

AMENDMENT NO. 1
TO THE
CITY OF FINDLAY
POLICE & FIRE UNION
EMPLOYEE BENEFIT PLAN – Plan 1

EFFECTIVE JANUARY 1, 2010 THE CITY OF FINDLAY EMPLOYEE BENEFIT PLAN IS AMENDED AS FOLLOWS:

1) UNDER THE SECTION ENTITLED "PLAN SPECIFICATIONS", THE FOLLOWING HAS BEEN CHANGED:

FROM:

Employer Identification Number 34-640048

TO:

Employer Identification Number 34-6400448

1) UNDER THE SECTION ENTITLED "DEFINITIONS" THE FOLLOWING HAS BEEN CHANGED:

FROM:

HOSPITAL: "Hospital" means a Veterans Administration Hospital (when care or treatment is provided for non-service related Injury or Illness) or an institution which meets all of the following conditions:

1. it is licensed and operated in accordance with the laws of jurisdiction in which it is located which pertains to Hospitals; is engaged primarily in providing medical care and treatment to ill and injured persons on an In-Patient basis at the patient's expense; maintains on its premises all the facilities necessary to provide for diagnosis and medical and surgical treatment of an Illness or an Injury; and such treatment is provided by under the supervision of Physicians with continuous twenty-four (24) hour nursing services by registered nurses; and
2. it qualifies as a Hospital, an alcohol or drug abuse or psychiatric Hospital, or a tuberculosis Hospital and is accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO);
3. it is a provider of services under Medicare; and
4. it is not, other than incidentally, a place for rest, a place for the aged, a place for drug addicts, a place for alcoholics or a nursing home.

The provisions shown above under items #2 and #3 do not apply when a Covered Person is visiting, traveling or temporarily residing in a foreign country and must be hospitalized during such absence from the United States due to medical necessity. Charges for translation services are not covered under the Plan.

TO:

HOSPITAL: "Hospital" means a Veterans Administration Hospital (when care or treatment is provided for non-service related Injury or Illness) or an institution which meets all of the following conditions:

1. it is licensed and operated in accordance with the laws of jurisdiction in which it is located which pertains to Hospitals; is engaged primarily in providing medical care and treatment to ill and injured persons on an In-Patient basis at the patient's expense; maintains on its premises all the facilities necessary to provide for diagnosis and medical and surgical treatment of an Illness or an Injury; and such treatment is provided by under the supervision of Physicians with continuous twenty-four (24) hour nursing services by registered nurses; and
2. it qualifies as a Hospital, an alcohol or drug abuse or psychiatric Hospital, or a tuberculosis Hospital and is accredited by CMS or by an authority deemed by CMS to be an accredited authority, including but not limited to The Joint Commission, the American Osteopathic Association, and DNV Healthcare, Inc.;

3. it is a provider of services under Medicare; and
4. it is not, other than incidentally, a place for rest, a place for the aged, a place for drug addicts, a place for alcoholics or a nursing home.

The provisions shown above under items #2 and #3 do not apply when a Covered Person is visiting, traveling or temporarily residing in a foreign country and must be hospitalized during such absence from the United States due to medical necessity. Charges for translation services are not covered under the Plan.

CITY OF FINDLAY HAS CAUSED THIS AMENDMENT #1 TO TAKE EFFECT AS OF 12:01 A.M. STANDARD TIME ON JANUARY 1, 2010 AT FINDLAY, OHIO.

ACCEPTED THIS 15th DAY OF April, 2010 BY THE FOLLOWING DULY AUTHORIZED OFFICER OF THE EMPLOYER.

CITY OF FINDLAY, BY:



Signature

Mayor

Title

A photocopy or facsimile of this Page shall be as valid as the original.