

**AMENDMENT AND SUMMARY OF MATERIAL MODIFICATION
TO THE
ST. LAWRENCE COUNTY HEALTH PLAN**

EFFECTIVE: JANUARY 1, 2025

St. Lawrence County (the “Employer”) maintains the St. Lawrence County Health Plan (the “Plan”) for the benefit of its eligible employees and their eligible dependents and expressly reserves the right to amend the Plan at any time. As such, the Employer desires to amend the Plan to clarify the intent and continued intent of certain provisions under the Plan and to make certain other changes as described herein. Effective as of January 1, 2025, the Plan is amended as follows:

1. The “**Facility**” definition in the “**Definitions**” section of your Plan is amended to read as follows:

DEFINITIONS

Facility. A Hospital; Ambulatory Surgical Center; birthing center; dialysis center; rehabilitation Facility; Skilled Nursing Facility; hospice; Home Health Agency or home care services agency certified or licensed under Article 36 of the New York Public Health Law; a comprehensive care center for eating disorders pursuant to New York Mental Hygiene Law Article 30; and a Facility defined in New York Mental Hygiene Law Sections 1.03, certified by the New York State Office of Addiction Services and Supports, or certified under Article 28 of the New York Public Health Law or, in other states, a similarly licensed or certified Facility. If you receive treatment for a Substance Use Disorder outside of New York State, a Facility also includes one which is accredited by the Joint Commission on Accreditation of Health Care Organizations or a national accreditation organization recognized by the Plan to provide a substance use disorder treatment program.

2. The “**Mental Health Inpatient Services**” and “**Substance Use Inpatient Services**” subsections in the “**Inpatient Care**” section of your Plan is amended to read as follows:

INPATIENT CARE

- a. **Mental Health Inpatient Services.** The Plan provides coverage for inpatient mental health care services relating to the diagnosis and treatment of Mental Health Disorders comparable to other similar Hospital, medical and surgical coverage provided under this Plan. Coverage for inpatient services for mental health care is limited to Facilities defined in New York Mental Hygiene Law Section 1.03(10), such as:

- I. A psychiatric center or inpatient Facility under the jurisdiction of the New York State Office of Mental Health;
- II. A state or local government run psychiatric inpatient Facility;
- III. A part of a Hospital providing inpatient mental health care services under an operating certificate issued by the New York State Commissioner of Mental Health;
- IV. A comprehensive psychiatric emergency program or other Facility providing inpatient mental health care that has been issued an operating certificate by the New York State Commissioner of Mental Health;

and, in other states, to similarly licensed or certified Facilities. In the absence of a similarly licensed or certified Facility, the Facility must be accredited by the Joint Commission on Accreditation of Health Care Organizations or a national accreditation organization recognized the Plan.

The Plan also Covers inpatient mental health care services relating to the diagnosis and treatment of Mental Health Disorders received at Facilities that provide residential treatment, including room and board charges. Coverage for residential treatment services is limited to Facilities defined in New York Mental Hygiene Law Section 1.03 and to residential treatment facilities that are part of a comprehensive care center for eating disorders identified pursuant to New York Mental Hygiene Law Article 30; and, in other states, to Facilities that are licensed or certified to provide the same level of treatment. In the absence of a similarly licensed or certified Facility, the Facility must be accredited by the Joint Commission on Accreditation of Health Care Organizations or a national accreditation organization recognized by the Plan.

- b. **Substance Use Inpatient Services.** The Plan Covers inpatient substance use services relating to the diagnosis and treatment of Substance Use Disorders. This includes coverage for detoxification and rehabilitation services as a consequence of a Substance Use Disorder. Inpatient substance use services are limited to Facilities in New York State which are licensed, certified or otherwise authorized by the Office of Addiction Services and Supports ("OASAS"); and, in other states, to those Facilities that are licensed, certified or otherwise authorized by a similar state agency and accredited by the Joint Commission or a national accreditation organization recognized by the Plan as alcoholism, substance abuse or chemical dependence treatment programs.

The Plan also Covers inpatient substance use services relating to the diagnosis and treatment of a Substance Use Disorder received at Facilities that provide residential treatment, including room and board charges. Coverage for residential treatment services is limited to Facilities that are

licensed, certified or otherwise authorized by OASAS; and, in other states, to those Facilities that are licensed, certified or otherwise authorized by a similar state agency and accredited by the Joint Commission or a national accreditation organization recognized by the Plan as alcoholism, substance abuse or chemical dependence treatment programs to provide the same level of treatment.

3. The “**Mental Health Disorder Outpatient Services**” and “**Substance Use Outpatient Services**” subsections found in both in the “**Outpatient Care**” and “**Professional Services**” sections of your Plan are amended to read as follows:

OUTPATIENT CARE PROFESSIONAL SERVICES

- a. **Mental Health Disorder Outpatient Services.** The Plan Covers outpatient mental health care services, including but not limited to partial Hospitalization program services and intensive outpatient program services, relating to the diagnosis and treatment of Mental Health Disorders. Coverage for outpatient services for mental health care includes comprehensive neuropsychological examinations for dyslexia when performed by a Health Care Professional and Facilities that have been issued an operating certificate pursuant to New York Mental Hygiene Law Article 31 or are operated by the New York State Office of Mental Health and crisis stabilization centers licensed pursuant to New York Mental Hygiene Law section 36.01 and, in other states, to similarly licensed or certified Facilities; and services provided by a licensed psychiatrist or psychologist; a licensed clinical social worker; a licensed mental health counselor; a licensed nurse practitioner; a licensed marriage and family therapist; a licensed psychoanalyst; or a professional corporation or a university faculty practice corporation thereof. In the absence of a similarly licensed or certified Facility, the Facility must be accredited by the Joint Commission on Accreditation of Health Care Organizations or a national accreditation organization recognized by the Plan. Outpatient services also include nutritional counseling to treat a Mental Health Disorder.
- b. **Substance Use Outpatient Services.** The Plan Covers outpatient substance use services relating to the diagnosis and treatment of Substance Use Disorders, including but not limited to partial Hospitalization program services, intensive outpatient program services, opioid treatment programs including peer support services, counseling and medication-assisted treatment. Such coverage is limited to Facilities in New York State that are licensed or certified or otherwise authorized by OASAS to provide outpatient Substance Use Disorder services and crisis stabilization centers licensed pursuant to New York Mental Hygiene Law section 36.01, and, in other states, to those that are licensed, certified or otherwise authorized by a similar state agency and which are accredited by the Joint Commission or a national accreditation organization recognized by the Plan as alcoholism,

substance abuse or chemical dependence treatment programs. Coverage in an OASAS-certified Facility includes services relating to the diagnosis and treatment of a Substance Use Disorder provided by an OASAS credentialed provider. Coverage is also available in a professional office setting for outpatient substance use disorder services relating to the diagnosis and treatment of alcoholism, substance use and dependency or by Physicians who have been granted a waiver pursuant to the federal Drug Addiction Treatment Act of 2000 to prescribe Schedule III, IV and V narcotic medications for the treatment of opioid addiction during the Acute detoxification stage of treatment or during stages of rehabilitation.

The Plan also Covers outpatient visits for family counseling. A family member will be deemed to be Covered, for the purposes of this provision, so long as that family member: 1) identifies himself or herself as a family member of a person suffering from alcoholism, substance use and dependency; and 2) and the person receiving, or in need of, treatment for alcoholism, substance use and dependency are both Covered under this Plan. The payment for a family member therapy session will be the same amount, regardless of the number of family members who attend the family therapy session.

4. The exclusion for “**Social Counseling and Therapy**” under the “General Exclusions” section of your Plan is amended to read as follows:

GENERAL EXCLUSIONS

Social Counseling and Therapy. The Plan will not provide coverage for any service or care related to marital, religious or other social counseling or therapy, except as otherwise provided under this Plan.

Except as amended by this amendment and summary of material modification (“Amendment”), all terms, conditions, limitations and exclusions of the Plan will remain in full force and effect. In the event of any discrepancy between this Amendment and the Plan, the provisions of the Amendment shall govern.

This Amendment is hereby adopted by the Employer as of the effective date set forth above.

ST. LAWRENCE COUNTY

David Forsyth
Signature

David Forsyth
Printed Name

Chair
Title

3/3/25
Date