

Fourth Amendment of 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:

- 1. Effective September 1, 2011 by revising the “Introduction Section” to add information regarding compliance with the Patient Protection and Affordable Care Act of 2010:**

Introduction

This document describes the coverage provided under the Health Care benefit program (which includes a Preferred Provider Network) that is designed to help protect you and your eligible dependents against the financial effects of illness or injury.

This booklet, and the benefits described within it, is drafted to be compliant with applicable laws, including the Patient Protection and Affordable Care Act of 2010 (the Affordable Care Act), and otherwise is intended to replace all previously distributed materials. Although the Plan Administrator hopes and expects to continue the coverage described in this booklet, the Plan Administrator necessarily reserves the right to either modify or discontinue the benefits under the Plan at any time. You will be notified in writing of any material changes to the Plan. If benefits are discontinued, benefits will be paid for eligible expenses incurred prior to the date of termination.

A description of the Group Life and Accidental Death and Dismemberment Insurance Plan coverage which is provided by the District for active employees is described in a separate Certificate of Insurance issued by the insurance company. Please refer to this certificate for an explanation of the Life and Accidental Death and Dismemberment insurance coverage provided to you.

This document, and the benefits described within it, is intended to supersede all previously distributed materials. Although we expect to continue the coverage described, we necessarily reserve the right to either modify or discontinue the benefits under the Plan at any time. You will be notified in writing of any material changes to the Plan.

Coverage under the Plan is not a guarantee of employment with the District.

Note: The Health Care Plan is not a policy of Worker's Compensation insurance. Please contact the Business Office for information on insurance available to you if your illness or injury is work related.

2. Effective September 1, 2011 to remove the following from the Schedule of Health Benefits –

Maximum Benefit \$2,000,000 per person while covered under the Plan. If you are covered for one full calendar year, up to \$1,000 of benefits paid during the prior calendar year will be reinstated as partial restoration of this maximum benefit

3. Effective September 1, 2011 by adding the following to the Schedule of Health Benefits –

Calendar Year Maximum - \$2,000,000 per person per calendar year

4. Effective September 1, 2011 by amending the Plan to comply with the new dependent age limits per the provisions of the Patient Protection and Affordable Care Act. Dependents are now eligible under the Plan to the age of 26.

5. Effective September 1, 2011 by amending the Plan to comply with the provisions of the Patient Protection and Affordable Care Act so that pre-existing will no longer apply to covered participants under the age of 19.

6. Effective September 1, 2011 by adding the following Addendums regarding Notices required due to Healthcare Reform:

Notice of Grandfathered Status

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 1-815-284-7722. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

Notice Lifetime Limit No Longer Applies and Enrollment Opportunity

The lifetime limit on the dollar value of benefits under the no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the Dixon Public Schools District #170 Health Care Plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact the plan administrator at 1-815-284-7722.

Notice of Opportunity to Enroll in connection with Extension of Dependent Coverage to Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in Dixon Public Schools District #170 Health Care Plan. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective retroactively to September 1st 2011. For more information contact the plan administrator at 1-815-284-7722.

7. Effective June 1, 2011 to recognize a Civil Union Partner as an eligible dependent as required by Illinois Public Act 96-1513.

Civil Unions

An eligible Dependent includes a partner, of the opposite sex or same sex, with whom you have entered into a legal civil union. Such civil union must meet all the requirements of a valid civil union in the State of Illinois. A copy of your completed civil union certificate will be required at enrollment. Any newly acquired Civil Union Partner will be eligible to enroll in the Plan within the same time requirements as a newly acquired Spouse.

Your partner in a same-sex marriage, or an opposite sex or same sex civil union or a similar relationship other than common law marriage, that was legally entered into in another state will also be eligible under this provision. You will be required to provide proof of a valid, legal union in that state, e.g. a copy of your marriage or civil union certificate.

Your partner must be a resident of the same country as you.

The value of any benefits provided by this Plan or your partner may be considered “imputed” income for federal income and payroll tax purposes.

A partner in a legal civil union (as defined above) is entitled to the same benefits provided to a married spouse, including coverage continuation provided under this Plan for a married spouse or a surviving spouse, other than Federal mandates that apply only to a federally recognized spouse under the Defense of Marriage Act. Federal mandates include but are not limited to FMLA and COBRA. As such, a civil union partner will not be a Qualified Beneficiary entitled to independent COBRA election rights and dissolution of a civil union will not be considered a Qualifying Event.

I hereby certify that the foregoing is a correct copy of the 4th 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 _____ day of _____, 2011

Signature

Title