

THIRD AMENDMENT to the GROUP AGREEMENT

**Between
City of Lodi
And**

LANDMARK HEALTHPLAN OF CALIFORNIA, INC

This Amendment dated February, 2026, is entered into by and between City of Lodi ("Group"), and Landmark Healthplan of California, Inc. ("Plan"), collectively referred to herein as "Parties", in order to modify the Group Agreement ("Agreement"), February 1, 2021, as amended.

In consideration of the recitals, covenants, conditions, and promises contained in the Agreement, the Parties agree to modify the Agreement as follows:

1. Cover Sheet, Provision 1, "Periodic Charges", is deleted in its entirety and replaced with the following:

Renewal For Current Benefits		
\$10 copay/40 visits Chiropractic		
	Current Rates	Renewal Rates
EE	\$9.46	\$11.73
EE+SP	\$18.98	\$23.54
Family	\$24.84	\$30.80

All other provisions of the Agreement, its Addenda or Amendments not inconsistent herein shall remain in full force and effect.

Pursuant to Section 3.06 of the Agreement, this Amendment is effective on the day and year set forth above.

Please sign digitally and return via email or sign and fax to (916) 307-5250

Signature _____ Date _____

Print Name and Title _____

Attest:

Approved as to Form:

OLIVIA NASHED
City Clerk

KATIE O. LUCCHESI
City Attorney

JK

SCHEDULE OF BENEFITS

Chiropractic Benefit

Your Employer Group has contracted with Landmark Healthplan of California, Inc. (Landmark) to provide you with a chiropractic benefit that requires the use of Participating Chiropractors. You can obtain a directory of Participating Chiropractors through your employer, plan administrator, or Landmark, or you can access a continuously updated directory on Landmark's Web site at www.LHP-CA.com under the "Member" option. You may also call Landmark's Customer Service Department at **1-800-298-4875, option 2**, for referrals to Participating Practitioners in your area

FREE LANGUAGE ASSISTANCE IS AVAILABLE

If you need help in understanding your Landmark chiropractic benefits or need help to handle an issue about your benefits, please contact Landmark's Customer Service Department at 1-800-298-4875, option 2, between 8:30 AM and 5:00 PM, Monday through Friday, for free help. We can also help you in languages other than English.

If you or your dependents would like Landmark and your doctor to use a specific language when speaking or writing to you, please go to <https://www.LHP-CA.com/Survey.aspx> on the Internet and complete Landmark's brief language preference survey. The survey only takes about 3 minutes to complete and your answers will be strictly confidential. If you prefer to complete a paper copy of this survey, you may request one by writing to us at:

Landmark Healthplan of California, Inc.
Attn: QM Dept. - SURVEY
2629 Townsgate Road, Suite 235
Westlake Village, CA 91361

Benefits and Co-payments	
Office Visit	\$10 co-payment
Maximum Annual Visits	40 visits
X-ray Services*	\$75 annual maximum benefit
Emergency Care**	Same co-payment as office visit
Durable Medical Equipment Purchase or Rental***	\$50 annual maximum benefit

*X-ray Services must be prescribed by a Participating Chiropractor.

**Services provided by Non-Participating Chiropractors are covered for Emergency Services only.

***Durable Medical Equipment must be prescribed by a Participating Chiropractor.

A. Covered Services

1. Chiropractic Treatment

Covered Chiropractic Services are those within the scope of chiropractic care that are supportive to help Members achieve the physical state enjoyed before an injury or illness and that are furnished for the diagnosis and/or treatment of a neuromusculoskeletal condition associated with an injury or illness including the following services:

- Examinations
- Manipulation
- Conjunctive Physiotherapy
- X-rays
- Emergency Services

2. Emergency Services

Emergency Services are covered for the sudden and unexpected onset of an acute illness, extreme neuromusculoskeletal pain or accidental injury to the nervous, musculoskeletal and/or skeletal body systems, that, in the reasonable judgment of the Member, requires immediate care, the delay of which could decrease the likelihood of maximum recovery, and for which the Member seeks to secure chiropractic services immediately after the onset, or as soon thereafter as practicable. Emergency Services do not require pre-authorization; however, Emergency Services rendered by a Non-Participating Chiropractor are subject to Landmark's determination

that the Member would reasonably have considered that Emergency Services were required.

Emergency Services rendered by a Non-Participating Chiropractor are covered only when the chiropractor rendering services can show that the services were for a neuromusculoskeletal condition and were provided to reduce the severity of the condition including pain until a Participating Chiropractor could safely assume treatment. Similarly, Emergency Services received outside of Landmark's Service Area will be covered only when the Non-Participating Chiropractor rendering services can show that the services were for a neuromusculoskeletal condition and were provided to reduce the severity of the condition including pain until a Participating Chiropractor could safely assume treatment. Under the Landmark Plan, emergency care must be transferred to a Participating Chiropractor as soon as such transfer would not create an unreasonable risk to the Member's health.

B. Second Opinions and Referrals

1. Second opinions

On occasion, a Participating Chiropractor may require a second opinion, which is for consultation only, from another chiropractor. Landmark does not require an authorization for any second opinion. Second opinions initiated by your Participating Chiropractor will not count against your maximum annual visits and will not require a Member office visit co-payment.

Second opinions initiated by Members do not require prior authorization but will count against the maximum annual visits and will require a Member office visit co-payment.

2. Referrals to non-chiropractic practitioners

For referrals to non-chiropractic practitioners, Members or enrollees of full-service plans or HMOs will be referred to the plan or HMO practitioner network for non-neuromusculoskeletal conditions, conditions not improving with chiropractic care, and other such services that cannot be provided by another Participating Chiropractor.

C. Limitations and Exclusions

Circumstances Causing Services to be Excluded or Limited

1. Services provided by a Non-Participating Chiropractor, except for emergencies
2. Services provided outside of Landmark's Service Area, except for emergencies
3. Services incurred prior to the beginning or after the end of coverage
4. Services that exceed the maximum covered visits for the benefit year

5. X-ray services that exceed the annual maximum benefit
6. Charges incurred for missed appointments
7. Educational programs
8. Pre-employment, school entrance, or athletic physical exams
9. Services for conditions arising out of employment, including self-employment or covered under any workers' compensation act or law
10. Services for any bodily injury arising from or sustained in an automobile accident that is covered under an automobile insurance policy
11. Charges for which the Member is not legally required to pay
12. Services rendered by a person who ordinarily resides in the Member's home or who is related to the Member by marriage or blood.

Specific Services that are Excluded or Limited

1. Drugs, vitamins, nutritional supplements, or herbs
2. Experimental or investigational services
3. Vocational, or long-term rehabilitation
4. Hypnotherapy, behavior training, sleep therapy, or biofeedback
5. Rental or purchase of Durable Medical Equipment (DME)
6. Treatment primarily for purposes of weight control
7. Lab services
8. Thermography, hair analysis, heavy metal screening, or mineral studies
9. Transportation costs, including ambulance charges
10. Inpatient services
11. Massage
12. Manipulation under anesthesia
13. Services related to diagnosis and treatment of jaw joint or TMJ disorders
14. Treatment of non-neuromusculoskeletal disorders
15. Advanced diagnostic services, such as MRI, CT, EMG, SEMG, and NCV

SECOND AMENDMENT to the GROUP AGREEMENT

Between
City of Lodi
And

LANDMARK HEALTHPLAN OF CALIFORNIA, INC

This Second Amendment dated February, 2024, is entered into by and between City of Lodi ("Group"), and Landmark Healthplan of California, Inc. ("Plan"), collectively referred to herein as "Parties", in order to modify the Group Agreement dated, February 1, 2021, and as amended in the Amendment to the Group Agreement entered on July 18, 2023 (collectively the "Agreement").

In consideration of the recitals, covenants, conditions, and promises contained in the Agreement, the Parties agree to modify the Agreement as follows:

- 1. Cover Sheet, Provision 1, "Periodic Charges", is deleted in its entirety and replaced with the following:

Renewal For Current Benefits		
\$10 copay/40 visits		
Chiropractic		
	Current Rates	Renewal Rates
EE	\$6.57	\$7.75
EE+SP	\$13.19	\$15.56
Family	\$17.25	\$20.36

All other provisions of the Agreement, its Addenda or Amendments not inconsistent herein shall remain in full force and effect.

Pursuant to Section 3.06 of the Agreement, this Amendment is effective on the day and year set forth above.

Please sign digitally and return via email or sign and fax to (916) 307-5250

Andrew C. Keys

February 26, 2024

Signature

Date

Andrew C. Keys Interim City Manager

Print Name and Title

Approved as to Form:
Katie O. Lucchesi
KATIE O. LUCCHESI
City Attorney

ATTEST:

Olivia Nashed
OLIVIA NASHED
City Clerk

SCHEDULE OF BENEFITS

Chiropractic Benefit

Your Employer Group has contracted with Landmark Healthplan of California, Inc. (Landmark) to provide you with a chiropractic benefit that requires the use of Participating Chiropractors. You can obtain a directory of Participating Chiropractors through your employer, plan administrator, or Landmark, or you can access a continuously updated directory on Landmark's Web site at www.LHP-CA.com under the "Member" option. You may also call Landmark's Customer Service Department at 1-800-298-4875, option 2, for referrals to Participating Practitioners in your area

FREE LANGUAGE ASSISTANCE IS AVAILABLE

If you need help in understanding your Landmark chiropractic benefits or need help to handle an issue about your benefits, please contact Landmark's Customer Service Department at 1-800-298-4875, option 2, between 8:30 AM and 5:00 PM, Monday through Friday, for free help. We can also help you in languages other than English.

If you or your dependents would like Landmark and your doctor to use a specific language when speaking or writing to you, please go to <https://www.LHP-CA.com/Survey.aspx> on the Internet and complete Landmark's brief language preference survey. The survey only takes about 3 minutes to complete and your answers will be strictly confidential. If you prefer to complete a paper copy of this survey, you may request one by writing to us at:

Landmark Healthplan of California, Inc.
Attn: QM Dept. - SURVEY
2629 Townsgate Road, Suite 235
Westlake Village, CA 91361

Benefits and Co-payments	
Office Visit	\$10 co-payment
Maximum Annual Visits	40 visits
X-ray Services*	\$75 annual maximum benefit
Emergency Care**	Same co-payment as office visit
Durable Medical Equipment Purchase or Rental***	\$50 annual maximum benefit

*X-ray Services must be prescribed by a Participating Chiropractor.

**Services provided by Non-Participating Chiropractors are covered for Emergency Services only.

***Durable Medical Equipment must be prescribed by a Participating Chiropractor.

A. Covered Services

1. Chiropractic Treatment

Covered Chiropractic Services are those within the scope of chiropractic care that are supportive to help Members achieve the physical state enjoyed before an injury or illness and that are furnished for the diagnosis and/or treatment of a neuromusculoskeletal condition associated with an injury or illness including the following services:

- Examinations
- Manipulation
- Conjunctive Physiotherapy
- X-rays
- Emergency Services

2. Emergency Services

Emergency Services are covered for the sudden and unexpected onset of an acute illness, extreme neuromusculoskeletal pain or accidental injury to the nervous, musculoskeletal and/or skeletal body systems, that, in the reasonable judgment of the Member, requires immediate care, the delay of which could decrease the likelihood of maximum recovery, and for which the Member seeks to secure chiropractic services immediately after the onset, or as soon thereafter as practicable. Emergency Services do not require pre-authorization; however, Emergency Services rendered by a Non-Participating Chiropractor are subject to Landmark's determination

Signature:


Janelle Krafttigger (Dec 29, 2025 17:44:50 PST)

Email: jkrattiger@lodi.gov

that the Member would reasonably have considered that Emergency Services were required.

Emergency Services rendered by a Non-Participating Chiropractor are covered only when the chiropractor rendering services can show that the services were for a neuromusculoskeletal condition and were provided to reduce the severity of the condition including pain until a Participating Chiropractor could safely assume treatment. Similarly, Emergency Services received outside of Landmark's Service Area will be covered only when the Non-Participating Chiropractor rendering services can show that the services were for a neuromusculoskeletal condition and were provided to reduce the severity of the condition including pain until a Participating Chiropractor could safely assume treatment. Under the Landmark Plan, emergency care must be transferred to a Participating Chiropractor as soon as such transfer would not create an unreasonable risk to the Member's health.

B. Second Opinions and Referrals

1. Second opinions

On occasion, a Participating Chiropractor may require a second opinion, which is for consultation only, from another chiropractor. Landmark does not require an authorization for any second opinion. Second opinions initiated by your Participating Chiropractor will not count against your maximum annual visits and will not require a Member office visit co-payment.

Second opinions initiated by Members do not require prior authorization but will count against the maximum annual visits and will require a Member office visit co-payment.

2. Referrals to non-chiropractic practitioners

For referrals to non-chiropractic practitioners, Members or enrollees of full-service plans or HMOs will be referred to the plan or HMO practitioner network for non-neuromusculoskeletal conditions, conditions not improving with chiropractic care, and other such services that cannot be provided by another Participating Chiropractor.

C. Limitations and Exclusions

Circumstances Causing Services to be Excluded or Limited

1. Services provided by a Non-Participating Chiropractor, except for emergencies
2. Services provided outside of Landmark's Service Area, except for emergencies
3. Services incurred prior to the beginning or after the end of coverage
4. Services that exceed the maximum covered visits for the benefit year

5. X-ray services that exceed the annual maximum benefit
6. Charges incurred for missed appointments
7. Educational programs
8. Pre-employment, school entrance, or athletic physical exams
9. Services for conditions arising out of employment, including self-employment or covered under any workers' compensation act or law
10. Services for any bodily injury arising from or sustained in an automobile accident that is covered under an automobile insurance policy
11. Charges for which the Member is not legally required to pay
12. Services rendered by a person who ordinarily resides in the Member's home or who is related to the Member by marriage or blood.

Specific Services that are Excluded or Limited

1. Drugs, vitamins, nutritional supplements, or herbs
2. Experimental or investigational services
3. Vocational, or long-term rehabilitation
4. Hypnotherapy, behavior training, sleep therapy, or biofeedback
5. Rental or purchase of Durable Medical Equipment (DME)
6. Treatment primarily for purposes of weight control
7. Lab services
8. Thermography, hair analysis, heavy metal screening, or mineral studies
9. Transportation costs, including ambulance charges
10. Inpatient services
11. Massage
12. Manipulation under anesthesia
13. Services related to diagnosis and treatment of jaw joint or TMJ disorders
14. Treatment of non-neuromusculoskeletal disorders
15. Advanced diagnostic services, such as MRI, CT, EMG, SEMG, and NCV