

**AMENDMENT NUMBER 2008-004
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 01/01/2010.

NATURE OF AMENDMENT:

To amend the plan to increase the deductible for the PBA and PSU covered Employees and their dependents. To amend the plan to create copays for the PBA and PSU covered Employees and their dependents for retail and mail order prescriptions and to make the mail order option mandatory for maintenance drugs.

1. The Section entitled Summary of Benefits is amended to change verbiage as follows:

Plan Features	In-Network Benefits (PHCS Network)	Out-of-Network Benefits
Deductible per Calendar Year <i>(non PBA and PSU covered Employees and their dependents)</i>	\$ 65.00 or \$ 98.00 per individual \$130.00 or \$195.00 per family Deductible is based on contract with Employer	
<i>PBA covered Employees and their dependents</i>	<i>\$200.00 per individual</i>	
<i>PSU covered Employees and their dependents</i>	<i>\$400.00 per family</i>	
Common Accident Deductible <i>(non PBA and PSU covered Employees and their dependents)</i>	Family \$ 65.00 or \$ 98.00	
<i>PBA covered Employees and their dependents only</i>	<i>Family \$200.00</i>	
<i>PSU covered Employees and their dependents only</i>	<i>Family \$150.00</i>	
	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	
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.	

Covered Drugs and Supplies	Network and Out-of-Network												
Prescription Drug Benefit (Medco) (retail 90-day or mail order 90-day supply) (except PBA and PSU covered Employees and their dependents)	<p>Deductible: \$35.00 or \$ 52.00 Individual \$70.00 or \$105.00 Family</p> <p>Deductible does not apply towards out-of-pocket limit. Deductible is based on contract with Employer.</p> <p>Out-of-Pocket \$140.00 per individual.</p> <p>Percentage payable per prescription, after deductible:</p> <p>80% Generic Drug 80% preferred Brand Name</p> <p>Benefit includes coverage for:</p> <p>Contraceptives, Oral Impotence</p>												
<i>PBA and PSU covered Employees and their dependents only</i>	<p><i>No deductible. The following copays will apply.</i></p> <table border="1"> <thead> <tr> <th></th> <th><i>Retail</i></th> <th><i>Mandatory Mail Order</i></th> </tr> </thead> <tbody> <tr> <td><i>Generic</i></td> <td><i>\$5.00</i></td> <td><i>\$10.00</i></td> </tr> <tr> <td><i>Brand Name</i></td> <td><i>\$20.00</i></td> <td><i>\$40.00</i></td> </tr> <tr> <td><i>Non Preferred</i></td> <td><i>\$35.00</i></td> <td><i>\$55.00</i></td> </tr> </tbody> </table>		<i>Retail</i>	<i>Mandatory Mail Order</i>	<i>Generic</i>	<i>\$5.00</i>	<i>\$10.00</i>	<i>Brand Name</i>	<i>\$20.00</i>	<i>\$40.00</i>	<i>Non Preferred</i>	<i>\$35.00</i>	<i>\$55.00</i>
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2. The Section entitled Prescription Drug Benefits is amended to change verbiage as follows:

Covered Drugs and Supplies	Network and Out-of-Network	Covered Drugs and Supplies												
Deductible per Calendar Year (retail 90-day or mail order 90-day supply) (except PBA and PSU covered Employees and their dependents)	<p>\$35.00 or \$52.00 per individual \$70.00 or \$105.00 per family</p> <p><i>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.</i></p>													
Out-of-Pocket Limit Excluding Deductible, per Calendar Year	<p>\$140.00 per Individual</p>													
	Generic	Mail Order (not mandatory)												
	Brand Name													
<i>PBA and PSU covered Employees and their dependents only</i>	<p><i>No deductible. The following copays will apply.</i></p> <table border="1"> <thead> <tr> <th></th> <th><i>Retail</i></th> <th><i>Mandatory Mail Order</i></th> </tr> </thead> <tbody> <tr> <td><i>Generic</i></td> <td><i>\$5.00</i></td> <td><i>\$10.00</i></td> </tr> <tr> <td><i>Brand Name</i></td> <td><i>\$20.00</i></td> <td><i>\$40.00</i></td> </tr> <tr> <td><i>Non Preferred</i></td> <td><i>\$35.00</i></td> <td><i>\$55.00</i></td> </tr> </tbody> </table>			<i>Retail</i>	<i>Mandatory Mail Order</i>	<i>Generic</i>	<i>\$5.00</i>	<i>\$10.00</i>	<i>Brand Name</i>	<i>\$20.00</i>	<i>\$40.00</i>	<i>Non Preferred</i>	<i>\$35.00</i>	<i>\$55.00</i>
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3. The Section entitled, Prescription Drug Benefits, Percentages Payable is amended to change verbiage as follows:

Percentages Payable (except PBA and PSU covered Employees and their dependents)

The percentage payable amount is applied to each covered Pharmacy drug or mail order drug charge and is shown in the **Schedule of Benefits**. This amount is not a Covered Charge under this Plan or the medical plan. Any one Pharmacy prescription is limited to a 90-day supply. Any one mail order prescription is limited to a 90-day supply.

4. A Co-payments subsection under the Prescription Drug Benefits Section, is added as follows:

Co-payments (applies to PBA and PSU covered Employees and their dependents only)

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.

5. The Section entitled, Prescription Drug Benefits, Mail Order Drug Benefit Option is amended to change verbiage as follows:

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, Medco by Mail, the mail order Pharmacy, is able to offer Covered Persons significant savings on their prescriptions.

*The Mail Order Drug Benefit is **mandatory** for PBA and PSU covered Employees and their dependents for maintenance medication.*

IN WITNESS WHEREOF this agreement has been executed on behalf of City of Ogdensburg Employee's Health Plan on 01/01/2010.

By 
Title City mgmt/CEO
Date 2/17/10