AMENDMENT #5
to the
ARIZONA PIPE TRADES HEALTH AND WELFARE TRUST FUND
Summary Plan Description (SPD)/Plan Rules and Regulations
for Active Employees and Non-Medicare Retirees
Amended, restated and effective June 1, 2018

Effective January 1, 2020 the Summary Plan Description/Plan Rules and Regulations are amended as noted below:

Article XVI: Medical Plan Benefits, in the "Open Access Plus Medical Plan Benefits" chapter, the section "Prior Authorization/Pre-Authorized" is amended to delete the text in strikethrough and add the text in italics on pages 20 and 21:

Prior Authorization/Pre-Authorized

The term Prior Authorization means the approval that a Participating Provider must receive from the Review Organization, prior to services being rendered, in order for certain services and benefits to be covered under this policy.

Services that require Prior Authorization include, but are not limited to:

- inpatient Hospital services, except for 48/96 hour maternity stays;
- *inpatient services at any participating Other Health Care Facility*
- *home infusion therapy*
- *private duty nursing*
- *medical injectables*
- *radiation therapy*
- *medical oncology*
- *gene therapy services*
- ~~inpatient services at any participating Other Health Care Facility~~
- ~~residential treatment;~~
- ~~outpatient facility services**;~~
- ~~Partial Hospitalization**;~~
- ~~intensive outpatient programs**;~~
- ~~advanced radiological imaging**;~~
- ~~non-emergency ambulance;~~
- ~~certain Medical Pharmaceuticals; or~~
- *inpatient* transplant services.

~~** certification no longer required as of 9-1-17~~

Article XVI: Medical Plan Benefits, in the "Open Access Plus Medical Plan Benefits" chapter, The Schedule is amended to add the following new row to proceed the "Bereavement Counseling" row on page 14, as shown in italics:

BENEFIT HIGHLIGHTS OF THE OPEN ACCESS PLUS MEDICAL PLAN	IN-NETWORK	OUT-OF-NETWORK
Gene Therapy *Includes prior authorized gene therapy products and services directly related to their administration, when Medically Necessary.* *Gene therapy must be received at an In-Network facility specifically contracted with Cigna to provide the specific gene therapy. Gene therapy at other In-Network facilities is not covered.*		
Gene Therapy Product	*Covered same as Medical Pharmaceuticals*	*Not Covered*
Inpatient Facility	*80%*	*Not Covered*
Outpatient Facility	*80%*	*Not Covered*
Inpatient Professional Services	*80%*	*Not Covered*
Outpatient Professional Services	*80%*	*Not Covered*
Travel Maximum: *$10,000 per episode of gene therapy*	*100% (available only for travel when prior authorized to receive gene therapy at a participating In-Network facility specifically contracted with Cigna to provide the specific gene therapy)*	*Not Covered*

Article XVI: Medical Plan Benefits, in the "Open Access Plus Medical Plan Benefits" chapter, the section "Covered Expenses" is amended to add the text in italics following the paragraph on "Medical Pharmaceuticals" on page 29:

Gene Therapy

Charges for gene therapy products and services directly related to their administration are covered when Medically Necessary. Gene therapy is a category of pharmaceutical products approved by the U.S. Food and Drug Administration (FDA) to treat or cure a disease by:

- *replacing a disease-causing gene with a healthy copy of the gene.*
- *inactivating a disease-causing gene that may not be functioning properly.*
- *introducing a new or modified gene into the body to help treat a disease.*

Each gene therapy product is specific to a particular disease and is administered in a specialized manner. Cigna determines which products are in the category of gene therapy, based in part on the nature of the treatment and how it is distributed and administered.

Coverage includes the cost of the gene therapy product; medical, surgical, and facility services directly related to administration of the gene therapy product; and professional services.

Gene therapy products and their administration are covered when prior authorized to be received at In-Network facilities specifically contracted with Cigna for the specific gene therapy service. Gene therapy products and their administration received at other facilities are not covered.

Gene Therapy Travel Services

Charges made for non-taxable travel expenses incurred by you in connection with a prior authorized gene therapy procedure are covered subject to the following conditions and limitations.

Benefits for transportation and lodging are available to you only when you are the recipient of a prior authorized gene therapy; and when the gene therapy products and services directly related to their administration are received at a participating In-Network facility specifically contracted with Cigna for the specific gene therapy service. The term recipient is defined to include a person receiving prior authorized gene therapy related services during any of the following: evaluation, candidacy, event, or post care.

Travel expenses for the person receiving the gene therapy include charges for: transportation to and from the gene therapy site (including charges for a rental car used during a period of care at the facility); and lodging while at, or traveling to and from, the site.

In addition to your coverage for the charges associated with the items above, such charges will also be considered covered travel expenses for one companion to accompany you. The term companion includes your spouse, a member of your family, your legal guardian, or any person not related to you, but actively involved as your caregiver who is at least 18 years of age.

The following are specifically excluded travel expenses: any expenses that if reimbursed would be taxable income, travel costs incurred due to travel within 60 miles of your home; food and meals; laundry bills; telephone bills; alcohol or tobacco products; and charges for transportation that exceed coach class rates.

Article XVI: Medical Plan Benefits, in the "Prescription Drug Benefits" chapter, "The Schedule" is amended to add the following text in italics to the schedule on page 31:

Prescription Drug Products at Retail *Designated Cigna 90 Now* Pharmacies (90-day supply)	**The amount you pay for up to a consecutive 90-day supply at a ~~Network~~ *Designated Cigna 90 Now* Pharmacy**	**The amount you pay for up to a consecutive 90-day supply at a ~~non-Network~~ *non-Designated Cigna 90 Now Pharmacy***
Certain Specialty Prescription Drug Products are only covered when dispensed by a home delivery Pharmacy, after 1 fill of the Specialty Prescription Drug Product at a retail Pharmacy.		
Specialty Prescription Drug Products are limited to up to a consecutive 30-day supply per Prescription Order or Refill. Note: Excludes all Walmart Pharmacies		
Note: In this context, a retail Designated Cigna 90 Now Pharmacy is a retail Network Pharmacy that has contracted with Cigna for dispensing of covered Prescription Drug Products, including Maintenance Drug Products, in 90-day supplies per Prescription Order or Refill.		
Tier 1		
Generic Drugs on the Prescription Drug List	20%, subject to a maximum of $10	40%
Tier 2		
Brand Drugs designated as preferred on the Prescription Drug List	20%	40%
Tier 3		
Brand Drugs designated as non-preferred on the Prescription Drug List	20%	40%
Tier 4		
Self-Administered Injectable Drugs (e.g. injectable drugs used to treat rheumatoid arthritis, hepatitis C, multiple sclerosis, asthma)	Not covered	Not covered

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This Amendment #5 to the 2018 Arizona Pipe Trades Health & Welfare Trust Summary Plan Description/Plan Rules and Regulations for Active Employees and Non-Medicare Retirees was duly adopted by the Board of Trustees at a meeting held on _____.

DocuSigned by:
Larry Lawrence
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Chairman

DocuSigned by:
Mick Garcia
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Secretary