

**Attachment to Ordinance #0518-2022  
Amending Fire Management Compensation Plan (MCP) #2714-2013,  
as amended**

**Section 1.** To amend Ordinance No. 2714-2013, as amended, by amending Section 9(B) to read as follows:

- (9) Miscellaneous benefits with specified limits:

Physical therapy, occupational therapy, and/or chiropractic visits will be covered up to a combined annual maximum for thirty (30) visits per person, based on medical necessity.

Prescription drug deductible charges are not payable under this medical provision.

The City will provide the following minimum coverage for maternity benefits: At least forty-eight (48) hours of inpatient hospital care following a normal vaginal delivery; and at least ninety-six (96) hours of inpatient hospital care following a caesarean section and physician-directed aftercare. These minimum stay requirements are not applicable if the mother and her health care provider mutually agree that the mother and her child may be discharged earlier.

A weight loss schedule is limited to examination charges only. Food supplements in the treatment of obesity are excluded.

~~Temporomandibular joint pain dysfunction, syndrome or disease or any related conditions collectively referred to as "TMJ" or "TMD" will be covered on the basis of medical necessity. This does not apply to surgical services on the jaw hinge.~~

**Section 2.** To amend Ordinance No. 2714-2013, as amended, by amending Section 9(F) to read as follows:

(F) Vision. The City shall maintain the current vision care plan for all eligible employees as follows:

(1) In-Network Plan

~~Deductibles~~ **Copayments:**

Eye Examination \$5.00

Lenses and Frames \$12.50

~~Deductibles do not apply toward contact lenses~~ **Contact Lenses Fit and Follow-Up Examination Up to \$40.00**

~~Wholesale Frame Allowance~~

**Contact Lens Allowance**

**\$4150**

Retail Frame Allowance

~~\$135~~ **150**

**Polycarbonate Lenses Covered in Full**

**Contact Lenses in place of all other plan benefits for the benefit period**

**Cosmetic (elective)**

**Medically Necessary**

**\$150.00 plus exam**

**Covered in full**

(2) Out-of-Network Plan Reimbursement Schedule

Eye Examination up to \$35.00

Frames up to Lenses \$35.00

Single Vision up to \$35.00

Bifocals up to ~~\$35.00~~ **50.00**

Trifocals up to \$60.00

Lenticular up to \$90.00

~~(3) Contact Lenses (pair) in place of all other plan benefits for the benefit period~~

~~Cosmetic (elective) \$90.00 plus exam~~

**Medically Necessary** ~~\$170.00 plus exam~~ **\$210.00**

**Section 3.** That existing Section 9 of Ordinance No. 2714-2013, as amended, is hereby repealed.

**Section 4.** For reasons stated in the preamble hereto, which is hereby made a part hereof, this ordinance is hereby declared to be an emergency measure and shall take effect and be in force from and after its passage and approval by the Mayor or ten (10) days after passage if the Mayor neither approves nor vetoes the same.