

**AMENDMENT NUMBER 2008-010
TO
CITY OF OGDENSBURG EMPLOYEE'S HEALTH PLAN**

BY THIS AGREEMENT, the City of Ogdensburg Employee's Health Plan, (herein called the "Plan") is hereby amended as follows, effective as of 01/01/2012.

NATURE OF AMENDMENT: To amend the Plan to change the medical deductible for the IAFF and their dependents. To amend the Plan to change the prescription drug maximum copayment and the copayments for prescription drugs for the IAFF and their dependents. To amend the Plan to implement a mandatory Generic provision and mandatory mail order provision for the IAFF and their dependents. To amend the Plan that all prescription drug preauthorizations and appeals will be handled by ProAct.

Provisions Affected:

1. The Section entitled SCHEDULE OF BENEFITS is amended as follows (below grid lines only):

Plan Features	In-Network Benefits (PHCS Network)	Out-of-Network Benefits
Deductible per Calendar Year (Except: PBA and PSU covered Employees and Retirees; and their dependents)	\$98.00 per individual \$195.00 per family Deductible is based on contract with Employer	
PBA covered Employees and Retirees; and their dependents	\$200.00 per individual \$400.00 per family	
PSU and IAFF covered Employees and Retirees; and their dependents	\$150 per individual \$300 per family	
Common Accident Deductible (Except: PBA and PSU covered Employees and Retirees; and their dependents)	Family \$98.00	
PBA covered Employees and Retirees; and their dependents	Family \$200.00	
PSU and IAFF covered Employees and Retirees and their dependents	Family \$150.00	
	Cumulative for two or more covered family members injured in the same accident. Only expenses due to that accident and applied against the Plan deductible count toward this limit. Expenses also count toward the Calendar Year deductible.	
Carry-over Individual Deductible	Covered Charges incurred in, and applied toward the deductible in October, November and December will be applied to the deductible in the next Calendar Year as well as the current Calendar Year.	
Percentage Coinsurance	Varied. Please see individual plan features for details.	
Out-of-Pocket Limit Excluding Deductible, per Calendar Year	\$260.00 per person	
Maximum Benefit Amounts (Lifetime)	\$1,000,000.00 As of 1/1/11, there will no longer be a Lifetime limit.	

Plan Features	In-Network Benefits (PHCS Network)	Out-of-Network Benefits
Second Surgical Opinion (Mandatory)	This mandatory program requires a phone call before specific non-Emergency surgical procedures are performed in-patient. Please contact the POMCO Benefit Management Program toll-free at 1-800-766-2648. A benefit reduction of 50% will be applied for non-compliance with this requirement.	

<i>Any one retail Pharmacy prescription or refill is limited to a 30-day supply. Any one mail order prescription or refill is limited to a 90-day supply. Some covered Prescription Drugs have a quantity limit under the Plan. For additional information on medications that have quantity limits you may call ProAct Customer service at 1-800-836-0709.</i>		
Covered Drugs and Supplies	Network and Out-of-Network	Covered Drugs and Supplies
Prescription Drug Benefit (ProAct) (retail 90-day or mail order 90-day supply) Deductible per Calendar Year (retail 90-day or mail order 90-day supply) (except PBA, PSU, and IAFF covered Employees and Retirees; and their dependents) Out-of-Pocket Limit Excluding Deductible, per Calendar Year	\$52.00 per individual \$105.00 per family Deductible is based on individual's contract with Employer. Please check contract to determine which deductible applies. Deductible does not apply towards your Out-of-Pocket.	
	\$140.00 per Individual Member pays the following:	
	Generic	Retail 20% Mail Order (not mandatory) 20%
	Brand Name	Retail 20% Mail Order (not mandatory) 20%
PBA and PSU covered Employees and Retirees; and their dependents	No deductible. Member pays the following:	
		Retail Mandatory Mail Order
	Generic	\$5.00 \$10.00
	Brand Name	\$20.00 \$40.00
IAFF covered Employees and Retirees; and their dependents	\$200 copay maximum per individual per Calendar Year \$400 copay maximum per family per Calendar Year Mandatory Generic Mandatory Mail Order after two retail fills. Member pays the following:	
		Retail Mandatory Mail Order
	Generic	\$5.00 \$10.00
	Brand Name	\$20.00 \$40.00
	Non Preferred	\$35.00 \$55.00

2. The Section entitled PRESCRIPTION DRUG BENEFITS, subsection Co-payments is amended as follows:

Co-payments (applies to PBA, PSU, and IAFF covered Employees and Retirees; and their dependents)

The co-payment is applied to each covered Pharmacy drug or mail order drug charge and is

shown in the Schedule of Benefits. The co-payment amount is not a Covered Charge under the medical Plan. Any one Pharmacy prescription is limited to a 30-day supply. Any one mail order prescription is limited to a 90-day supply.

3. The Section entitled PRESCRIPTION DRUG BENEFITS, subsection Mail Order Drug Benefit Option is amended as follows:

Mail Order Drug Benefit Option

The mail order drug benefit option is available for maintenance medications (those that are taken for long periods of time, such as drugs sometimes prescribed for heart disease, high blood pressure, asthma, etc.). Because of volume buying, ProAct, the mail order Pharmacy, is able to offer Covered Persons significant savings on their prescriptions.

The Mail Order Drug Benefit is **mandatory** for PBA, PSU, and IAFF covered Employees and Retirees; and their dependents for maintenance medication. *IAFF must utilize the mail order option after two fills at a retail Pharmacy.*

4. The Section entitled PRESCRIPTION DRUG BENEFITS is amended to add the following subsections:

Mandatory Generic Drug Substitution Program (applies to IAFF covered Employees and Retirees; and their dependents)

As part of a continuing effort to control costs and preserve the quality of the Plan, you are encouraged to use Generic Drugs whenever appropriate for your condition. A Generic Drug is chemically equivalent to the original Brand Name Drug. The only difference is that the Brand Name manufacturer's patent has expired, allowing other manufacturers to sell the drug. As a result, the Generic manufacturer does not incur research costs and can charge significantly less for the drug. Since Generic Drugs cost less than Brand Name Drugs, cost savings result for you (a lower percentage payable liability amount) and the Plan when you substitute the lower priced drug. If you have any questions about Generic Drugs, ask for advice from your Physician or your pharmacist.

Prior Authorization

Some prescription medications may require prior authorization to be covered under the Prescription Drug Benefit. Benefits will not provide coverage unless the drugs have been approved for benefit payment. For information regarding drugs that require prior authorization and the procedures necessary to obtain prior authorization, call 1-800-836-0709.

If authorization for the prescription is granted, communication of the approval will be made to the pharmacist. If approval is not granted, the Covered Person may appeal. Please contact ProAct or your Human Resources Department for details on how to appeal.

5. The Section entitled CLAIMS REVIEW PROCEDURE, subsection Internal Appeals first paragraph is amended to read as follows:

Internal Appeals

This provision shall be in accordance with the federal Patient Protection and Affordable Care Act and its regulations, as amended. When a claimant receives an Adverse Benefit Determination, the claimant or an authorized representative acting on behalf of the claimant has 180 days following receipt of the notification in which to appeal the decision. A claimant may submit written comments, documents, records, and other information relating to the Claim. If the claimant so requests, he or she will be provided, free of charge upon request, reasonable access to, and

copies of, all documents, records, and other information relevant to the Claim. *Submit all appeals to:*

- (1) **Medical Benefits:** POMCO, Appeals Department, P.O. Box 6329, Syracuse, NY 13217.
- (2) **Prescription Drug Benefits:** ProAct Pharmacy Services, Inc., 29 East Main Street, Gouverneur, NY 13642.

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IN WITNESS WHEREOF this agreement has been executed on behalf of City of Ogdensburg Employee's Health Plan on 01/01/2012.

By _____

Title _____

Date _____