**GENERAL PLAN AMENDENT 2020**

# GROUP # \_\_\_\_\_\_\_\_

EFFECTIVE DATE OF CHANGE: 9/1/2020

# EMPLOYER ID#: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PLAN: ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All affected wording in the Plan is amended as follows:

*The Schedule of Benefits is hereby amended to include virtual services at the same cost sharing as corresponding face-to-face services.*

*The following exclusion is hereby deleted from the Plan:*

* *for charges incurred for consultations by telephone, internet or other electronic means;*

All other provisions of the plan remain unchanged.

**APPROVED AND ATTESTED:**

 DATE SIGNATURE TITLE