

AMENDMENT #16
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 July 1, 2024, the Summary Plan Description/Plan Rules and Regulations are amended as noted below:

Article V: Health Reimbursement Arrangement (HRA), Section 2, subsection a is amended as follows to add the text in italics and delete the text in strike-through:

Section 2. Benefits Offered and Method of Funding.

- a. **Benefits Offered.** When an Active Employee or COBRA Participant becomes an HRA Participant, an HRA Account will be established for such HRA Participant to receive contributions actually made with respect to his/her employment for the purpose of providing benefits in the form of reimbursements for:
- (1) COBRA premiums and non-COBRA reduced self-payment Participants, as described in Section 3, and
 - (2) for COBRA Participants and non-COBRA reduced self-payment Participants medical care expenses under IRC Section 213, except those expenses excluded under Section 8 of this Article.
 - (3) medical care expenses that meet the definition of “medical care” under Internal Revenue Code §213, except those expenses excluded under Section 8 of this Article; and
 - (4) for Active Employees and their Dependents: certain emergency situation Medical Care Expenses (defined below), in accordance with medical care expenses under IRC Section 213, except those expenses excluded under Section 8 of this Article, and,

NOTE: ~~Participants must meet an aggregate threshold of \$250 in Medical Care Expenses before the Plan will pay/reimburse any expense under this HRA Plan, as described in Section 4 of this Article.~~

Benefits will be provided up to the unused amount in the HRA Participant’s HRA Account, as set forth and adjusted under ~~sub-section 4e~~ **Section 3(e)** below, provided a claim for such benefits is submitted in the appropriate manner, as determined by the Board of Trustees.

In no event shall benefits be provided in the form of cash or any other taxable or nontaxable benefit other than reimbursement for Medical Care Expenses. The HRA Participant’s HRA Account shall not accrue interest.

Article V: Health Reimbursement Arrangement (HRA), Section 3, subsections a and b are amended as follows to add the text in italics and delete the text in strike-through:

Section 3. HRA Benefits.

a. **Benefits.** The Plan will reimburse the following HRA benefit expenses:

- (1) COBRA premiums and non-COBRA reduced self-payments; and
- (2) for COBRA Participants and non-COBRA reduced self-payment Participants, medical care expenses under IRC Section 213, except those expenses excluded under Section 8 of this Article.
- (3) medical care expenses that meet the definition of “medical care” under Internal Revenue Code §213, except those expenses excluded under Section 8 of this Article; and
- (4) for Active Employees and their Dependents: certain emergency situation Medical Care Expenses (defined below), in accordance with medical care expenses under IRC Section 213, except those expenses excluded under Section 8 of this Article.

NOTE: ~~Participants must meet an aggregate threshold of \$250 in Medical Care Expenses before the Plan will pay/reimburse any expense under this HRA Plan, as described in Section 4 of this Article.~~

Benefits will be provided up to the unused amount in the HRA Participant’s HRA Account, provided a claim for such benefits is submitted in the appropriate manner, as determined by the Board of Trustees.

Emergency Provisions for an Active Employee and his or her Dependents:

The use of accumulated HRA funds by an Active Employee to pay for Medical Care Expenses of that Active Employee or his/her Dependents will be permitted **in an emergency situation**, which is properly documented and approved by the Plan. An “**emergency situation**” is one in which the Active Employee or his/her Dependents **are required to pay deductibles/copays/coinsurance in advance of receiving urgent medical treatment or services**. The HRA funds must be used for reimbursement of the Active Employee’s or his/her Dependent’s Medical Care Expenses (in accordance with Code §105 and 213(d)) and this Plan. Contact the Administrative Office for details.

b. **Medical Care Expenses and How to File a Claim for HRA benefits.** An HRA Participant may receive reimbursement for eligible Medical Care Expenses (as defined in Section 1(b)(7)), provided a claim for such benefits is ~~submitted in the form made as~~ prescribed ~~by~~ the Board of Trustees and there are adequate funds in the HRA to reimburse part or all of such claim. An HRA Reimbursement Request form is available from the Administrative Office.

- (1) **Incurred.** Except when it is an “emergency situation” as defined above, a Medical Care Expense is incurred at the time the medical care or service giving rise to the expense is furnished, and not when the individual incurring the expense is formally billed for, is

charged for, or pays for the medical care. Medical Care Expenses incurred before an HRA Participant first becomes covered by the Plan are not eligible.

However, a Medical Care Expense incurred during one Plan Year may be paid during a later Plan Year, provided that the HRA claim was submitted timely.

- (2) **How to File a Claim for HRA benefits.** *Claims for HRA benefits may be made by using your benefit reimbursement card or filing an HRA Reimbursement Request form with the Administrative Office. HRA Reimbursement Request forms are available from the Administrative Office or the Fund's website. Claims for HRA benefits must be submitted within two years from the date of service.*
- (3) **Medical Care Expenses Exclusions.** "Medical Care Expenses" shall not include the expenses listed as exclusions under the Exclusions Section of this Article.
- (4) **Cannot Be Reimbursed or Reimbursable from Another Source.** Medical Care Expenses can only be reimbursed to the extent that the Active Employee or his/her Dependents incurring the expense is not reimbursed for the expense through the Medical Plan, other insurance, or any other accident or health plan (if the other health plan is a Health FSA). If only a portion of a Medical Care Expense has been reimbursed elsewhere (e.g., because the Plan imposes Copayment or Deductible limitations), the HRA can reimburse the remaining portion of such expense if it otherwise meets the requirements herein.

Article V: Health Reimbursement Arrangement (HRA), Section 4, is amended as follows to add the text in italics and delete the text in strike-through:

Section 4. Reimbursement Procedure.

- a. *Benefit Reimbursement Card. HRA Participants may access their HRA Account by using a prepaid debit card consistent with procedures adopted by the Board of Trustees. HRA Participants will receive two prepaid debit cards at their home address for their use and the use of their eligible dependents. The cards will be loaded with the value of the Participant's HRA Account as it becomes available and will automatically deduct the amount of eligible Medical Care Expenses purchased. To use the card, simply swipe the card each time you incur a qualified health care expense, and the amount of the purchase will automatically be deducted from the HRA Account. It is also possible to fill in the card number on bills received from providers to pay the amount owed. Using the card means that there are generally no claim forms to complete and no wait to get a reimbursement check in the mail. HRA Account balances and details can be checked online.*

The IRS requires the card be used only for eligible medical care expenses, so the card will not work at gas stations or restaurants – only at health care-related providers. Most of the time, the swipe of the card automatically allows the verification of the eligibility of the expense being purchased. However, in certain situations, the HRA Participant may receive a request for an itemized receipt to verify the expense. Receipts must be submitted as soon as possible to avoid suspension of the card.

For additional information on the benefit reimbursement card, please refer to the FAQ Documents posted on the Fund's website or contact the Administrative Office.

ab. Timing of Reimbursement Claims. Within thirty (30) days after receipt by the Administrative Office of a reimbursement claim from an HRA Participant, the Administrative Office will reimburse the HRA Participant for appropriate Medical Care Expenses, or the Administrative Office will notify the HRA Participant that his/her claim has been denied.

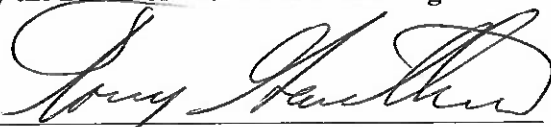
This time period may be extended for an additional fifteen (15) days for matters beyond the control of the Administrative Office, including in cases where a reimbursement claim is incomplete. The Administrative Office will provide written notice of any extension, including the reasons for the extension, and will allow the HRA Participant forty-five (45) days in which to complete an incomplete reimbursement claim.

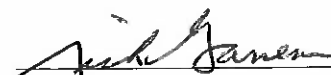
bc. Claims Substantiation. An HRA Participant who seeks benefits may apply for reimbursement by submitting an application, called an HRA Reimbursement Request, in writing to the Administrative Office in such form as the Board of Trustees may prescribe, but **no later than two years from the date of service** on the claim, setting forth:

- (1) the person or persons on whose behalf Medical Care Expenses have been incurred;
- (2) the nature and date of the Medical Care Expenses so incurred;
- (3) the amount of the requested reimbursement; and
- (4) a statement that such Medical Care Expenses have not otherwise been reimbursed and are not reimbursable through any other source and that Health FSA coverage, if any, for such Medical Care Expenses has been exhausted. The application shall be accompanied by bills, invoices, or other statements from an independent third-party showing that the Medical Care Expenses have been incurred, payment is due and the amounts of such Medical Care Expenses, together with any additional documentation that the Administrative Office may request. **No claim for reimbursement may be made unless and until the aggregate claims for reimbursement is at least \$250.**
- (5) The Board of Trustees may waive the time deadline of two years from the date of service on the claim for good cause.

d. Claims Denied. For reimbursement claims that are denied, see the appeals procedure in Article VIII on Claim Filing and Appeals Procedures.

This Amendment #16 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 March 31, 2025.


Chairman


Secretary