

PEKIN PARK DISTRICT
HEALTH AND WELFARE BENEFIT PLAN
FIRST AMENDMENT

This First Amendment to the Pekin Park District Health and Welfare Benefit Plan ("Plan") is made in duplicate at Pekin, Illinois, on the date noted below, by Pekin Park District ("Employer").

WHEREAS, the Plan grants the Employer the right to amend the provisions of the Plan,

and

WHEREAS, the Employer desires to make such amendments;
NOW, THEREFORE, the Plan is hereby amended as follows, with such amendment to be effective as of October 1, 2017:

1. The Schedule of Benefits is hereby deleted and replaced with Exhibit A attached hereto and incorporated by reference.
2. The General Information Section is hereby deleted and replaced with Exhibit B attached hereto and incorporated by reference

Pekin Park District

By: _____



Its: _____

Executive Director

Exhibit A

INTRODUCTION AND PURPOSE and GENERAL PLAN INFORMATION

Introduction and Purpose

Pekin Park District has established the Plan for the benefit of eligible Employees, in accordance with the terms and conditions described herein. Participants in the Plan may be required to contribute toward their benefits.

The purpose of this Plan Document is to set forth the terms and provisions of the Plan that provide for the payment or reimbursement of all or a portion of certain expenses for hospital and medical benefits. The Plan Document is maintained by Pekin Park District and may be inspected at any time during normal working hours by any Participant.

General Information

Name of Plan:	Pekin Park District Health and Welfare Benefit Plan
Plan Sponsor:	Pekin Park District 1701 Court Street Pekin, IL 61554 309-353-5358
Plan Administrator: (Named Fiduciary)	Pekin Park District
Plan Sponsor ID No.	37-6002173
Source of Funding:	Self-Funded
Plan Status:	Non-Grandfathered
Plan Year:	January 1 through December 31
Plan Type:	Medical and Prescription Drug
Original Effective Date:	October 1, 2015
Effective Date	October 1, 2017
Third Party Administrator:	Group Plan Solutions Benefit Administration, a Division of Pekin Insurance 2505 Court Street Pekin, IL 61558 Phone: 888-301-0747 Fax: 309-478-2912 Email: inquiry@groupplansolutions.com Website: www.groupplansolutions.com

EXHIBIT A

Utilization Review:	Medical Cost Management 24-hour Pre-certification 888-641-5304
Pharmacy Benefit Manager:	MagellanRx Customer Service: 800-424-5828 Website: www.magellanrx.com
Provider Networks:	First Choice Customer Service: 888-301-0747 Website: www.groupplansolutions.com
COBRA Notice:	Group Plan Solutions Benefit Administration, a Division of Pekin Insurance COBRA 2505 Court Street Pekin, IL 61558 Phone: 888-301-0747 Fax: 309-478-2912 Email: inquiry@groupplansolutions.com Website: www.groupplansolutions.com
Agent for Service of Process:	Pekin Park District 1701 Court Street Pekin, IL 61554

EXHIBIT B
PPO Schedule of Benefits
Effective 10/01/2017
Pekin Park District

Expenses must be eligible under the plan, medically necessary and the most cost-effective medically appropriate care.

	Plan Type - PPO	In Network	Out of Network
Deductible per Calendar Year	Individual	\$1,000	\$5,000
	Family	\$3,000	\$15,000
	Deductibles must be met before benefits are paid, except where co pays apply. All individual deductible amounts will satisfy the family deductible, but no one participant will be required to pay more than the individual deductible amount. Deductible amounts accumulate separately for In and Out of Network benefits. Where co insurance is listed it is assumed that deductible is paid first.		
Out of pocket: maximum per Calendar year	Individual	\$2,000	\$10,000
	Family	\$6,000	\$30,000
	Out of pocket maximum includes annual medical deductible, copays, coinsurance and prescription drug copays. All individual out of pocket amounts will satisfy the family out of pocket, but no one participant will be required to pay more than the individual out of pocket amount. Out of Pocket amounts accumulate separately for In and Out of Network benefits.		

Lifetime Maximum Benefits

Unlimited

Unlimited

Precertification Requirements

Your plan requires that certain services be precertified. It is your responsibility to call Medical Cost Management (MCM) 888-641-5304 to pre-certify your service or confirm that your service has been precertified, on your behalf, by your medical provider.

Failure to obtain precertification for your services will result in monetary penalties or exclusion of coverage.

Services Requiring Precertification include but may not be limited to:

2 days advanced precertification for all scheduled inpatient admissions, overnight observation stays.

2 days advanced precertification for scheduled, non emergency High Tech Diagnostic Services (i.e.: but not limited to MRI/MRA, CT, PET)

Urgent/Emergency Inpatient admissions stays require precertification within 2 days.

Please refer to your Health Plan for further details.

Case Management

Your plan requires that certain services have Case Management Prior Authorization.

It is your responsibility to call the Case Manager at 888-301-0747, extension 3155

Case Management can provide assistance with the following services:

Durable medical equipment, injectable medications (i.e. Lovenox, Enbrel, Humira, Avonex, Byetta, etc.), home health care, orthotics, prosthetics, most medical supplies, chemotherapy, transplants, skilled nursing and hospice, insulin pump, diabetic or ostomy supply.

If you or a family member are faced with a complex or long-term health concern such as cancer, diabetes, amputation, organ transplant, kidney failure/dialysis, or any other serious health issue, our Case Management Services can help you with many of your needs.

Refer to your Health Plan for full listing or contact us for assistance.

Network

This is a PPO Plan which contains a Network Provider Organization based on your location. **Please refer to ID card for correct network identification.**

First Choice

888-301-0747 or go online to www.groupplansolutions.com

On Line Tools

View your claim information securely on line, anywhere, anytime, with Group Plan Solutions at www.groupplansolutions.com

To find a Provider

Go to Member> Select Find a Provider

Click the Find a Provider button

Please reference your ID card to determine your correct network.

To view Claim Information

Go to Member> Select Claim Inquiry.

Click the Health Claim/Webeci button.

Log in with your user name and password

Still need help? Call us at 888-301-0747

Be sure to check out the other great tools and resources available at www.groupplansolutions.com

Contact Numbers

Group Plan Solutions	888-301-0747	FAX 309-478-2912
Prescription Coverage	888-301-0747	EXT: 2459
Additional ID Cards	888-301-0747	EXT: 2758
Case Management Prior Authorization	888-301-0747	EXT: 3155
Precertification: MCM	888-641-5304	
PPO Network Questions:	888-301-0747	EXT: 2758

EXHIBIT B
PPO Schedule of Benefits
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Expenses must be eligible under the plan, medically necessary and the most cost-effective medically appropriate care.

Where co insurance is listed it is assumed that deductible is paid first

Category	Description	In Network	Out of Network
Preventative Care			
		You Pay	You Pay
	Routine Preventive Care office visits	\$0	50% co insurance
	Preventive lab and x-ray	\$0	50% co insurance
	Pap smear and mammogram	\$0	50% co insurance
	Prostate screening	\$0	50% co insurance
	Routine Immunizations	\$0	50% co insurance
Physician Services			
		\$25 copay Primary Care Provider/\$50 copay Specialist	50% co insurance
	Office visits- evaluation and management services		50% co insurance
	Diagnostic Procedures and diagnostic therapeutics	5% co insurance	50% co insurance
	High Tech Diagnostic Service (i.e. MRI, MRA, CT and PET) - Precertification required	5% co insurance	50% co insurance
	Diagnostic lab and x-ray	5% co insurance	50% co insurance
Facility Services			
	Inpatient Hospital Stay - Precertification required	5% co insurance	50% co insurance
	High Tech Diagnostic Services (i.e. MRI/MRA, CAT Scan, PET Scan) - Precertification required	5% co insurance	50% co insurance
	Diagnostic lab and x-ray	5% co insurance	50% co insurance
	Outpatient - Diagnostic and Surgery	5% co insurance	50% co insurance
	Emergency Room Services/ includes professional fee - co pay waived if admitted.	\$250 copay	
	Emergency Room Services/Non Emergent -deductible does apply	5% co insurance	50% co insurance
Other Medical Services			
	Urgent Care Facility	\$80 copay	50% co insurance
	Emergency Medical Transportation	\$150 copay	
	Maternity Services	5% co insurance	50% co insurance
	Therapy - Outpatient. Occupational, Speech, Physical	5% co insurance	50% co insurance
	Inpatient Rehabilitation Services	5% co insurance	50% co insurance
	Chiropractic Treatment/Spinal Manipulation - limited to \$1000 per calendar year	50% no deductible	50% no deductible
	Durable Medical Equipment - Case Management Prior Authorization required.	5% co insurance	50% co insurance
	Prosthetic - must be medically necessary.	5% co insurance	50% co insurance
	Hospice care	25% co insurance	50% co insurance
	Home Health Care - Limited to 40 visits per calendar year. Case Management Prior Authorization is required.	5% co insurance	50% co insurance
	Skilled Nursing Facility - Short Term non custodial care in a skilled nursing facility. Limited to 90 days per calendar year. Case Management Prior Authorization is required.	25% co insurance	50% co insurance
	Organ Transplants - Case Management Prior Authorization is required.	Office Visit and Hospital Coinsurance apply. Center of Excellence requirement as stated in the Covered Health Expenses	
	Infertility Services	5% co insurance	50% co insurance
	TMJ	Not covered	Not covered
	Private Duty Nursing	Not covered	Not covered
	Specialty Injectable Drugs - Case Management Prior Authorization is required.	25% co insurance	
Mental Health, Chemical and Alcohol Dependency			
	Inpatient Hospital stay - Precertification is required.	5% co insurance	50% co insurance
	Outpatient services	5% co insurance	50% co insurance
	Office therapy- Evaluation and Management services	\$25 copay	50% co insurance
Pharmacy			
		Deductible does not apply to the Pharmacy Benefits.	
		Generic/Preferred Brand &Non-Preferred co pay	
	Magellan Network Retail and Mail Order - 1 to 34 day supply	\$7/\$35/\$70	
	Magellan Network Retail and Mail Order - 35 to 60 day supply	\$14/\$70/\$140 - (2 times 30 day copay)	
	Magellan Network Retail and Mail Order - 61 to 90 day supply	\$19.25/\$96.25/\$192.50 - (2.75 times the 30 day copay)	
	Magellan Network Retail-OTC (Only OTC on the PBM OTC list covered)	\$0	
	Specialty Rx - limited a 30 day supply	\$140	

Insulin is the only injectable processed under the drug card. All other injectable will be processed under the medical coverage and require Case Management Prior Authorization.

Self Injectable Medications - covered under the medical coverage, Case Management Prior Authorization.

Prescription Benefit Program

Your prescription benefit program is managed through Magellan Rx

View Formulary and to Locate a Pharmacy

www.magellanrx.com

Customer Service

800-424-5828

Mail Order

800-424-5828