

**AMENDMENT TO THE
CITY OF CHICAGO MEDICAL PPO PLAN
(EFFECTIVE JANUARY 1, 2021, OR AS OTHERWISE SPECIFIED BELOW)**

For non-represented Employees, and for Employees covered under the City's collective bargaining agreements with AFSCME Council 31, Coalition of Unionized Public Employees (Chicago Building Trades Coalition), Illinois Nurses Association, Public Safety Employees Unit II, Police Captains Association, Police Lieutenants Association, Police Sergeants represented by the Policemen's Benevolent & Protective Association of Illinois (PB&PA), Supervising Police Communications Operators represented by Teamsters Local 700; Aviation Security Sergeants represented by the Illinois Council of Police; Public Health Nurse III's and IV's represented by Teamsters Local 743, Uniformed Firefighters and Paramedics represented by the Chicago Fire Fighters Union, Local No. 2 and the Shift Supervisors of Security Communications Center represented by Teamsters Local 700 (the "Plan")

(As amended and restated effective as of October 1, 2015)

This Amendment to the Plan, as amended and restated effective as of October 1, 2015, (herein the "Plan") is adopted effective as specified below. Except as amended, the Plan shall continue in full force and effect in accordance with its terms.

1. **Chicago Lives Healthy Wellness Program:** Effective January 1, 2021, completion of the Real Age Test is not required, and Telligen is the Wellness Program Administrator. All other components of the program remain the same.
2. **Well on Target:** Additionally, effective January 1, 2021, Covered Employees and their Dependents may elect to participate in the Well on Target program through Blue Cross Blue Shield of Illinois. Participation is purely optional with no impact on an Employee's health insurance premiums. This program includes a health assessment, tracking tools, interactive health calculators, and reduced price gym memberships. More information is available at www.wellontarget.com.
3. **Outpatient visits for physical therapy and for mental health and substance abuse treatment:** Effective July 1, 2021, outpatient visits for physical therapy and for mental health and substance abuse treatment must be Certified by the Medical Advisor after the first ten visits total for physical therapy (from one or more providers) and after the first ten visits total for mental health or substance abuse treatment (from one or more provides) each Calendar Year. If the Medical Advisor is not contacted, the Plan will not pay benefits beyond the first ten visits. However, calling the Medical Advisor is not a guarantee of payment.

4. **Cardiac procedures, and knee, hip and spine surgeries:** Effective January 1, 2021, cardiac care, or knee, hip and spine surgeries must be Certified by the Medical Advisor. If the Medical Advisor is not contacted, the Plan will not pay benefits. Additionally, such procedures/surgeries must be performed at a Blue Distinction Center or Blue Distinction Center+ and will be paid at 90%. There will be no coverage if such procedures/surgeries are not performed at a Blue Distinction Center or Blue Distinction Center+.
5. **Deductible:** Effective on/after January 1, 2021, amounts incurred towards the Tier 1 Deductible does not count towards the Tier 2 Deductible or vice versa. Once an individual has met the Tier level Deductible, the Plan starts to pay benefits at the level for the Tier the Provider is in. Deductibles for medical benefits will be as follows:

	PPO Provider		Non-PPO
	Tier 1	Tier 2	Provider (Tier 3)
Deductible Each Year			
Individual	\$300	\$450 on/after	\$1,500
Family	\$900	\$1,350	\$4,500

6. **Out-of-Pocket Limits:** Effective January 1, 2021, the Out-of-Pocket Limits for medical benefits will be as follows:

	PPO Provider		Non-PPO
	Tier 1	Tier 2	Provider (Tier 3)
Out-of-Pocket Limit Each Year			
Individual	\$1,000	\$1,700	\$4,500 on/after
Family	\$2,000	\$3,400	\$9,000

7. **Prescription Drug Deductible:** Effective January 1, 2021, there will be a separate Family Deductible of \$100 per family applicable to prescription drugs.
8. **Prescription Drug Copayments:** Effective January 1, 2021:
- The copayment for short-term medications and the first three fills of maintenance/long-term medications purchased at retail at a Participating Pharmacy will be \$11 for Generic drugs, \$31 for Brand Name Formulary drugs, and \$46 for Brand Name Non-Formulary drugs.
 - The copayment for any refill after the first three fills for maintenance/long-term medications purchased at retail will be \$21 for Generic drugs, \$62 for

Brand Name Formulary drugs, and \$92 for Brand Name Non-Formulary drugs.

- The copayment for medications purchased through mail order will be \$21 for Generic drugs, \$61 for Brand Name Formulary drugs, and \$101 for Brand Name Non-Formulary drugs.
- The copayment for up to a 34-day supply of Specialty medications will be \$11 for Generic drugs, \$31 for Brand Name Formulary drugs, and \$46 for Brand Name Non-Formulary drugs.
- The copayment for a 35 to 90 day supply of specialty medications will be \$21 for Generic drugs, \$61 for Brand Name Formulary drugs, and \$101 for Brand Name Non-Formulary drugs.

9. **Emergency Room Co-Payment.** Effective January 1, 2021, the Emergency Room Co-Payment will be \$200.
10. **MRI, PET, and CAT Scans.** Effective January 1, 2021, MRI, PET, or CAT Scans performed at a Hospital Outpatient Department or other non-freestanding facility will be subject to an initial Copayment of \$100 (which will not apply towards the Deductible) prior to the application of Coinsurance at the applicable rate depending on the provider tier. Scans performed outside of the Hospital at a designated PPO Provider free-standing facility, will continue to be paid at 100%.
11. **TCOYH:** Effective January 1, 2021, the Taking Control of Your Health Diabetes Management Program is no longer available. However, the diabetes disease management program offered by the Plan's Medical Advisor remains in place as modified in Section 11 below.
12. **Copayments for diabetes medications and supplies:** If you have diabetes and meet certain criteria, you may participate in a disease management program. While participation is optional, effective January 1, 2021, if you comply with the requirements of the program, the reduced Copayments for brand diabetes medications and supplies and ACE inhibitor and ARB medications for which you are eligible will be as follows:
 - Retail medications and supplies: \$1 for generic/\$11 for formulary brand name /\$26 for non-formulary brand name. (Note: there are no generic supplies.)
 - Mail Order medications and supplies: \$1 for generic/\$21 for formulary brand name /\$51 for non-formulary brand name. (Note: there are no generic supplies.)