

HEART OF ILLINOIS EDUCATORS ASSOCIATION  
HEALTH BENEFIT PLAN  
FOURTH AMENDMENT

This Fourth Amendment to the Heart of Illinois Educators Association Health Benefit Plan ("Plan") is made in duplicate at Washington, Illinois, on the date noted below, by the Heart of Illinois Educators Association ("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, effective on and after the dates stated herein;

Number 1 and 2 are effective on and after September 1, 2015:

1. The Schedule of Benefits is replaced with the Schedule of Benefits attached hereto that makes the following change:
  - The Bronze Plan is being added as an option for new hires (hired on and after August 1, 2015). Members have a choice between the Traditional Plan or the Bronze Plan, and Dependents must be on the same plan as the Employee. Employees will have the opportunity to change Plans only during open enrollment.
  - The Traditional and Bronze Plans is allowing coverage for OSF On-Call "Virtual" visits. Member must submit the receipt to Consociate in order for the On-Call "Virtual" charge to be applied accordingly. The charge for this service is applied to the member's Preferred Provider deductible. If member's deductible has been met, charges will be subject to the Preferred Provider coinsurance and Preferred Provider out-of-pocket maximum.
2. The annual open enrollment period is usually held during the month of September with any resultant change in coverage becoming effective on September 1<sup>st</sup> of the same year. This open enrollment period will continue for September, 2015, and there will be another open enrollment period in December of 2015 with any resultant change in coverage becoming effective on January 1, 2016. Thereafter, the annual open enrollment period will be held during the month of December with any resultant change in coverage becoming effective on January 1<sup>st</sup> of the next year.

Number 3 is effective on and after January 1, 2016:

- The Bronze Plan is being added as an option for all employees. Members have a choice between the Traditional Plan or the Bronze Plan, and Dependents must be on the same plan as the Employee. Employees will have the opportunity to change Plans only during open enrollment.

The intentions of this Plan are to comply with all applicable rules and regulations of the Patient Protection and Affordable Care Act (PPACA). In the event that any provisions of this Plan contradict any rules and regulations of PPACA, the rules and regulations of PPACA shall apply as of the applicable effective date required by the Plan.

All other provisions of the Plan remain as stated.

HEART OF ILLINOIS EDUCATORS ASSOCIATION

By: D. John S. Jones  
Its: President

**Traditional and Bronze Plans (Members have a choice between the Traditional Plan or the Bronze Plan as stated. Dependents must be on the same plan as the Employee)**

		<b>Traditional Plan</b>		<b>Bronze Plan</b> (Effective 9/1/15 for new hires hired on and after 8/1/15; Effective 1/1/16 for all other employees)																					
		<b>Preferred Provider and Out-of-Area<sup>1</sup></b>	<b>Non-Preferred Provider</b>	<b>Preferred Provider and Out-of-Area</b>	<b>Non-Preferred Provider</b>																				
<b>Lifetime Maximums, Per Person</b>		Unlimited		Unlimited																					
<b>Deductible, Per Calendar Year Per Person</b>	\$500		\$2,500	\$5,000	\$10,000																				
<b>Deductible, Per Calendar Year Per Family Unit (all family members combined)</b>	\$1,000		\$5,000		Per person deductible applies																				
		The Calendar Year Deductible does not apply to the following services:		The Calendar Year Deductible does not apply to the following Services:																					
		<ul style="list-style-type: none"> <li>• Hospital Satellite Urgent Care Clinic</li> <li>• Outpatient Emergency Room</li> <li>• Outpatient Pre-Admission Testing</li> <li>• Routine Preventive Care</li> <li>• Second Surgical Opinions</li> </ul>		<ul style="list-style-type: none"> <li>• Hospital Satellite Urgent Care Clinic</li> <li>• Outpatient Emergency Room</li> <li>• Outpatient Pre-Admission Testing</li> <li>• Routine Preventive Care</li> <li>• Second Surgical Opinions</li> </ul>																					
		<p>The Preferred and Non-Preferred Provider Deductibles do not cross-accumulate.</p> <table border="1"> <tr> <td><b>Maximum Out-of-Pocket Amount Per Calendar Year Per Person (including deductible)</b></td> <td>\$1,500</td> <td>\$5,000</td> <td>\$6,660</td> <td>\$13,200</td> </tr> <tr> <td><b>Maximum Out-of-Pocket Amount Per Calendar Year Per Family (including deductible; all family members combined)</b></td> <td>\$3,000</td> <td>\$10,000</td> <td>\$6,850 Effective 1/1/16</td> <td>\$13,700 Effective 1/1/16</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$13,200</td> <td>\$26,400</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$13,700 Effective 1/1/16</td> <td>\$27,400 Effective 1/1/16</td> </tr> </table>		<b>Maximum Out-of-Pocket Amount Per Calendar Year Per Person (including deductible)</b>	\$1,500	\$5,000	\$6,660	\$13,200	<b>Maximum Out-of-Pocket Amount Per Calendar Year Per Family (including deductible; all family members combined)</b>	\$3,000	\$10,000	\$6,850 Effective 1/1/16	\$13,700 Effective 1/1/16				\$13,200	\$26,400				\$13,700 Effective 1/1/16	\$27,400 Effective 1/1/16	<p>The Preferred Provider and Non-Preferred Provider Out-of-Pockets do not cross-accumulate.</p> <p>After the Calendar Year Deductible is met, the Plan will pay the designated percentage of covered charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of covered charges for the rest of the Calendar Year. The following do not track towards the out-of-pocket limit:</p> <ul style="list-style-type: none"> <li>• Copayments (except to the extent required by the Affordable Care Act)</li> <li>• Plan Exclusions</li> </ul>	
<b>Maximum Out-of-Pocket Amount Per Calendar Year Per Person (including deductible)</b>	\$1,500	\$5,000	\$6,660	\$13,200																					
<b>Maximum Out-of-Pocket Amount Per Calendar Year Per Family (including deductible; all family members combined)</b>	\$3,000	\$10,000	\$6,850 Effective 1/1/16	\$13,700 Effective 1/1/16																					
			\$13,200	\$26,400																					
			\$13,700 Effective 1/1/16	\$27,400 Effective 1/1/16																					
		NOTE: Services that aren't available in the Preferred Provider Network will be payable at 70% after satisfaction of the Preferred Provider Deductible. Such charges will apply towards the Preferred Provider out-of-pocket.		Deductible, then 50%																					
<b>Routine Preventive Care</b> (includes all services listed under Addendum B – "Be Healthy Using your Preventive Care Benefits" and services required under the Affordable Care Act.)		100%; Deductible waived	Deductible, then 50%	100%; Deductible waived	Deductible, then 50%																				
<b>Hospital Services</b>																									
Room and Board (semi-private)		Deductible, then 80%	Deductible, then 50%	Deductible, then 80%	Deductible, then 50%																				
Intensive Care Unit or Cardiac Care Unit		Deductible, then 80%	Deductible, then 50%	Deductible, then 80%	Deductible, then 50%																				
Other Inpatient		Deductible, then 80%	Deductible, then 50%	Deductible, then 80%	Deductible, then 50%																				

<b>Outpatient Surgery and Diagnostic Services (includes Ambulatory Surgical Facility)</b>	Deductible, then 80%	Deductible, then 50%	Deductible, then 80%	Deductible, then 50%
<b>Outpatient Pre-Admission Testing</b>	100%; Deductible waived	100%; Deductible waived	100%; Deductible waived	100%; Deductible waived
<b>Outpatient Emergency Room (includes Urgent Care Room in the Emergency Room)</b>	\$150* Co-payment then 80%; Deductible waived			
<b>*\$150 Co-payment applies for true medical emergencies and cost sharing amounts apply to Preferred Provider Out-of-Pocket maximum. \$300 Co-payment applies for non-emergent treatment in the Emergency Room (includes Urgent Care Room in the Emergency Room) and cost sharing amounts apply to the applicable Preferred Provider or Non-Preferred Provider Out-of-Pocket maximum.</b>				
<b>Hospital Satellite Urgent Care Clinic</b>	\$30 Co-payment, then 100%; Deductible waived	Deductible, then 50%	\$30 Co-payment, then 100%; Deductible waived	Deductible, then 50%
<b>Inpatient Rehabilitation Facility</b>	Deductible, then 80%	Deductible, then 50%	Deductible, then 80%	Deductible, then 50%
<b>Skilled Nursing Facility (limited to 60 days per Sickness or Injury)</b>	Deductible, then 80%	Deductible, then 50%	Deductible, then 80%	Deductible, then 50%
<b>Physician Services</b>				
<b>Inpatient visits</b>	Deductible, then 80%	Deductible, then 50%	Deductible, then 80%	Deductible, then 50%
<b>Office visits (includes Nurse Practitioners and Physician's Assistants)</b>	Deductible, then 80%	Deductible, then 50%	Deductible, then 80%	Deductible, then 50%
<b>OSF On-Call "Virtual" visit (Effective 9/1/15. Member must submit receipt to Consociate in order for \$35 charge to be applied to deductible and out-of-pocket.)</b>				
\$35 charge will apply towards member's deductible. If deductible has been met, charge will be subject to 20% coinsurance.				
<b>Labs and X-rays</b>	Deductible, then 80%	Deductible, then 50%	Deductible, then 80%	Deductible, then 50%
<b>Office Surgery</b>	Deductible, then 80%	Deductible, then 50%	Deductible, then 80%	Deductible, then 50%
<b>Other Surgery</b>	Deductible, then 80%	Deductible, then 50%	Deductible, then 80%	Deductible, then 50%
<b>Second Surgical Opinions</b>	100%; Deductible waived	100%; Deductible waived	100%; Deductible waived	100%; Deductible waived
<b>Allergy Treatments</b>	Deductible, then 80%	Deductible, then 50%	Deductible, then 80%	Deductible, then 50%
<b>Ambulance Service</b>	Deductible, then 80%	Deductible, then 50%	Deductible, then 80%	Deductible, then 50%
<b>Cardiac Rehabilitation (Phases I and II only)</b>	Deductible, then 80%	Deductible, then 50%	Deductible, then 80%	Deductible, then 50%
<b>Chemotherapy - Outpatient; Radiation - Outpatient</b>	Deductible, then 80%	Deductible, then 50%	Deductible, then 80%	Deductible, then 50%
<b>Chiropractic Treatment (includes acupuncture) – limited to 30 visits per Calendar Year maximum</b>	Deductible, then 80%	Deductible, then 50%	Deductible, then 80%	Deductible, then 50%
<b>Diabetes Self-Management Training and Education (limited to 3 visits upon initial diagnosis of diabetes; limited to two visits upon a determination that a significant change in the patient's symptoms or medical condition has occurred)</b>				

<b>Dialysis Treatment</b>	100% of the rate negotiated by Ethicare Advisors, Inc., if applicable. If no negotiated rate is applicable, 100% of the Reasonable and Customary charges for Reasonable claims, after all applicable deductible and coinsurance deductible and coinsurance	100% after deductible, of the rate negotiated by Ethicare Advisors, Inc., if applicable. If no negotiated rate is applicable, Reasonable and Customary charges for Reasonable claims, after all applicable deductible and coinsurance deductible and coinsurance
<b>Durable Medical Equipment</b>	Deductible, then 80% Deductible, then 80%	Deductible, then 50% Deductible, then 50%
<b>Genetic Testing</b>	Deductible, then 80%	Deductible, then 80%
<b>Home Health Care</b> (limited to 120 days/visits per Calendar Year maximum)	Deductible, then 80%	Deductible, then 50%
<b>Hospice Care</b> (bereavement counseling limited to 6 sessions in a 12 month period)	Deductible, then 80%	Deductible, then 50%
<b>Maternity</b>	Same as any sickness Deductible, then 80%	Same as any sickness Deductible, then 50%
<b>Birth Center</b>	Same as any sickness Deductible, then 80%	Same as any sickness Deductible, then 80%
<b>Mental Illness/Substance Use</b>	Same as any sickness Deductible, then 80% (subject to Illinois State Law limit)	Same as any sickness Deductible, then 80% (subject to Illinois State Law limit)
<b>Autism Spectrum Disorders</b> (Benefits are available to Plan participants age 21 years and under)	Deductible, then 80% (subject to Illinois State Law limit)	Deductible, then 80% (subject to Illinois State Law limit)
<b>Oral Surgery</b>	Deductible, then 80% Deductible, then 80%	Deductible, then 50% Deductible, then 80%
<b>Organ Transplants</b> <sup>2</sup>	Deductible, then 80% See Prescription Drug Card Chart on next page	Deductible, then 80% Deductible, then 80%
<b>Prescription Drugs – Outpatient</b>	Deductible, then 80% Deductible, then 80%	Deductible, then 50% Deductible, then 80%
<b>Private-Duty Nursing</b>	Deductible, then 80% Deductible, then 80%	Deductible, then 50% Deductible, then 80%
<b>Prosthetics</b>	Deductible, then 80%	Deductible, then 50%
<b>Telephone Consultation</b>	Deductible, then 80%	Deductible, then 50%
<b>Temporomandibular Joint (TMJ) Dysfunction</b> (Phases I and II combined)	Deductible, then 80%	Deductible, then 80%
<b>Therapy</b> (Occupational; Physical; Respiratory; Speech)	Deductible, then 80% Deductible, then 80%	Deductible, then 50% Deductible, then 50%
<b>All Other Covered Services</b> <sup>3</sup>	Lesser of (i) eligible charges or (ii) \$500	Lesser of (i) eligible charges or (ii) \$500
<b>Utilization Review Penalty</b>		

<sup>1</sup>A Covered Person or Covered Dependent will be considered "Out-of-Area" if that person resides outside of a 75-mile radius of the Covered Person's place of employment with the Employer.

<sup>2</sup>Organ procurement from a non-living donor is limited to \$10,000 per transplant. Organ procurement from a living donor is limited to \$25,000 per transplant. Transportation, lodging and meals are limited to \$200 per day and further limited to \$10,000 per transplant.

<sup>3</sup>Except with respect to Dental and Vision benefits described in the Dental and Vision Benefits Section.

#### **UTILIZATION REVIEW**

The Utilization Review Administrator, AIMM, must be notified prior to any of the services listed below. Call at least 72 hours prior to an elective service, procedure, or admission and no later than 72 hours after an emergency service, procedure, or admission. In the case of pregnancy, please contact AIMM as soon as your pregnancy is confirmed:

- All hospitalizations
  - PET, MRI and CT Scans
  - Transplants (including evaluation)
  - Inpatient Rehabilitation Facility Stays
  - All Substance Abuse Treatment
  - Skilled Nursing Facility Stays
  - Home Health Care
  - Hospice Care
- Dialysis\*
- Speech, Occupational and Physical Therapy
  - Cardiac Rehabilitation Therapy
  - Outpatient Surgery
  - All Mental Disorder Treatment
  - Chemotherapy and Radiation Therapy
  - Durable Medical Equipment Costing over \$500
  - Pre-natal and Maternity Care

\*Dialysis services require pre-certification through AIMM and Ethicare. Please call Ethicare at (877) 218-4955.

Call AIMM at (877) 217-7695 for pre-certification of the above benefits. Pre-certification is the member's responsibility, and failure to obtain pre-certification may result in a reduction of benefits.

PRESCRIPTION DRUG CARD BENEFITS FOR TRADITIONAL AND BRONZE PLAN		
	Retail (Up to a 90 day supply)	Mail Order (60 – 90 day supply)
Generic Drug	30 Day Supply: \$7 60 Day Supply: \$14 90 Day Supply: \$21	\$14
Preferred Brand Drug	30 Day Supply: 20% with \$50 maximum 60 Day Supply: 20% with \$100 maximum 90 Day Supply: 20% with a \$150 maximum	20% with a \$100 maximum
Non-Preferred Brand Drug	30 Day Supply: 20% with \$75 maximum 60 Day Supply: 20% with \$150 maximum 90 Day Supply: 20% with \$225 maximum	20% with \$150 maximum
Specialty Drugs	30 Day Supply: \$75	

The portion of the drug cost that the Covered Person or Covered Dependent is responsible to pay, is listed above. Please note that if the patient insists on a brand name medication when there is a generic available and the Physician's prescription allows for a generic to be dispensed, a penalty will be added to the applicable copayment. This penalty is the difference in price between the brand name medication and its available generic. Copayment expenses do not apply to the deductible or out-of-pocket maximums except to the extent required under the Affordable Care Act.

Zyrtec and other over-the-counter (OTC) non-sedating antihistamines are covered at a \$0 co-pay as well as Prilosec OTC and Prevacid OTC.

NOTE: Proton Pump Inhibitors and Antidiabetic Classification of drugs are now part of LDI's Step Therapy Program.