

**AMENDMENT NUMBER 2008-012
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 01/01/2013.

NATURE OF AMENDMENT:

All Employees/Dependents: To amend the Plan to comply with the federal Patient Protection and Affordable Care Act mandated coverage for well women care.

CSEA and Employees/Dependents only: To amend the Plan to increase the medical deductible from \$98 to \$200 (individual) and from \$195 to \$400 (family). To change the PBM 20% coinsurance to the following copays for Generic \$5 (retail)/\$10 (mail order), Preferred Brand Name \$20 (retail)/\$40 (mail order), and Non-Preferred Brand Name \$35 (retail)/\$55 (mail order). To amend the Plan to implement mandatory Generic substitution (where available) and mandatory mail order after two retail fills.

Remington/Library Employees/Dependents only: To amend the Plan to increase the medical deductible from \$98 to \$200 (individual) and from \$195 to \$400 (family). To change the PBM 20% coinsurance to the following copays for Generic \$5 (retail)/\$10 (mail order), Preferred Brand Name \$20 (retail)/\$40 (mail order), and Non-Preferred Brand Name \$35 (retail)/\$55 (mail order). To amend the Plan to implement a maximum prescription drug Calendar Year copay limit of \$200 per individual and \$400 per family. To amend the Plan to implement mandatory Generic substitution (where available) and mandatory mail order after two retail fills.

Provisions Affected:

1. The Section entitled SCHEDULE OF BENEFITS, remove the the grid lines for Routine Annual GYN and following grid lines only are amended/added as follows:

Plan Features	In-Network Benefits (PHCS Network)	Out-of-Network Benefits
Deductible per Calendar Year PBA, CSEA, and Library/Remington 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 PBA, CSEA Library/Remington 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.	

Preventative Care	In-Network Benefits (PHCS Network)	Out-of-Network Benefits
<ul style="list-style-type: none"> • Well Woman • Breastfeeding Support, Supplies, and Counseling 	<p style="text-align: center;">100% of Allowed Charges</p> <p><i>In conjunction with each birth comprehensive breastfeeding support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment (including related supplies) is covered (or purchase if cost effective).</i></p>	
<ul style="list-style-type: none"> • Contraceptive Management 	<p style="text-align: center;">100% of Allowed Charges</p> <p><i>Applies to all women with reproductive capacity. Oral contraceptives paid through ProAct only.</i></p>	
<ul style="list-style-type: none"> • Human Papillomavirus (HPV) DNA Testing 	<p style="text-align: center;">100% of Allowed Charges</p> <p><i>For women with normal cytology results; screening begins at age 30 years and occurs no more frequently than every 3 Plan Years.</i></p>	
<ul style="list-style-type: none"> • Routine Screening Cervical Cytology/ Pap Smear, and exam 	<p style="text-align: center;">100% of Allowed Charges</p> <p><i>Limited to two per Calendar Year to include annual pelvic exam, collection and preparation of a pap smear, and professional evaluation of the pap smear.</i></p>	
<ul style="list-style-type: none"> • Well Woman Visit 	<p style="text-align: center;">100% of Allowed Charges</p> <p><i>Limited to two per Calendar Year for women to obtain the recommended preventive services that are age and developmentally appropriate.</i></p>	

Medical/Surgical Services and Supplies	In-Network Benefits (PHCS Network)	Out-of-Network Benefits
Durable Medical Equipment	<p style="text-align: center;">80% of Allowed Charge after deductible</p> <p><i>Excludes services covered under Preventive Care.</i></p>	
Surgical Charge Benefit	<p>Basic Surgical Benefit Maximum \$1,500.00 combining charges for the surgeon, assistant surgeon and anesthesiologist per operative session.</p>	
<ul style="list-style-type: none"> • Voluntary or Elective Sterilization (Female) 	<p style="text-align: center;">100% of Allowed Charges</p> <p><i>Does not apply to Basic Surgical Benefit Maximum. Includes all related services such as anesthesia and facility charges.</i></p>	
<ul style="list-style-type: none"> • Voluntary or Elective Sterilization (Male) 	<p style="text-align: center;">See surgery benefit</p>	

Any one retail Pharmacy prescription or refill is limited to a 30-day supply, unless otherwise specified. 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 1-877-635-9545. *The Plan will follow the provision of federal Patient Protection and Affordable Care Act (ACA) as it pertains to the preventive care provisions of the Plan. Generic Prescription Drugs covered under ACA only will be reimbursed without a copay. If no generic is available, the brand name will be reimbursed without a copay.*

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) PBA and PSU covered Employees and Retirees; and their dependents	No deductible. <i>Mandatory Generic Substitution Program for CSEA Enrollees only.</i> Retail benefits are subject to mail order copays after two retail fills. Member pays the following: <table border="1"> <thead> <tr> <th></th> <th>Retail</th> <th>Preferred Mail Order</th> </tr> </thead> <tbody> <tr> <td>Generic</td> <td>\$5.00</td> <td>\$10.00</td> </tr> <tr> <td>Brand Name</td> <td>\$20.00</td> <td>\$40.00</td> </tr> <tr> <td>Non Preferred</td> <td>\$35.00</td> <td>\$55.00</td> </tr> </tbody> </table>		Retail	Preferred Mail Order	Generic	\$5.00	\$10.00	Brand Name	\$20.00	\$40.00	Non Preferred	\$35.00	\$55.00	
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IAFF, CSEA and Library/Remington 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 Substitution Program. Retail benefits are subject to mail order copays after two retail fills. Member pays the following: <table border="1"> <thead> <tr> <th></th> <th>Retail</th> <th>Preferred Mail Order</th> </tr> </thead> <tbody> <tr> <td>Generic</td> <td>\$5.00</td> <td>\$10.00</td> </tr> <tr> <td>Brand Name</td> <td>\$20.00</td> <td>\$40.00</td> </tr> <tr> <td>Non Preferred</td> <td>\$35.00</td> <td>\$55.00</td> </tr> </tbody> </table>		Retail	Preferred Mail Order	Generic	\$5.00	\$10.00	Brand Name	\$20.00	\$40.00	Non Preferred	\$35.00	\$55.00	
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2. The Section entitled COMPREHENSIVE MEDICAL BENEFITS, subsection Preventive Care, charges for Routine Well Adult Care is amended to read as follows:

Charges for Routine Well Adult Care. Routine well adult care is care by a Physician that is not for an Injury or Sickness.

- **Routine Adult Physical Exams**, to include screening tests. See Summary of Benefits for limitations.
- **Routine Mammography** as recommended by a physician:
 - at any age for Covered Persons having prior history of breast cancer or whose mother or sister has a prior history of breast cancer;
 - a single baseline mammogram for Covered Persons aged 35-39; and
 - age 40 or over for Covered Persons; limited to once a year.
- **Well Woman Preventive**
 - **Annual well-woman visit** for adults to obtain all recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care. Additional visits may be necessary to obtain all USPSTF recommended preventive services, depending on the woman's health status and needs, and risk

factors. These services include, but are not limited to mammograms and cervical cancer screenings.

The visit should include annual screening and counseling for interpersonal and domestic violence. Annual screening and counseling for human immune-deficiency virus (HIV) infection for all sexually active women. Annual counseling for sexually transmitted infections for all sexually active women.

Screening for gestational diabetes (between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.

- **Human papillomavirus (HPV) DNA testing.** High risk human papillomavirus DNA testing in women with normal cytology results.
- **Contraceptive management.** The Plan will cover FDA-approved contraceptive methods including injectable drugs, implantable drugs, patches, emergency contraceptives, and contraceptive devices prescribed by a professional Provider.

FDA-approved injectable contraceptives, implantable contraceptives and contraceptive devices are covered **only** under the "Medical Benefits" section of the Plan. Allowable Charges related to Physician or clinic contraceptive services, including the measuring, fitting or insertion of covered devices and the purchase of covered devices, are covered. This is covered as a service of the professional Provider who administers them.

FDA-approved Oral contraceptives, contraceptive patches, emergency contraceptives (retail only) are covered **only** under the "Prescription Drug Benefits" section of the Plan.

Elective (female only) sterilization is covered under this benefit.

Benefits are not provided for abortifacient drugs or any drug or device obtainable without a prescription. Male contraceptive medicines or devices or male elective sterilization are not covered, regardless of intended use. **Exception:** Over-the-counter emergency contraceptives will be covered at the retail Pharmacy level as shown in the "Prescription Drug Benefits" section of this document.

- **Breastfeeding support, supplies, and counseling.** In conjunction with each birth the Plan includes coverage for comprehensive lactation support and counseling, by a trained Provider during Pregnancy and/or in the postpartum period; and the rental/purchase of breastfeeding equipment. Coverage for related disposable supplies used with the breast feeding equipment is also covered.

3. The Section entitled COMPREHENSIVE MEDICAL BENEFITS, subsection Major Medical Benefits, remove the subsection entitled Contraceptive Management.

4. The Section entitled PLAN EXCLUSIONS (7) and (49) are amended to read as follows:

- (7) **Birth control.** Services or supplies related to family planning, oral contraceptives or other birth control devices. Oral contraceptives are covered under the Prescription Drug Benefits. **Exception:** This Plan will follow the federal Affordable Care Act Women's Preventive Services provisions for women's contraceptive management as shown in the section entitled "Preventive Care". Oral contraceptives contraceptive patches, and over-the-counter emergency contraceptives (retail Pharmacy only) are covered **only** under the "Prescription Drug Benefits" section of the Plan.

- (49) **Pregnancy of daughter.** Care and treatment, including complications, of Pregnancy for a dependent daughter only, *except services as required by federal law.*

5. The Section entitled PRESCRIPTION DRUG BENEFITS, subsection Percentages Payable will be removed and subsections Pharmacy Drug Charge, Co-payments, Mail Order Drug Benefit Option, and Mandatory Generic Drug Substitution Program are amended to read as follows:

Pharmacy Drug Charge

Participating pharmacies have contracted with the Plan to charge Covered Persons reduced fees for covered Prescription Drugs. ProAct is the administrator of the Pharmacy drug plan.

The Plan will follow the provision of federal Patient Protection and Affordable Care Act as it pertains to the preventive care provisions of the Plan. No copay is required. Contact ProAct Customer Service Department for details.

Co-payments

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. **Exceptions:** *Some Prescription Drugs have a quantity/dosage limit other than the 30-day and 90-day limit shown above. Copayment is waived for Prescription Drugs that are mandated as covered under the "Preventive Care" provisions of the federal Patient Protection and Affordable Care Act. Contact ProAct Customer Service Department for details on quantity limits and "Preventive Care" provisions under the Plan.*

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 **preferred** for covered Employees and Retirees; and their dependents for maintenance medication after two fills at a retail pharmacy. If the Covered Person does not utilize the mail order option, the mail order copay will be charged for 30-day fills at the retail pharmacy.

Mandatory Generic Drug Substitution Program (only applies to IAFF, CSEA, and Library/Remington 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.

6. The Section entitled PRESCRIPTION DRUG BENEFITS, subsection Covered Prescription Drugs is amended to add the following language:

- (6) *Prescription preventive medications are covered as required under the federal Patient Protection and Affordable Care Act. If these standards change, the Plan will automatically cover the new recommended standards.*

The Plan will comply within one year of the effective date of all new recommendations or guideline changes; the Plan will not cover any item or service that is no longer a recommended preventive service. No copayment is required for the following:

- *Aspirin when prescribed by a Physician, limited to males ages 45 years through 79 years to reduce risk of myocardial infarction and to females ages 45 years through 79 years to reduce risk of ischemic stroke.*
- *Vitamin supplements when prescribed by a Physician for over-the-counter and prescription forms of folic acid for females to age 50 years who are planning or capable of Pregnancy; iron (ferrous sulphate) supplements to age one year for children who are at increased risk of iron deficiency anemia; and fluoride for children to age five years.*
- *FDA-approved contraceptives when prescribed by a Physician for females with reproductive capacity to include Generic Drug oral contraceptives, patches, and emergency contraceptives. Covered Brand Name contraceptives are subject to the Brand Name Copayments shown in the Schedule of Benefits if a Generic Drug version of the drug is available. Over the counter emergency contraceptives are only covered at the retail Pharmacy. Benefits are not provided for abortifacient drugs.*

7. The Section entitled PRESCRIPTION DRUG BENEFITS, subsection Expenses Not Covered (2) and (16) are amended to read as follows:

- (2) **Appetite suppressants/dietary/vitamin supplements.** A charge for appetite suppressants, dietary supplements or vitamin supplements, except for prenatal vitamins requiring a prescription or prescription vitamin supplements containing fluoride. See the exceptions for aspirin, folic acid, and iron (ferrous sulphate) specifically noted as mandated for coverage under the federal Patient Protection and Affordable Care Act.
- (16) **No prescription.** A drug or medicine that can legally be bought without a written prescription. This does not apply to injectable insulin or drugs (aspirin, folic acid, iron, and emergency contraceptives as specifically noted as mandated for coverage under the federal Patient Protection and Affordable Care Act.

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IN WITNESS WHEREOF this agreement has been executed on behalf of City of Ogdensburg Employee's Health Plan on 01/01/2013.

By 
Title CITY MANAGER
Date 11/26/12