

CITY OF JACKSONVILLE UFHEALTH DIRECT CARE EMPLOYEE HEALTH AND WELFARE PLAN

Amendment No. 2

Effective January 1, 2021

The City of Jacksonville UFHealth Direct Care Employee Health and Welfare Plan (the “Plan”) is hereby amended as follows:

The following waiver of member cost sharing will remain in place until the end of the federally declared Public Health Emergency:

The Plan will waive all member cost sharing for the following:

- All COVID-19 treatment services, to include:
 - Diagnostic testing
 - Office visits
 - Telehealth visits,
 - Urgent Care Center Visits,
 - Emergency room visits
 - Inpatient hospital admissions.

To help hospitals accelerate appropriate discharges, the Plan will waive prior authorization requirements for patients being transferred from inpatient acute hospital settings to post-acute care facilities, such as Long Term Acute Care Facilities, Skilled Nursing Facilities, and Inpatient Rehabilitation.

Ongoing inpatient medical management and all other Plan requirements are unchanged.

In MEDICAL COVERED EXPENSES, Preventive Care Benefit, the following is added:

- Qualifying coronavirus preventive services, which includes COVID-19 vaccine, administration services, and the office visit, even if the provider is out of network. If additional, non-COVID-19 care is received at the same appointment, those services will be covered at regular plan benefits.

In SCHEDULE OF MEDICAL BENEFITS, the following is changed:

Plan Year Maximum Benefits

The following Plan Year maximums apply to each participant:

All covered essential health benefits	Unlimited
Chiropractic	20 visits
Therapies: Occupational, Physical, Speech, Chiropractic, and Cardiac	60 visits per plan year combined

Deductibles, Percentage Payable and Medical out-of-pocket Expense Limits

The following amounts are applied per *participant* per *Plan Year*:

	PPO Network Providers	Non-PPO Network Providers
Deductible		
• Individual	\$250	Not Applicable
• <i>Family Unit</i>	\$500	Not Applicable
Medical out-of-pocket Expense Limit		
• Individual	\$1,500	Not Applicable
• <i>Family Unit</i>	\$3,000	Not Applicable

The *Plan Year Medical out-of-pocket Expense* Limit includes the medical *deductible*, medical *co-payments* and *coinsurance*. Medical *Co-payments* will NOT continue to be required after the *medical out-of-pocket* maximum has been reached.

Plan Year means January 1 through December 31.

Professional Interpretation Services Inpatient:

Percentage Payable For:	PPO Network Providers	Non-PPO Network Providers	Limits:
Radiologist Fee	100%	No benefit	
Radiologist Fee MRI/ PET/ CT	100%	No benefit	

Outpatient Diagnostic Services:

Percentage Payable For:	PPO Network Providers	Non-PPO Network Providers	Limits:
Diagnostic Laboratory	100%	No benefit	
Diagnostic X-ray	\$30 Co-payment, 100%	No benefit	
MRI, CAT and PET	\$100 Co-payment, 100%	No benefit	

Outpatient Therapy Services:

Percentage Payable For:	PPO Network Providers	Non-PPO Network Providers	Limits:
Occupational Therapy	\$35 Co-payment, 100%	No benefit	Limited to 60 visits per <i>Plan year combined</i> with Physical Therapy, Cardiac Therapy, Speech Therapy, and Chiropractic visits.
Physical Therapy	\$35 Co-payment, 100%	No benefit	Limited to 60 visits per <i>Plan year combined</i> with Occupational Therapy, Cardiac Therapy, Speech Therapy, and Chiropractic visits
Speech Therapy	\$35 Co-payment, 100%	No benefit	Limited to 60 visits per <i>Plan year combined</i> with Physical Therapy, Cardiac Therapy, Occupational Therapy, and Chiropractic visits

Cardiac Rehabilitation	\$35 Co-payment, 100%	No benefit	Limited to 60 visits per <i>Plan year combined</i> with Physical Therapy, Occupational Therapy, Speech Therapy, and Chiropractic visits
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Chiropractic Services:

Percentage Payable For:	PPO Network Providers	Non-PPO Network Providers	Limits:
Chiropractic Visit	\$35 Co-payment, 100%	No benefit	Limited to 20 visits per <i>Plan year</i> maximum. Included in 60 visit limit per Plan year combined with Physical Therapy, Occupational Therapy, Speech Therapy, and Cardiac Therapy.

In MEDICAL EXCLUSIONS AND LIMITATIONS, Illegal acts is removed in its entirety and replaced with the following:

Illegal acts. Any injury sustained during commission of or attempted commission of any act punishable by law as a felony, whether or not the participant is charged or convicted; or which constitutes riot or rebellion except for an injury resulting from an act of domestic violence or a medical ,including mental health, condition.

The following is added to the Prescription Drug program for High Cost Medications:

PillarRx IPC Copay Assistance Program: A manufacturer assistance program that will cover most or all of the copay amount required for specialty prescription drugs.

Copay Assistance may apply as follows where appropriate.

- Any manufacturer dollars applied will not apply toward the annual out-of-pocket maximum.
- Your out-of-pocket cost per 30-day supply will not exceed set plan design maximum.

The Plan Document and Summary Plan Description will be amended to reflect this change. All other terms and conditions of the Plan which are not affected by this Amendment are unchanged.

Accepted:

CITY OF JACKSONVILLE

By: Mary D. Perna

Print Name: Mary D. Perna

Title: Chief Compensation and Benefits

Date: 1-6-2021