

**AMENDMENT #6**  
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

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**Effective March 18, 2020 the Summary Plan Description/Plan Rules and Regulations are amended as noted below:**

**Article I: General Definitions** is amended to add the following new definitions as shown in italics and to renumber all proceeding definitions:

**Section 9:** The term “**Covered Person(s)**” is used in the Medical Plan Benefits Article of this document to refer to an Employee, Early Retiree or Dependent who is eligible enrolled for coverage under the Medical plan.

**Section 10:** The term “**COVID-19 Related Services**” is used in the Medical Plan Benefits Article of this document to refer to items and services furnished to individuals during provider office visits (whether in-person or via telehealth), urgent care visits, and emergency room visits that result in an order for, or the administration of, the COVID-19 Test, including the administration of such test, but only to the extent such items or services relate to the furnishing or administration of the test or the evaluation of whether the person needs the test. In addition, any and all services and/or supplies that are medically necessary treatment of the condition COVID-19.

- The term “**COVID-19 Test**” means Diagnostic tests to detect the virus that causes COVID-19 and detect COVID-19 virus antibodies:
  - that are approved, cleared or authorized by the certain sections of the Federal Food, Drug and Cosmetic Act (the Drug Act);
  - for which the developer has requested, or intends to request, emergency use authorization under the Drug Act (and where such authorization has not been denied);
  - developed in and authorized by a State that has notified HHS of its intention to review tests to diagnose COVID-19; or
  - not previously mentioned that are determined appropriate by HHS.
- The term “**Emergency Period**” is used in the Medical Plan Benefits Article of this document to refer to any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) of the Social Security Act (42 U.S.C. 1320b-5(g)), beginning on or after March 18, 2020, namely, the period during which there exists an emergency or disaster declared by the President pursuant to the National Emergencies Act or the Robert T. Stafford Disaster Relief and Emergency Assistance Act and a public health emergency declared by the Secretary pursuant to section 247d of the Social Security Act.

**Section 10 11:** The term “**Dentist**” means a Dentist licensed to practice Dentistry in the state in which the Dentist renders treatment.

**Article XVI: Medical Plan Benefits, “Open Access Plus Medical Plan Benefits” chapter, The Schedule is amended to add the following new text to the “Calendar Year Deductible” row, to as shown in italics:**

BENEFIT HIGHLIGHTS OF THE OPEN ACCESS PLUS MEDICAL PLAN	IN-NETWORK	OUT-OF-NETWORK
<p><b>Calendar Year Deductible</b></p> <p>Individual</p> <p>Family Maximum</p> <p>Family Maximum Calculation <b>Individual Calculation:</b> Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.</p> <p>(Deductible does not apply to urgent care facility services, and these in-network services: outpatient professional fees for radiology and pathology services, acupuncture services and chiropractic service office visits.)*</p> <p><i>Services related to COVID-19 testing, diagnosis and treatment will <u>not</u> be subject to the Deductible beginning on March 18, 2020 and through 60 days after the end of the Emergency Period during which the federal government has announced a public health emergency.</i></p>	<p>\$1,000 per person</p> <p>\$2,000 per family</p>	<p>\$1,000 per person</p> <p>\$2,000 per family</p>

**Article XVI: Medical Plan Benefits, “Open Access Plus Medical Plan Benefits” chapter, The Schedule is amended to add the following new text to the “Physician’s Services” row to as shown in italics:**

BENEFIT HIGHLIGHTS OF THE OPEN ACCESS PLUS MEDICAL PLAN	IN-NETWORK	OUT-OF-NETWORK
<b>Physician’s Services</b>		
Primary Care Physician’s Office Visit	80%	60% after plan deductible
Specialty Care Physician’s Office Visits	80%	60% after plan deductible
<i>Virtual/Telephonic Physician’s Office Visits*</i>	<i>80%</i>	<i>In-Network coverage only</i>
Consultant and Referral Physician’s Services		
<b>Note:</b> OB/GYN providers will be considered either as a PCP or Specialist, depending on how the provider contracts with CIGNA.		
<p><i>* Effective March 18, 2020 and through 60 days after the end of the Emergency Period during which the federal government has announced a public health emergency for COVID-19, telephone calls and virtual visits for covered services performed by In-Network providers are payable.</i></p>		
Surgery Performed in the Physician’s Office	80% after plan deductible	60% after plan deductible
Second Opinion Consultations (provided on a voluntary basis)	80% after plan deductible	60% after plan deductible
Allergy Treatment/Injections	80% after plan deductible	60% after plan deductible
Allergy Serum (dispensed by the Physician in the office)	80% after plan deductible	60% after plan deductible

**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 “Out-of-Pocket Maximum” row on page 14, as shown in italics:**

BENEFIT HIGHLIGHTS OF THE OPEN ACCESS PLUS MEDICAL PLAN	IN-NETWORK	OUT-OF-NETWORK
<b><i>COVID-19 Testing, Diagnosis, and Treatment Related Services</i></b>		
<i>Physician's Services</i>	<i>No charge</i>	<i>No charge</i>
<i>In-person Office visits</i>	<i>No charge</i>	<i>No charge</i>
<i>Virtual/Telephonic Office Visits</i>	<i>No charge</i>	<i>No charge</i>
<b><i>Telemedicine Services</i></b>	<b><i>No charge</i></b>	<b><i>No charge</i></b>
<b><i>Inpatient Hospital Facility and Professional Services</i></b>	<b><i>No charge</i></b>	<b><i>No charge</i></b>
<b><i>Urgent Care Services</i></b>	<b><i>No charge</i></b>	<b><i>No charge</i></b>
<b><i>Emergency Services</i></b>	<b><i>No charge</i></b>	<b><i>No charge</i></b>
<b><i>Laboratory and Radiology Services</i></b>	<b><i>No charge</i></b>	<b><i>No charge</i></b>
<i>Coverage of services related to COVID-19 testing, diagnosis and treatment is effective only for services received on or after March 18, 2020 and through 60 days after the Emergency Period during which the federal government has announced a public health emergency for COVID-19.</i>		

**Article XVI: Medical Plan Benefits, in the “Open Access Plus Medical Plan Benefits” chapter, the section “Exclusions, Expenses Not Covered and General Limitations” is amended to add the following new text in italics on page 38:**

- medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a non-Participating Provider.
- medical treatment when payment is denied by a Primary Plan because treatment was received from a non- Participating Provider.
- for or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- telephone, internet consultations, and telemedicine.\*

***\*NOTE: Effective March 18, 2020 and through 60 days after the end of the Emergency Period during which the federal government has announced a public health emergency for COVID-19, telephone calls and virtual visits for covered services performed by In-Network providers are payable. Such services are subject to the normal deductible, copayment, and coinsurance provisions of the Plan, on the same basis as a face-to-face visit.***

- massage therapy.
- abortions, unless a Physician certifies in writing that the pregnancy would endanger the life of the mother, or the expenses are incurred to treat medical complications due to abortion.

**Effective July 23, 2020 the Summary Plan Description/Plan Rules and Regulations are amended as noted below:**

**In the Summary of Benefits chapter, the Schedule of Weekly Disability Benefits is amended to add the text in italics and delete the text in strike-through:**

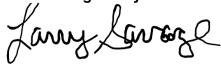
<b>Schedule of Weekly Disability Benefits</b> This is a brief overview. For more complete information on these benefits refer to Article III.	
<b>Weekly Benefit</b>	
<b>Duration of Disability Benefit</b>	\$500 per week  Up to 26 weeks  <i>*If you test positive for COVID-19, you may be eligible for weekly disability benefits for up to four (4) weeks from the date of your positive COVID-19 diagnosis. Weekly disability benefits beyond the four-week period would require additional certification from your physician. Contact the Administrative Office for more information.</i>
<b>When Payment Begins</b>	Payment begins with the 1 <sup>st</sup> day of disability due to an accident; on the 8 <sup>th</sup> day of disability due to sickness (however, for a sickness for which the Eligible Active Employee is absent from work for more than 7 days, payment will be made from the first day of the absence)

**In Article III: Death, Accidental Death and Dismemberment and Weekly Disability Benefits, Section 5: "Accidental and Sickness Benefit (Non-Occupational Weekly Disability Benefits Only)", is amended to add the following new subsection "(g)" as shown in italics:**

- (f) **To file a request for disability benefits**, obtain a Weekly Disability Statement Of Claim form from the Administrative Office or from the Fund's website at [www.azpipe.org](http://www.azpipe.org). A request for disability benefits must be submitted to the Plan within two years of the date of the onset of the disability. No Plan benefits will be paid for any claim not submitted within this period.
- (g) *If you test positive for COVID-19, you may be eligible for weekly disability benefits for up to four (4) weeks from the date of your positive COVID-19 diagnosis. Weekly disability benefits beyond the four-week period would require additional certification from your physician. Contact the Administrative Office for more information.*

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This Amendment #6 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 February 25, 2021.

DocuSigned by:  
  
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 Chairman

  
 Jennifer Jones  
 Secretary