PEORIA PUBLIC SCHOOL DISTRICT #150
GROUP HEALTH CARE PLAN

FIRST AMENDMENT

This First 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 October 1, 2018, except where specifically indicated to the contrary:

1. Effective January 1, 2019, the Deductible and Maximums Section of the MEDICAL SCHEDULE OF BENEFITS – PLAN B (effective January 1, 2018) of the Plan is revised to read as follows:

<table>
<thead>
<tr>
<th>Deductible and Maximums</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (calendar year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$2,700</td>
<td>$5,200</td>
</tr>
<tr>
<td>Family</td>
<td>$5,400</td>
<td>$10,400</td>
</tr>
</tbody>
</table>

All individual Deductible amounts will count toward the family Deductible, but an individual will not have to pay more than the individual Deductible amount. The In-Network Deductible and Out-of-Network Deductible are separate and do not accumulate toward one another.

<table>
<thead>
<tr>
<th>Maximum Out-of-Pocket Amount (calendar year)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$5,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Family</td>
<td>$10,000</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

All individual Maximum Out-of-Pocket amounts will count toward the family Maximum Out-of-Pocket amount, but an individual will not have to pay more than the individual Maximum Out-of-Pocket amount. Copayments do not accumulate to the Maximum Out-of-Pocket amount, except to the extent required by the Affordable Care Act. The In-Network Maximum Out-of-Pocket amount and Out-of-Network Maximum Out-of-Pocket amount are separate and do not accumulate toward one another.

<table>
<thead>
<tr>
<th>Lifetime Benefit Maximum</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Plan pays a maximum benefit which includes both In-Network and Out-of-Network.)</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

2. The Eligible Requirements for Employee Coverage Section of the Plan is revised to read as follows:

**Eligible Requirements for Active Employee Coverage.** A person is eligible for Employee coverage from the first day that he or she is a (1) an Employee who is not a member of a collective bargaining unit who is scheduled to work at least 30 hours per week and who is on the regular payroll of the Employer, (2) an Employee who is a member of a collective bargaining unit who has satisfied the eligibility requirements as set forth in
the collective bargaining agreement covering that Employee, (3) a part-
time Employee who works more than 60% of a full-time equivalent and
who is covered by the teachers collective bargaining agreement.
Temporary, seasonal, or other part-time employees are not eligible for
coverage, or (4) a full-time Employee as defined by 26 USC 4980H(c)(4)
during the Stability Period applicable to such Employee's full-time status or
any other full-time Employee of the Employer for purposes of 26 CFR
54.4980H-4.

3. Effective January 1, 2019, Subsection (13) of the COVERED CHARGES
Section of the Plan is revised to read as follows:

(13) Treatment of gastric restrictive procedures for Morbid Obesity
when Medically Necessary limited to one procedure per lifetime;
and repair or adjustments related to such a procedure when
Medically Necessary.

4. The definition of "Active Employee" in the Plan is revised to read as
follows:

Active Employee is an Employee who is on the regular payroll of the
Employer and who has begun to perform the duties of his or her job with
the Employer on a full-time basis.

5. Notwithstanding anything in the Plan to the contrary, effective June 1,
2018, breast pumps costing $300 or less shall be paid at the In-Network benefit level to
the extent the breast pump is otherwise covered under the Plan.

BOARD OF EDUCATION CITY OF
PEORIA PUBLIC SCHOOL
DISTRICT #150

By: Nick

Its: Chief Financial Officer

11/2/18

518-118