

**AMENDMENT TO THE
CITY OF CHICAGO MEDICAL PPO PLAN FOR POLICE
(EFFECTIVE JANUARY 1, 2019, OR AS OTHERWISE SPECIFIED HEREIN)**

**For sworn police officers below the rank of sergeant and represented by the Fraternal Order
of Police**

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

This Amendment to the Plan, as amended and restated effective as of January 1, 2015, (herein the “Plan”) is adopted effective January 1, 2019 (unless another date is specified below).

Except as amended herein, the Plan shall continue in full force and effect in accordance with its terms.

1. **ISERRA Military Leave:** Under the Illinois Service Member Employment and Reemployment Rights Act (“ISERRA”), Employees may continue coverage for the duration of a leave pursuant to those acts if absent from work due to qualified military service. Employees may be required to contribute towards the cost of coverage. (This was already the case pursuant to the federal USERRA law.) If the military leave is pursuant to ISERRA, then the Employee must continue to pay the Employee contribution for the duration of the leave. However, if the City’s military leave policy is more generous than ISERRA or USERRA, the more generous requirements apply. The Plan will comply with all applicable federal, state, and municipal ordinances.

2. **Organ Transplants and Bariatric Surgery:** Effective November 1, 2019, Heart, Lung, Heart/Lung, Liver, Simultaneous Pancreas/Kidney (SPK), Pancreas (PAK) and Bone Marrow/Stem Cell organ transplants and bariatric surgery may be performed at a Blue Distinction Center + (in addition to Blue Distinction Centers) that specializes in the particular transplant procedure.

3. **Specialty Pharmacy Co-Payment Assistance Optimization Program.** The Copayments for certain specialty medications are higher than the specific Copayments set forth on the Schedule of Benefits; typically, these Copayments will be set to the maximum level of available manufacturer-funded Copayment assistance. However, as long as you apply for manufacturer Copayment assistance, you will not pay more for these drugs; rather, due to the manufacturer Copayment assistance, you may pay less. The cost of such drugs will be reimbursed primarily by the manufacturer, with you being responsible for just a small portion. Drugs included in this program are not considered essential health benefits as defined under the Affordable Care Act, and any assistance received from a manufacturer towards the Copayment will not be applied to the Out-of-Pocket Limit for Prescription Drugs as set forth on the Schedule of Benefits. To find out whether a particular medication is part of this program, you may contact the Specialty Pharmacy as indicated in the Important Contact Information section of this document. The Specialty Pharmacy also will reach out to you if any drug you are prescribed is included in the program. If a drug you are taking is included in the program, the Specialty Pharmacy will work with you to secure the maximum amount of Co-payment assistance available. You must cooperate with the Specialty Pharmacy in applying for available Copayment assistance. If you choose not to participate, however, you will be responsible for the full Co-payment calculated in accordance with the available manufacturer Copayment assistance, as described above in this paragraph. If you apply for and do not receive manufacturer-funded Copayment assistance, you will pay the Copayment listed on the Schedule of Benefits. The list of included medications is determined by the Specialty Pharmacy and is subject to change.