HO-CHUNK NATION LEGISLATURE

Governing Body of the Ho-Chunk Nation

HO-CHUNK NATION LEGISLATURE
HEALTH CARE BENEFIT PLAN CHANGE
FOR TRIBAL MEMBER EMPLOYEES

RESOLUTION 08-20-13M

WHEREAS, on November 1, 1994, the United States Secretary of the Interior approved a new Constitution for the Ho-Chunk Nation, formerly known as the Wisconsin Winnebago Nation; and

WHEREAS, the Ho-Chunk Nation ("Nation") is a federally recognized Indian Tribe, organized pursuant to the Indian Reorganization Action of 1934; and

WHEREAS, Article V, Section 2 (a) of the Ho-Chunk Nation Constitution ("Constitution") grants the Ho-Chunk Nation Legislature ("Legislature") the power to make laws, including codes, ordinances, resolutions and statutes; and

WHEREAS, Article V, Section 2 (i) of the Constitution grants the Legislature the power to negotiate and enter into treaties, compacts, contracts and agreements with other governments, organizations, or individuals; and

WHEREAS, Article V, Section 2 (s) of the Constitution grants the Legislature the power to promote public health, education, charity, and such other services as may contribute to social advancement of members of the Ho-Chunk Nation; and

WHEREAS, Article V, Section 2 (x) of the Constitution grants the Legislature the power to enact any other laws, ordinances, resolutions, and statutes necessary to exercise its legislative powers delegated by the General Council pursuant to Article III including but not limited to the forgoing list of powers; and

WHEREAS, it has been brought to the attention of the Ho-Chunk Nation Insurance Department by Auxiant, the Nation's Third Party Administrator for insurance claims, that changes needed to be made to the Health Care Benefit Plan for Tribal Member Employees.

NOW THEREFORE BE IT RESOLVED, that the Legislature, pursuant to its Constitutional authority, approves the attached Amendment #3 of the Health Care Benefit Plan for Tribal Member Employees effective June 1, 2013 and August 1, 2013.

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BE IT FURTHER RESOLVED, the Legislature authorizes the Vice President of the Nation to sign all documents pertaining to said amendment.

CERTIFICATION

I, the undersigned, as Tribal Secretary of the Ho-Chunk Nation, hereby certify that the Legislature of the Ho-Chunk Nation, composed of **13 members** of whom **11** constituting a quorum were present at a meeting duly called and convened and held on the **20th day of August, 2013**, adopted the foregoing resolution at said meeting by an affirmative vote of **11 members, 0 opposed, and 0 abstaining,** pursuant to Article V, Section 2 (a) and (x) of the Constitution of the Ho-Chunk Nation, approved by the Secretary of the Interior on November 1, 1994, and that the foregoing resolution has not been rescinded or amended in any way. I further certify that this is a verified copy of said resolution.

Kathyleen LoneTree-Whiterabbit
Kathyleen LoneTree-Whiterabbit, Tribal Secretary

8.20.13
Date

HO-CHUNK NATION
HEALTH CARE BENEFIT PLAN
FOR TRIBAL MEMBER EMPLOYEES

Amendment # 3

Effective June 1, 2013 and August 1, 2013, the Ho-Chunk Nation Health Care Benefit Plan for Tribal Member Employees established April 1, 2003, restated November 1, 2005 and November 1, 2011, and last amended July 1, 2012 and February 1, 2013 shall be amended as described herein.

EFFECTIVE JUNE 1, 2013

*With regards to the **MEDICAL EXPENSE BENEFITS – PHYSICIAN SERVICES** section on pages 41-42 of this Master Plan Document, **Multiple Surgical Procedures and Assistant Surgeons – Item #3** shall be deleted in its entirety and replaced with the following:*

3. If an **assistant surgeon** is required, the assistant surgeon's covered charge will not exceed 20% of the in-network surgery allowance or Usual and Customary of the surgeon's charge.

*With regards to the **GENERAL LIMITATIONS** section on pages 50-57 of this Master Plan Document, **17. Experimental and/or Investigational Procedures** shall be deleted in its entirety and replaced with the following:*

17. **Experimental and/or Investigational procedures.** Charges for procedures, drugs, or research studies, or for any services or supplies considered Experimental and/or Investigational are not eligible for coverage through this Plan. Please see the Definitions section of this plan for more information.

*With regards to the **DEFINITIONS** section on pages 78-93 of this Master Plan Document, **Experimental** shall be deleted in its entirety and replaced with the following:*

EXPERIMENTAL
Services, supplies, care and treatment which do not constitute accepted medical practice properly within the range of appropriate medical practice under the standards of the case and by the standards of a reasonably substantial, qualified, responsible, relevant segment of the medical community or government oversight agencies at the time services were rendered.

Experimental or investigational services typically include:

a. Care, procedures, treatment protocol or technology which is:
    i. Not widely accepted as safe, effective and appropriate for the Injury or Sickness throughout the recognized medical profession and established medical societies in the United States; or

ii. Experimental, in the research or investigational stage or conducted as part of research protocol, or has not been proved by statistically significant randomized clinical trials to establish increased survival or improvement in the quality of life over other conventional therapies.

b. Drugs, tests, and technology which are:
   i. Not FDA-approved for general use;
   ii. Considered Experimental; or
   iii. For investigational use.

The Plan Administrator must make an independent evaluation of the experimental/non-experimental standings of specific technologies. The Plan Administrator shall be guided by a reasonable interpretation of Plan provisions. The decisions shall be made in good faith and rendered following a detailed factual background investigation of the claim and the proposed treatment. The Plan Administrator will be guided by the following principles in review; if

1. The drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished; or

2. The drug, device, medical treatment or procedure, or the patient informed consent document utilized with the drug, device, treatment or procedure, was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal law requires such review or approval; or

3. Reliable Evidence shows that the drug, device, medical treatment or procedure is the subject of any on-going phase of clinical trial, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or

4. Reliable Evidence shows that the prevailing opinion among experts regarding the drug, device, medical treatment or procedure is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis.

Reliable Evidence shall mean only published reports and articles in the authoritative medical and scientific literature; the written protocol or protocols used by the treating facility or the protocol(s) of another facility studying substantially the same drug, service, medical treatment or procedure; or the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, medical treatment or procedure. The Plan Administrator may also rely on the Data project of the American Medical Association, the National Institute of Health, the U.S. Food and Drug Administration, The National Cancer Institute, The National Comprehensive Cancer Network (NCCN), Office of Health Technology Assessment, the Health Care Financing Administration of the U.S. Department of Health and Human Services, and Congressional Office of Technology Assessment in determining investigational or experimental services.

Drugs are considered Experimental if they are not commercially available for purchase and/or they are not approved by the FDA for general use.

Expenses related to Off-Label Drug Use (the use of a drug for a purpose other than that for which it was approved by the FDA) will be eligible for coverage when all of the following criteria have been satisfied:

1. The named drug is not specifically excluded under the General Limitations of the Plan; and
2. The named drug has been approved by the FDA; and
3. The Off-Label Drug Use is appropriate and generally accepted by the medical community for the condition being treated; and
4. If the drug is used for the treatment of cancer, the American Hospital Formulary Service Drug Information or the NCCN Drugs and Biologics Compendia recognize it as an appropriate treatment for that form of cancer.

EFFECTIVE AUGUST 1, 2013

*With regards to the **PRESCRIPTION DRUG BENEFIT** section on page 25 of this Master Plan Document, **Pharmacy Option** shall be deleted in its entirety and replaced with the following:*

Pharmacy Option
Limited to a 90-day supply

100% coverage per Prescription

IN WITNESS WHEREOF, **Ho-Chunk Nation** has caused this Amendment to take effect, be attached to and form a part of its Health Care Benefit Plan for Tribal Member Employees.

8/22/13
Date Signed

Heather Clore VICE PRESIDENT
Authorized Signature & Title

Black River Falls, WI
Location

Vicki L Theisen
Witness