

**Fourth Amendment of the Restated  
Dixon Public Schools District #170  
Health Care Benefits Plan**

WHEREAS, the Dixon Public Schools District #170 (the "District") maintains the Dixon Public Schools District #170 Health Care Benefits Plan effective January 1, 2006 (the "Plan"); and,

WHEREAS, amendment of the Plan is now considered desirable;

NOW, THEREFORE IT IS RESOLVED that, by virtue and in exercise of the power reserved to the Company, the Plan is amended in the following Particulars:

**Effective 9/1/2017 The Preferred Provider Organization Network** is hereby deleted and replaced with Cigna Network as indicated below:

**The Preferred Provider Organization Network**

When you or a covered dependent obtain services from a Preferred Provider Organization network (PPO) provider for services and supplies covered under the Plan, the charges will be discounted and you will receive the maximum benefit payable under the Plan. There may be changes in the providers participating in the network from time to time. Therefore, you are urged to check with your hospital, physician or other service provider before undergoing treatment to make certain of its participation status.

The Plan has contracted with the following Preferred Provider Networks:

PPO name:	CIGNA
Telephone:	1-800-423-1841 (IPMG)
Website:	www.mycigna.com

**Where to file a claim:**

Primary PPO name:	CIGNA
Address:	PO Box 188061 Chattanooga, TN 37422-8061
Telephone:	1-800-423-1841
Website:	www.mycigna.com

**Effective 9/1/2017 The Second Opinion Requirement Program** is hereby deleted from the Plan. Some Outpatient Surgeries will require prior authorization. See the Outpatient Surgery Hospital/Hospital Pre-admission Certification/Continued Stay Review Program provision below.

**Effective 9/1/2017 The Outpatient Surgery/Hospital Pre-admission Certification/Continued Stay Review Program** is hereby deleted and replaced with Cigna Network as indicated below:

**Outpatient Surgery/ Hospital Pre-admission Certification/Continued Stay Review Program**

The Plan includes an Outpatient Surgery/Hospital Pre-Admission Certification/ Continued Stay Review program. The program is designed to reduce health costs and help you and your family avoid unnecessary outpatient surgery or hospital confinements and to assure appropriate, quality medical care. The District has contracted with CIGNA, a firm which includes medical professionals, to administer the program. It is the intention of this program to assure appropriate care, not to dictate or direct medical care. *If you (or your dependent) do not contact CIGNA, a separate \$200 deductible per outpatient surgery or hospital confinement will be applied before any benefits are paid under the Plan.* This deductible is in addition to the calendar year deductible and does not apply to the Out-of-Pocket limit.

The following Outpatient Surgical Procedures require certification:

- Back Surgery (laminectomy for exploration or decompression, incision or excision or implantation or a discectomy)
- Bunion Surgery
- Cataract Surgery
- Coronary Artery Bypass Surgery
- Gall Bladder Surgery (cholecystectomy, cholecystostomy, cholecystoenterostomy)
- Hemorrhoid Surgery (all types)
- Hernia Repairs (all types)
- Hysterectomy
- Knee Surgery (arthrotomy, arthroscopic surgery or capsulotomy)
- Mastectomy
- Rhinoplasty (nose surgery)
- Tonsillectomy or Adenoidectomy (T&A)
- Varicose Vein Surgery (any method)

#### **The Notification Procedure**

Prior to any scheduled outpatient surgery requiring certification or hospital admission, you, your attending physician, or a member of your family needs to contact IPMG at 1-800-423-1841. If you or your covered dependent are admitted to the hospital or had a required outpatient surgery on an emergency basis, IPMG must be contacted within 48 hours following admission or surgery date. The information you will need to provide is as follows:

1. the employee's name, address and Social Security number;
2. the patient's name, address, telephone number, date of birth and sex;
3. the name, address and telephone number of the attending physician and the hospital;
4. the reason for the hospital confinement and expected (or, if an emergency, the actual) date of admission; and,
5. Dixon Public School District #170 Health Care Plan.

IPMG can be contacted by phoning 1-800-423-1841.

#### **How the Program Works**

After the Medical Review Specialist has obtained the above information, he or she will contact the attending physician to obtain additional information concerning the outpatient surgery or confinement and the planned course of treatment. Once the Medical Review Specialist has all of the necessary information, he or she will evaluate the request for the outpatient surgery or hospital admission against established medical criteria to determine the medical need for an outpatient surgery or inpatient stay, and whether the proposed treatment

plan is customary for the diagnosis. The purpose of this evaluation is to assure that you or your dependent are only in the hospital or has appropriate surgery when you need it, and are receiving appropriate quality care.


Following this evaluation the Medical Review Specialist will “pre-certify” an outpatient surgery or a designated length of stay for the confinement and establish a date when discharge is expected. For inpatient confinements, prior to the end of the approved length of stay, the Medical Review Specialist will contact the attending physician to determine if discharge is taking place when planned. If not, an extension of the length of stay will be approved if medically appropriate. This process continues until discharge takes place.

**The Impact on Benefits**

Your only requirement is to contact IPMG prior to any scheduled required outpatient surgeries or hospital admission (or within 48 hours following an emergency service). *If you or your dependent do not contact IPMG as stated above, a \$200 deductible will be applied to the outpatient surgery or hospital confinement before any benefits are paid under the Plan.*

I hereby certify that the foregoing is a correct copy of the 4<sup>th</sup> amendment to the Dixon Public Schools District #170 Health Care Benefits, duly adopted by the Plan Sponsor and that the amendment has not been changed or repealed.

Dated this 28<sup>th</sup> day of August, 2017

  
Signature  
Business Manager  
Title