This Fifth Amendment to the Peoria Public School District #150 Group Health Care Plan ("Plan") is made in duplicate at Peoria, Illinois, on the date noted below, by the Board of Education City of Peoria Public School District #150 ("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 July 1, 2019:

1. The fourth paragraph of the Schedule of Benefits Section of the Plan is revised to read as follows:

**Note: The following services must be precertified through AIMM at (877) 217-7695 or reimbursement from the Plan may be reduced:**

- PET Scans
- All Hospitalizations
- Transplant Services (*including transplant evaluation*)
- Inpatient Rehabilitation Facility Stays (*both medical and mental health*)
- Skilled Nursing Facility Stays
- Home Health Care
- Hospice Care
- Physical Therapy (PT)
- Dialysis
- Speech Therapy (ST)
- Occupational Therapy (OT)
- Cardiac Rehabilitation Therapy
- Outpatient Surgery
- Chemotherapy & Radiation Therapy
- Durable Medical Equipment Costing Over $500
- Pre-natal and Maternity Care
- MRI & CT Scans
- High Cost Medications (*especially those being funded under major medical and not the PBM*)
2. The Utilization Review Section of the Plan is revised to add the following at the end thereof:

   The Utilization Review Program shall comply with the medically necessary review requirements and prior authorization requirements of 215 ILCS 5/370c(b)(3) and (b)(6.5)(A).

3. Subsection (9)(j) of the Covered Charges Section of the Plan is revised to read as follows:

   (j) Treatment of **Mental Disorders and Substance Abuse**. Covered charges for care, supplies and treatment of Mental Disorders and Substance Abuse.

4. The definition of **Illness** in the Defined Terms Section of the Plan is revised to read as follows:

   **Illness** means a bodily disorder, disease, physical sickness, Substance Abuse, or Mental Disorder. Illness includes Pregnancy, childbirth, miscarriage or complications of Pregnancy.

5. The definition of **Medically Necessary** in the Defined Terms Section of the Plan is revised to read as follows:

   **Medically Necessary** care and treatment is recommended or approved by a Physician; is consistent with the patient’s condition or accepted standards of good medical practice; is medically proven to be effective treatment of the condition; is not performed mainly for the convenience of the patient or provider of medical services; is not conducted for research purposes; and is the most appropriate level of services which can be safely provided to the patient. Where the most appropriate level of services is not available within 40 miles of the patient’s residence for adolescent Mental Disorders and Substance Abuse, the next higher level of available services within that service area shall be considered Medically Necessary. With respect to Substance Abuse, the treatment must be in accordance with the appropriate placement criteria established by the American Society of Addiction Medicine, if applicable.

   All of these criteria must be met; merely because a Physician recommends or approves certain care does not mean that it is Medically Necessary.

   The Plan Administrator has the discretionary authority to decide whether care or treatment is Medically Necessary.
6. The Step Therapy Program Section of the Plan is revised to add the following at the end thereof:

The Step Therapy Program shall not impose any step therapy requirements other than those established under the Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions established by the American Society of Addiction Medicine, before authorizing coverage for a prescription medication approved by the United States Food and Drug Administration that is prescribed or administered for the treatment of Substance Abuse.

BOARD OF EDUCATION CITY OF PEORIA PUBLIC SCHOOL DISTRICT #150

By: [Signature]

Its: Chief Financial Officer