

**PLAN DOCUMENT AMENDMENT NO. II
ST. MARTIN PARISH SCHOOL BOARD
GROUP# SMP0705
EFFECTIVE DATE OF GROUP 07/01/2005
EFFECTIVE DATE OF AMENDMENT 01/01/2006**

This Amendment is prepared at the request of St. Martin Parish School Board by Benefit Management Services to be effective on 01/01/2006.

The Plan is amended as set forth herein. All of the provisions, definitions, procedures, conditions, limitations, and exclusions of the Plan are applicable to this Amendment, unless they conflict with this Amendment. If they conflict with the Plan, or if any other Amendment or Endorsement to this Plan issued heretofore conflict with this Amendment, this Amendment shall prevail.

SCHEDULE OF BENEFITS is hereby amended by *restating* the following:

The Plan is a plan which contain Network Provider Organizations:

SERVICES RENDERED IN LOUISIANA:

PPO Name: ACCESSCare PPO
Address: P.O. Box 98044
Baton Rouge, LA 70898-9044
Telephone: 800/603-2299 or 225/297-2735
Fax: 225/297-2885
Website: www.bmshealth.com

**SERVICES RENDERED OUTSIDE OF LOUISIANA:
EMERGENCY ONLY:**

PPO Name: AHI-HealthLink
Address: 2 Greenway Plaza; Suite 502
Houston, TX 77046
Telephone: 800/445-1316 or 713/914-3400
Fax: 713/782-4259
Website: www.ahi-healthlink.com

The following out-of-state providers will pay as Network Providers:

- The University of Texas M.D. Anderson Cancer Center
- University of Texas Southwest Medical Center

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
MAXIMUM OUT-OF-POCKET AMOUNT, PER CALENDAR YEAR		
Per Covered Person	\$1,500	\$3,000
Per Family Unit	\$4,500	\$9,000
COVERED CHARGES		
Durable Medical Equipment	80% after deductible \$25,000 Calendar Year maximum	60% after deductible \$25,000 Calendar Year maximum
Prosthetics	80% after deductible \$25,000 Calendar Year maximum	60% after deductible \$25,000 Calendar Year maximum
Pre-Admission Testing	100% after deductible	100% after deductible
Preventive Care		
Routine Well Care (Age 2 and over)	100% deductible waived up to a \$150 Calendar Year maximum, then 80% after deductible	60% after deductible
Includes: office visits, pap smear, mammogram, gynecological exam, x-rays, laboratory blood tests, immunizations/flu shots, Digital rectal exam, Prostate specific antigen (PSA) exam and Hemmocult (colon) exam.		
Routine Physical Exam	100% deductible waived up to a \$150 Calendar Year maximum, then 80% after deductible	60% after deductible
Includes: office visits, laboratory blood tests and x-rays.		
Routine Well Child Care (Less than 2 Years of Age)	100% deductible waived up to a \$150 Calendar Year maximum, then 80% after deductible	60% after deductible
Includes: office visits, laboratory blood tests, x-rays and immunizations.		

COST MANAGEMENT


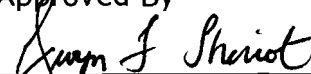
PREADMISSION TESTING SERVICE is hereby amended by *restating* the following:


Covered charges for this testing will be payable at 100% after deductible for In-Network services and Out-of-Network services even if tests show the condition requires medical treatment prior to Hospital confinement or the Hospital confinement is not required.

COORDINATION OF BENEFITS

Benefit plan payment order is hereby amended by restating the following:

- (3) Medicare will pay primary, secondary or last to the extent stated in federal law. When Medicare is to be the primary payer, this Plan will base its payment upon benefits that would have been paid by Medicare under Part A, if eligible, and at no additional cost to the member, and Part B is assumed primary for all participants age 65 and older.


 Approved By

 Witness


 Title
 1-31-2006
 Date