation mammoplasty and breast implants; Brow lift; Calf implants; Cheek, chin and nose implants; Injection of fillers or neurotoxins; Face/forehead lift and/or neck tightening; Facial bone remodeling for facial feminization; Laser or electrolysis hair removal not related to genital reconstruction; Hair transplantation; Lip augmentation.

- D. Effective January 1, 2022, the section 'General Exclusions' has been modified to reflect the following:

70: **Sex Transformation:** Treatment, drugs, medicines, services and supplies for, or leading to, sex transformation surgery. This exclusion does not apply to services associated with gender dysphoria surgery as referenced in covered benefits.

Exclusion: Out of Network free standing emergency rooms are not covered.

### **COBRA Payments**

The due date for subsequent payments is typically the first day of the month for any particular period of coverage, however the Qualified Beneficiary will receive specific payment information including due dates, when the Qualified Beneficiary becomes eligible for and elects COBRA

continuation coverage. Full payment must be made prior to the first of the month to continue coverage. If payment is not made by the first of the month coverage will be terminated. However, the Qualified Beneficiary has 30 days to make payment and coverage will be reinstated back to the first day of the month.