# SUMMARY OF MATERIAL MODIFICATIONS

# TO THE FIRE AND POLICE RETIREE HEALTH CARE PLAN

# OF FIRE AND POLICE RETIREE HEALTH CARE FUND, SAN ANTONIO

BY THIS AGREEMENT, Fire and Police Retiree Health Care Fund, San Antonio, the health care plan (herein called the "Plan") is hereby amended as follows, **effective as of June 1, 2025.**

1. **The following language will be DELETED from Chapter 2 GENERAL PLAN COVERAGE FOR ELIGIBLE PARTICIPANTS:**

Retired Employee's Dependents

If you retire and are eligible to receive retirement benefits you may continue your Dependents' coverage, subject to the payment of any applicable premiums without lapse.

PLEASE NOTE:

- Once coverage is in effect, no new spouse or Dependent may be added to the Plan.
- Termination of coverage for any Covered Spouse and/or Dependent is permanent and once terminated, any such individual(s) cannot be added back to the Plan.

**And is REPLACED by the following:**

**Retired Employee's Dependents**

If you are eligible for retirement benefits, you may add dependents to the Fire and Police Retiree Health Care Fund Plan, subject to a copy of the required documents being provided. A list of required documents is available on our website, https://www.thefundsa.org/health-plan/#enrollment-process

**IMPORTANT NOTE:**

- Once coverage is in effect, no new spouse or Dependent may be added to the Plan.
- Termination of coverage for any Covered Spouse and/or Dependent is permanent and once terminated, any such individual(s) cannot be added back to the Plan.

## 2. The following language will be DELETED from Chapter 4 DEFINITIONS:

**"EXPERIMENTAL OR INVESTIGATIONAL"**
services or treatments that are not widely used or accepted by most practitioners or lack credible evidence to support positive short or long-term outcomes from those services or treatments and that are not the subject of, or in some manner related to, the conduct of an Approved Clinical Trial, as such term is defined herein; these services are not included under or as Medicare reimbursable procedures, and include services, supplies, care, procedures, treatments or courses of treatment which meet either of the following requirements:

1. Do not constitute accepted medical practice under the standards of the case and by the standards of a reasonable segment of the medical community or government oversight agencies at the time rendered.
2. Are rendered on a research basis as determined by the United States Food and Drug Administration and the AMA's Council on Medical Specialty Societies.

A drug, device, or medical treatment or procedure is Experimental if one of the following requirements is met:

1. If the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
2. If reliable evidence shows that the drug, device or medical treatment or procedure is the subject of ongoing Phase I, II, or III clinical trials or under study to determine all of the following:

   a. Maximum tolerated dose.

   b. Toxicity.

   c. Safety.

   d. Efficacy.

   e. Efficacy as compared with the standard means of treatment or Diagnosis.

3. If reliable evidence shows that the consensus among experts regarding the drug, device, or medical treatment or procedure is that further studies or clinical trials are necessary to determine all of the following:

   a. Maximum tolerated dose.

   b. Toxicity.

   c. Safety.

   d. Efficacy.

   e. Efficacy as compared with the standard means of treatment or Diagnosis.

Reliable evidence shall mean one or more of the following:

1. Only published reports and articles in the authoritative medical and scientific literature.

2. The written protocol or protocols used by the treating facility or the protocol(s) of another facility studying substantially the same drug, device, or medical treatment or procedure.

3. The written informed consent used by the treating facility or by another facility studying substantially the same drug, device, or medical treatment or procedure.

Notwithstanding the above, a prescription drug for a treatment that has been approved by the Food and Drug Administration (FDA) but is used as a non-approved treatment shall not be considered Experimental/Investigational for purposes of this Plan and shall be afforded coverage to the same extent as any other prescription drug, provided that the drug is recognized by one of the following as being Medically Necessary for the specific treatment for which it has been prescribed:

1. The American Medical Association Drug Evaluations.

2. The American Hospital Formulary Service Drug Information.

3. The United States Pharmacopeia Drug Information.

4. A clinical study or review article in a reviewed professional journal.

Subject to a medical opinion, if no other Food and Drug Administration (FDA) approved treatment is feasible and as a result the Participant faces a life or death medical condition, the Plan Administrator retains discretionary authority to cover the services or treatment.

The Plan Administrator retains maximum legal authority and discretion to determine what is Experimental.

**And is REPLACED by the following:**

**"EXPERIMENTAL OR INVESTIGATIONAL"**
services or treatments that are not widely used or accepted by most practitioners or lack credible evidence to support positive short or long-term outcomes from those services or treatments and that are not the subject of, or in some manner related to, the conduct of an Approved Clinical Trial, as such term is defined herein; these services are not included under or as Medicare reimbursable procedures, and include services, supplies, care, procedures, treatments or courses of treatment which meet either of the following requirements:

3. Do not constitute accepted medical practice under the standards of the case and by the standards of a reasonable segment of the medical community or government oversight agencies at the time rendered.

4. Are rendered on a research basis as determined by the United States Food and Drug Administration and the AMA's Council on Medical Specialty Societies.

A drug, device, or medical treatment or procedure is Experimental if one of the following requirements is met:

4. If the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;

5. If reliable evidence shows that the drug, device or medical treatment or procedure is the subject of ongoing Phase I, II, or III clinical trials or under study to determine all of the following:

a. Maximum tolerated dose.

b. Toxicity.

c. Safety.

d. Efficacy.

e. Efficacy as compared with the standard means of treatment or Diagnosis.

6. If reliable evidence shows that the consensus among experts regarding the drug, device, or medical treatment or procedure is that further studies or clinical trials are necessary to determine all of the following:

   a. Maximum tolerated dose.

   b. Toxicity.

   c. Safety.

   d. Efficacy.

   e. Efficacy as compared with the standard means of treatment or Diagnosis.

Reliable evidence shall mean one or more of the following:

4. Only published reports and articles in the authoritative medical and scientific literature.

5. The written protocol or protocols used by the treating facility or the protocol(s) of another facility studying substantially the same drug, device, or medical treatment or procedure.

6. The written informed consent used by the treating facility or by another facility studying substantially the same drug, device, or medical treatment or procedure.

Notwithstanding the above, a prescription drug for a treatment that has been approved by the Food and Drug Administration (FDA) but is used as a non-approved treatment shall not be considered Experimental/Investigational for purposes of this Plan and shall be afforded coverage to the same extent as any other prescription drug, provided that the drug is recognized by one of the following as being Medically Necessary for the specific treatment for which it has been prescribed:

5. The American Medical Association Drug Evaluations.

6. The American Hospital Formulary Service Drug Information.

7. The United States Pharmacopeia Drug Information.

8. A clinical study or review article in a reviewed professional journal.

However, regardless of a finding of Medical Necessity per this section, no prescription drug shall be available under the Plan if excluded or otherwise limited elsewhere in this SPD.

Subject to a medical opinion, if no other Food and Drug Administration (FDA) approved treatment is feasible and as a result the Participant faces a life or death medical condition, the Plan Administrator retains discretionary authority to cover the services or treatment.

The Plan Administrator retains maximum legal authority and discretion to determine what is Experimental.

**3. The following language will be DELETED from Chapter 6 EXCLUSIONS:**

**Obesity**. Surgery and/or treatment of obesity, morbid obesity, dietary control, or for weight reduction, whether medically necessary or not.

**And is REPLACED by the following:**

**Obesity**. Surgery, prescription drugs, and/or treatment of obesity, morbid obesity, dietary control, or for weight reduction, whether medically necessary or not.

**4. The following language will be ADDED to the Exclusions list in CHAPTER 8 PRESCRIPTION DRUG COVERAGE:**

- Prescription GLP-1 drugs for the treatment of any diagnosis other than diabetes
- GLP-1 medications will only be available for filling at a retail pharmacy, and the supply will be limited to a maximum of 30 days.

**All other sections of the Plan remain unchanged.**