

**AMENDMENT NO. 1
FOR
CITY OF DELAWARE CITY PLAN PREMIUM PPO
EMPLOYEE GROUP HEALTHCARE BENEFIT PLAN**

I. The section “**SCHEDULE OF BENEFITS**” shall be amended as follows:

The subsection “*Routine Preventive Care*” shall be deleted in its entirety and the following substituted therefore:

BENEFIT DESCRIPTION	<i>Preferred Provider</i> (% of <i>negotiated rate</i> , if applicable, otherwise % of <i>customary and reasonable amount</i>)	<i>Nonpreferred Provider</i> (% of <i>customary and reasonable amount</i> , if applicable, otherwise % of <i>negotiated rate</i>)
Routine Preventive Care		
Physical Examination	100% after \$10 <i>copay</i>	No Benefit
Diagnostic Tests Given in Connection with a Physical Examination	100%	No Benefit
Immunizations	100%	No Benefit
Routine Gynecological Examination or Routine Prostate Examination Limitation: 1 exam per calendar year <i>maximum benefit</i>	100% after \$10 <i>copay</i>	50%
Routine Papanicolaou Test (Pap smear) or Routine Prostate Specific Antigen Test (PSA) Limitation: 1 test per calendar year <i>maximum benefit</i>	*90%/80%	50%
Routine Sigmoidoscopy Limitation: 1 sigmoidoscopy per calendar year <i>maximum benefit</i>	*90%/80%	50%
Routine Colonoscopy	*90%/80%	50%
Routine Mammograms Limitation: Refer to <i>Medical Expense Benefits, Routine Preventive Care</i>		
In Physician’s Office	100% after \$10 <i>copay</i>	50%
All Other Locations	*90%/80%	50%

II. The section “MEDICAL EXPENSE BENEFITS” shall be amended as follows:

The subsection “*Routine Preventive Care*” shall be deleted in its entirety and the following substituted therefore:

ROUTINE PREVENTIVE CARE

Covered expenses shall include the following routine services and supplies, for *covered persons* age six and older, which are not required due to *illness* or *injury*: physical check-up, immunizations, laboratory and other tests given in connection with physical examinations, including routine colonoscopies.

Covered expenses shall also include one (1) of each of the following routine services and supplies every calendar year:

1. Gynecological examination
2. Papanicolaou test (Pap smear)
3. Prostate examination
4. Prostate specific antigen (PSA) test
5. Sigmoidoscopy

III. The section “MEDICAL EXPENSE BENEFITS” shall be amended as follows:

The subsection “*Routine Mammograms*” shall be deleted in its entirety and the following substituted therefore:

ROUTINE MAMMOGRAMS

Routine mammograms shall be covered as follows:

1. One (1) baseline mammogram for women age thirty-five (35) through thirty-nine (39);
2. One (1) mammogram every calendar year, for women age forty (40) through forty-nine (49);
3. One (1) mammogram every calendar year for women age fifty (50) and over.

This amendment is effective January 1, 2023

Received and accepted for City of Delaware