

**AMENDMENT TO THE BOOKLETS  
FOR THE BOISE FIRE & POLICE TRUST PLANS**

BY THIS AMENDMENT, the **BOISE FIRE & POLICE TRUST PPO, ENGAGE, PREFERRED, ERHC and 5000 PLANS** are hereby amended as follows, effective **MAY 1, 2023**:

Within the **Appeals Process** section of each Plan:

References to the second level appeal process with the PBM (Sav-Rx Prescription Services) are hereby eliminated, such that there is only a single required appeal level relative to Prescription Medication Benefits.

The **BOISE FIRE & POLICE TRUST 5000 PLAN** only is hereby amended as follows, effective **MAY 1, 2023**:

Within the **MEDICAL BENEFITS** section:

Under the chart labeled **OUTPATIENT RADIOLOGY AND LABORATORY SERVICES**, the Category 2 cost-share is revised as follows:

Category: 1	Category: 2	Category: 3
<b>Provider: Preferred</b>	<b>Provider: Participating</b>	<b>Provider: Nonparticipating</b>
<b>Payment:</b> No charge.	<b>Payment:</b> No charge.	<b>Payment:</b> After Deductible, You pay 0% of the Allowed Amount and the balance of billed charges.

Under the chart labeled **ACUPUNCTURE**, the Category 2 cost-share is revised as follows:

Category: 1	Category: 2	Category: 3
<b>Provider: Preferred</b>	<b>Provider: Participating</b>	<b>Provider: Nonparticipating</b>
<b>Payment:</b> You pay \$30 Copayment per visit.	<b>Payment:</b> You pay \$30 Copayment per visit.	<b>Payment:</b> After Deductible, You pay 0% of the Allowed Amount and the balance of billed charges.
<b>Limit:</b> 40 visits, combined with Spinal Manipulation, per Claimant per Calendar Year. Acupuncture visits that are applied toward any Deductible will be applied against the Maximum Benefit limit on these services.		

Under the chart labeled **NEURODEVELOPMENTAL THERAPY**, the Category 2 cost-share is revised as follows:

Category: 1	Category: 2	Category: 3
<b>Provider: Preferred</b>	<b>Provider: Participating</b>	<b>Provider: Nonparticipating</b>
<b>Payment:</b> You pay \$30 Copayment per visit.	<b>Payment:</b> You pay \$30 Copayment per visit.	<b>Payment:</b> After Deductible, You pay 0% of the Allowed Amount and the balance of billed charges.

Under the chart labeled **REHABILITATION SERVICES, OUTPATIENT SERVICES**, the Category 2 cost-share is revised as follows:

<b>Category: 1</b>	<b>Category: 2</b>	<b>Category: 3</b>
<b>Provider: Preferred</b>	<b>Provider: Participating</b>	<b>Provider: Nonparticipating</b>
<b>Payment:</b> You pay \$30 Copayment per visit.	<b>Payment:</b> You pay \$30 Copayment per visit.	<b>Payment:</b> After Deductible, You pay 0% of the Allowed Amount and the balance of billed charges.

Under the chart labeled **RETAIL CLINIC OFFICE VISITS**, the Category 2 cost-share is revised as follows:

<b>Category: 1</b>	<b>Category: 2</b>	<b>Category: 3</b>
<b>Provider: Preferred</b>	<b>Provider: Participating</b>	<b>Provider: Nonparticipating</b>
<b>Payment:</b> You pay \$30 Copayment per visit.	<b>Payment:</b> You pay \$30 Copayment per visit.	<b>Payment:</b> After Deductible, You pay 0% of the Allowed Amount and the balance of billed charges.

Under the chart labeled **SPINAL MANIPULATIONS**, the Category 2 cost-share is revised as follows:

<b>Category: 1</b>	<b>Category: 2</b>	<b>Category: 3</b>
<b>Provider: Preferred</b>	<b>Provider: Participating</b>	<b>Provider: Nonparticipating</b>
<b>Payment:</b> You pay \$30 Copayment per visit.	<b>Payment:</b> You pay \$30 Copayment per visit.	<b>Payment:</b> After Deductible, You pay 0% of the Allowed Amount and the balance of billed charges.
<b>Limit:</b> 40 visits, combined with Acupuncture, per Claimant per Calendar Year		

If there is any inconsistency between this Amendment and the Booklets, the terms of this Amendment will prevail.

All other terms and conditions of the Booklets remain unchanged.

IN WITNESS WHEREOF, Regence BlueShield of Idaho, Inc., by its duly authorized officer, has executed this Amendment.



Mark H. Ruszczyk  
President  
Regence BlueShield of Idaho, Inc.