

**ATHENS AREA HEALTH PLAN SELECT, INC.
AMENDMENT TO HIGH DEDUCTIBLE HEALTH PLAN
GROUP HEALTHCARE CONTRACT**

The Group Healthcare Contract to which this Amendment is attached is hereby amended to include the following:

HIGH DEDUCTIBLE HEALTH PLAN NOTICE

THIS HIGH DEDUCTIBLE PLAN IS DESIGNED TO BE A FEDERALLY QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN (HDHP) COMPATIBLE WITH HEALTH SAVINGS ACCOUNTS (HSA'S). ENROLLMENT IN A HIGH DEDUCTIBLE HEALTH PLAN THAT IS HSA- COMPATIBLE IS ONLY ONE OF THE ELIGIBILITY REQUIREMENTS FOR ESTABLISHING AND CONTRIBUTING TO AN HSA. PLEASE NOTE THAT IF YOU HAVE OTHER HEALTH COVERAGE IN ADDITION TO THE COVERAGE UNDER THIS EOC, IN MOST INSTANCES YOU WILL NOT BE ELIGIBLE TO ESTABLISH OR CONTRIBUTE TO AN HSA UNLESS BOTH COVERAGES QUALIFY AS HIGH DEDUCTIBLE HEALTH PLANS. ATHENS AREA HEALTH PLAN SELECT, INC. DOES NOT PROVIDE TAX ADVICE. THE GEORGIA INSURANCE DEPARTMENT DOES NOT IN ANY WAY WARRANT THAT THIS PLAN MEETS THE FEDERAL REQUIREMENTS. CONSULT WITH YOUR FINANCIAL OR TAX ADVISOR FOR TAX ADVICE OR MORE INFORMATION ABOUT YOUR ELIGIBILITY FOR AN HSA.

IN WITNESS WHEREOF, the undersigned have executed this Amendment to the Group Healthcare Contract, effective as of the Effective Date.

Employer:

BY: _____

TITLE: _____

DATE: _____

Athens Area Health Plan Select, Inc.

BY: _____

TITLE: _____

DATE: _____

THIS AMENDMENT MUST BE ATTACHED TO THE FRONT OF THE GROUP HEALTHCARE CONTRACT.