



To: Catholic Diocese Of Columbus
198 East Broad Street
Columbus, OH 43215

Re: 115277

We are forwarding an electronic file containing copies of your plan documents.

No Signature Required

Please find the attached documents to your contract MSA-115277 effective September 1, 2021. These are finalized documents.

Addendum Tagline

Amendment 1: Choice POS II - Adding Prudent RX

MSA Amendment

Your use of the documents in this medium shall signify your agreement not to alter or change their content in any way without the express consent of Aetna, and your agreement to indemnify and hold Aetna harmless for all loss, liability, damage, expense, cost, or other obligation which Aetna may incur or be required to pay as a result of any claim, demand, or lawsuit brought by any party (including yourself) arising from or in connection with any unauthorized changes.

Aetna

No. 115277

Amendment

Attached to and made a part of the Appendix I Section of the Master Services Agreement MSA-115277

an agreement between

Aetna Life Insurance Company

(hereinafter referred to as Aetna)

and the Customer

Catholic Diocese of Columbus

Nothing contained in this amendment shall be held to alter or affect any of the terms of the Services Agreement other than as herein specifically stated.

It is understood and agreed that the Service Agreement is changed by the addition or deletion of the pages listed below.

Exhibit I Being Added	Effective Date	Exhibit I Being Replaced or Removed	Effective Date
Exhibit I – Health Coverage	September 1, 2021	Exhibit I – Health Coverage	January 1, 2021

In Witness Whereof, Aetna has signed this amendment at **Hartford, Connecticut**, to become effective September 1, 2021.

Signed by Aetna July 13, 2021.

By:  _____

Name: Dan Finke

Title: President, Aetna Life Insurance Company

Amendment to Plan of Benefits

For Employees of: Catholic Diocese of Columbus
Master Services Agreement No.: 115277

Effective September 1, 2021, the following changes have been made to your Booklet.

The following information regarding "**Co-Payment assistance for Specialty Medications and Prudent RX**" has been added to your **Booklet**.

Co-Payment Assistance for Specialty Medications

Your plan participates in co-payment assistance programs that could lower your out-of-pocket costs for certain specialty medications. Through these programs, drug manufacturers provide financial support by covering some or all of your cost share for select specialty medications. You are not required to participate in these programs. However, if you choose not to, the full co-insurance specified in your Schedule of Benefits will apply to your specialty tier prescriptions. The list of specialty medications eligible for copayment assistance programs is subject to change.

Prudent Rx

You will automatically be enrolled in your Plan's co-payment assistance program administered by PrudentRx (but you can choose to opt-out by contacting PrudentRx). The PrudentRx Copay Program will assist you by helping you to enroll in these drug manufacturer copay assistance programs. If you or a covered family member are taking one or more medications included in the PrudentRx Copay Program drug list, PrudentRx will contact you with specific information about the program as it relates to your medication and will let you know if you are required to enroll in copay assistance for any medication that you take. Some manufacturers require you to sign up to take advantage of the copay assistance that they provide for their medications – in that case, you must speak to someone at PrudentRx to provide any additional information needed to enroll in the copay program.

If you enroll to get copayment assistance for your eligible specialty medications, you will have a \$0 out-of-pocket responsibility for prescriptions covered under the PrudentRx Copay Program. Otherwise, if you do not return PrudentRx's call, if you choose to opt-out of the program, or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for the full co-insurance on specialty medications as specified in your Schedule of Benefits. Copayments for these medications, whether made by you, your Plan, or the copay assistance program, will not count toward your plan deductible or out-of-pocket maximum.

PrudentRx can be reached at 1-800-573-4403 to address any questions regarding the PrudentRx Co-Pay Program.

**EXHIBIT 1 – HEALTH COVERAGE
 PLAN OF BENEFITS
 MASTER SERVICES AGREEMENT MSA - 115277
 EFFECTIVE September 1, 2021**

This Exhibit consists of the provisions found in the Plan document(s) listed below. Aetna shall administer the Plan(s) consistent with such provisions.

Name of Document	Issue Date	Effective Date of Document	Eligible Group and/or Type of Coverage
Book: 1	December 2, 2020	January 1, 2021	Enhanced Active PPO Dental Plan
SOB: 1A	December 2, 2020	January 1, 2021	Enhanced Active PPO Dental Plan
Book: 2	December 2, 2020	January 1, 2021	Base PPO Max Dental Plan
SOB: 2A	December 2, 2020	January 1, 2021	Base PPO Max Dental Plan
Book: 3	December 2, 2020	January 1, 2021	Enhanced Active PPO Dental – Retired Priests Option Plan
SOB: 3A	December 2, 2020	January 1, 2021	Enhanced Active PPO Dental – Retired Priests Option Plan
Book: 4	December 2, 2020	January 1, 2021	Choice POS II
SOB: 4A	December 2, 2020	January 1, 2021	Choice POS II - Enhanced Option Plan
SOB: 4B	December 2, 2020	January 1, 2021	Choice POS II - Base Option Plan
Amendment 1	July 13, 2021	September 1, 2021	Choice POS II - Adding Prudent RX

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-888-982-3862.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 1-888-982-3862.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).