

AMEND 2-10-10

Glenda Pittman & Assoc., P.C. Draft 2-10-10

Approved

**AMENDMENT NO. 2
TO THE
SAN ANTONIO POLICE OFFICERS AND FIREFIGHTERS
BENEFIT PLAN,
RESTATED AUGUST 18, 2009**

The Board of Trustees (the "Board") of the San Antonio Police Officers and Firefighters Benefit Trust (the "Trust"), at its December 4, 2009 meeting at which a quorum was present, and at a December 10, 2009 telephone conference meeting at which a quorum was present, made certain vision benefit and dental benefit reductions to the San Antonio Police Officers and Firefighters Benefit Plan (the "Plan") to help ensure the financial viability of the Trust and the Plan. The purpose of this amendment is to memorialize those changes in the Plan. Therefore, pursuant to the authority granted to the Trustees by Article IX, Section 9.1 of the Plan, the Board amends the Plan as follows, effective January 1, 2010:

1. Section 5.08(a) (*Definitions, Calendar Year Deductible*) is restated in its entirety, as follows:

a. "Calendar year Deductible" means the deductible to which each Covered Person under this Plan is subject per calendar year for dental Benefits, except that deductibles for Orthodontic Treatment and Type I preventive and diagnostic procedures, as defined by this Plan, are waived. The Calendar Year Deductible is \$100.00 per Covered Person, except as provided for a Family Deductible.

2. Section 5.08(a) (*Definitions, Family Deductible*) is restated in its entirety, as follows:

f. "Family Deductible" means the maximum deductible per calendar year for a Family, which is \$300.00, calculated as the sum of three separate Calendar Year Deductibles of \$100.00 each for any three Family members. After the Family Deductible is met during a calendar year, no further deductible for any Family member shall be required, regardless of the number of persons in the Family.

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3. **Section 6.01 is restated in its entirety, as follows:**

Section 6.01 Coverage. If a Covered Person incurs expenses for refractive examination of the eyes performed by a Physician or optometrist, refractive lenses or a lens prescribed by a Physician or optometrist to correct one or more visual disorders, and/or a frame for use with such lenses or lens, this Plan will pay benefits regarding those expenses based on Reasonable and Customary Charges, limited as provided in Section 6.02.

4. **Section 6.02 is restated in its entirety, as**

Section 6.02. Covered Services and Supplies. Subject to Section 6.01, Benefits shall be payable as follows:

- a. Eye examination: Effective January 1, 2008, 100% of the comprehensive eye examination charge incurred, up to a maximum of \$65 per calendar year.
- b. Lasik Surgery: Up to a maximum of \$250 per eye.
- c. Spectacle Lenses: Effective January 1, 2008, 100% of the charge incurred up to the maximums set forth below for any one pair per calendar year, limited to the charge applicable to clear or tinted standard-sized lenses (made from standard 70mm blanks), excluding all charges or portions of charges for options, including, but not limited to, coatings and the difference in charge between standard-sized and oversized lenses.
 1. Types of Lenses Covered. Single, up to a maximum of \$90; bifocal, up to a maximum of \$110; trifocal, up to a maximum of \$140; progressive and lenticular, up to a maximum of \$180.
 2. Limitations.
 - A. For any Covered Person, regardless of any provision of this Plan to the contrary, during the period in which a Benefit for contact lenses is paid, no Benefit shall be payable for spectacle lenses for the same person during the same period.
 - B. The amount payable for a single lens (spectacle or contact) shall be 50% of the amount payable for a pair of the same type of lens.
- d. Frames. 100% of the charge incurred for a frame, up to a maximum of \$90.00, subject to the following limitations:
 1. Effective January 1, 2010, frames are limited to one frame every two calendar years, such that a frame benefit is not available beginning in 2010 for any individual who received

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a frame benefit under the Plan in 2009, no individual who receives a frame benefit in 2010 shall receive a frame benefit in 2011, and so on. However, upon a showing of proof of Medical Necessity, the Trustees retain the discretion to waive the two-year frame limitation.

2. Effective January 1, 2008 through December 31, 2009, one frame per calendar year.

3. During the period in which a Benefit for bifocal contact lenses is made available under Section 6.02(e)(4), no Benefit shall be payable for a frame ordered or purchased for the same person during the same period.

e. Contact Lenses. 80% of the charge incurred for one pair of lenses per calendar year, up to the maximum set forth below, except as provided for disposable contact lenses in Section 6.01(f):

1. \$375.00 if visual acuity is not correctable to 20/70 in the better eye except by the use of contact lenses.

2. \$375.00 if the patient is being treated for a condition, such as keratoconus or anisometropia, and contact lenses customarily are used as part of the treatment.

3. \$375.00 for contact lenses if required following cataract surgery.

4. \$139.00 for cosmetic (single vision) or cosmetic (bifocal) contact lenses, but not for both.

f. Disposable cosmetic contact lenses. Effective January 1, 2008, 80% of the charge incurred, up to \$139.00 per calendar year.

As discussed and enacted at a duly-held meeting on December 4, 2009 at which a quorum was present; and at a December 10, 2009 meeting by telephone conference call at which a quorum was present, as evidenced by the authorized signatures below; and as adopted at a duly-held meeting on 2-17, 2010, at which a quorum was present, it is HEREBY RESOLVED by the Board that the Plan is amended, as set forth above.

George Sexton, Co-chairperson

Roger Lopez, Co-chairperson

Date: _____

Date: _____

Richard A. Valle
2-17-2010