

**Amendment No. 12 to the
Local Union No. 9 IBEW and Outside Contractors
Active Employees Health and Welfare Plan
Plan Document and Summary Plan Description
(2021 Edition)**

In accordance with the amendment and termination provision of the Local Union No. 9, IBEW and Outside Contractors Health & Welfare Fund Plan Document and Summary Plan Description 2021 Edition (“Plan”), as stated on page 76 of the Plan, the Fund has adopted the following changes, effective January 1, 2025.

1. In the *Schedule of Benefits for Active Employees and their Spouses and Dependents as of January 1, 2025*, the “Health Reimbursement Account” row is revised to read as follows:

Medical Benefits	PPO Provider	Non-PPO Provider
Health Reimbursement Account	While an Active Employee (not retired), once your HRA Account balance exceeds \$2,500, you may use the amount over \$2,500 to pay Deductibles, copayments, coinsurance, and other Qualified Medical Care Expenses for you and your Eligible Spouse and Dependents. The entire HRA Account balance will remain available for reimbursement of Qualified Medical Care Expenses to you or your Eligible Spouse and Dependents after you retire or die.	

2. In the *Schedule of Benefits for Active Employees and their Spouses and Dependents*, the “Emergency Room” row is revised to read as follows:

Medical Benefits	PPO Provider	Non-PPO Provider
Emergency Room	You pay \$75 per visit (waived if admitted), then after Deductible Plan pays 90%	You pay \$75 per visit (waived if admitted), then after you meet the \$200 Deductible, Plan pays 90% of Allowable Charges

3. In the *Schedule of Benefits for Active Employees and their Spouses and Dependents as of January 1, 2025*, the “Benefit Maximum (Aggregate) (For individuals over age 18)” row is revised to read as follows:

Hearing Benefits	PPO Provider	Non-PPO Provider
Benefit Maximum (Aggregate) <i>(For individuals over age 18)</i>	\$4,000 per person once in every five year period	\$4,000 per person once in every five year period

4. In the *Schedule of Benefits for Active Employees and their Spouses and Dependents as of January 1, 2025*, the “Smoking Cessation” row under the Prescription Drug Benefits section is revised to read as follows:

Prescription Drug Benefits	Participating Pharmacy	Non- Participating Pharmacy
Smoking Cessation Medications	100%	

5. In the *Schedule of Benefits for Active Employees and their Spouses and Dependents as of January 1, 2025*, the following Dental Benefits rows are revised to read as follows:

Dental Benefits	Coverage
Calendar Year Maximum	The Plan covers up to \$3,500 per person (excluding orthodontia). There is no maximum for dependent children under age 19 for their dental exam and dental services.
Orthodontic Maximum	The Plan covers up to \$5,000 per person per lifetime (paid monthly as long as the Participant remains eligible under the Plan).
Dental Implants	The Plan pays 80% up to the \$3,500 Dental Benefit Calendar Year Maximum stated above.

6. In the *Schedule of Benefits for Active Employees and their Spouses and Dependents as of January 1, 2025*, the “Frame Allowance (Retail)” row and “Standard lenses in lieu of eyeglasses” row under the Vision Benefits section are revised to read as follows:

Benefit	In-Network	Out-of-Network
Frames		
Frame Allowance (Retail)	Up to \$400	Up to \$70

Contact Lenses - Allowances		
Standard lenses in lieu of eyeglasses	Up to \$400 / \$0 Copay	Up to \$105

7. In the *Schedule of Benefits for Active Employees and their Spouses and Dependents as of January 1, 2025*, the following rows under the Disability & Death Benefits (Employee Only) section are revised to read as follows:

Disability & Death Benefits (Employee Only)	Benefit
Loss of Time Benefit Non-Occupational Benefit	\$600 per week (Monday through Friday), \$1,000 per week (Monday through Friday) in connection with a birth for six weeks for a traditional delivery and eight weeks for a cesarean section delivery. This benefit takes effect immediately upon the child's birth. Available for Participants only, not Dependent Spouses or Children.
Occupational Benefit Maximum Benefit	\$100 per week (Monday through Friday) 26 weeks
Death Benefit	Member: \$100,000 (first \$50,000 is insured and not taxable. The \$50,000 increase is self-funded and taxable) Dependent Spouse: \$5,000 (self-funded and taxable) Dependent Children: \$2,500 per child (self-funded and taxable)

8. In the Covered Medical Benefit Expenses section, page 19, the items related to routine colonoscopies are revised into one bullet reading as follows:
- **Charges for routine colonoscopies and sigmoidoscopies for Participants** subject to current United States Preventive Services Task Force (USPSTF) guidelines.

9. In the Covered Medical Benefit Expenses section, page 19, a new bullet is added under the “Dental treatment” item, reading as follows:
- Oral surgery. Oral Surgery includes surgical removal of teeth or multiple extractions requiring Hospital Confinement, removal of impacted teeth, soft tissue, bone graft, alveolectomy, gingivectomy, apicoectomy, torus palatines, torus mandibulosis, frenectomy, excision of cysts, osteoplasty, and stomatoplasty.
10. In the Covered Medical Benefit Expenses section, page 20, the first sentence of the “Maternity Benefits” item is revised to read as follows:
- Maternity services and supplies for your or your covered Spouse or Dependent Child’s pregnancy and pregnancy-related conditions.
- In addition to the above, the Plan provides a \$1,000 weekly Loss of Time maternity benefit in connection with a birth for active eligible female Employees. The benefit is payable for eight (8) weeks for a traditional delivery and twelve (12) weeks for a cesarean section delivery. This benefit takes effect immediately upon the child’s birth. Available for Participants only, not Dependent Spouses or Children.
11. In the Covered Medical Benefit Expenses section, page 21, the callout box related to LASIK surgery is revised to read as follows:
- LASIK surgery is covered under the Plan’s medical benefits, subject to the Plan’s Deductible and Coinsurance provisions for Employees and Spouses only.
12. In the Wellness Benefits section, beginning on page 22, the following new item is added:
- Screenings for gestational diabetes.
13. In the Dental Benefits section, page 28, the Example box is revised to read as follows:
- Jake is single and receives treatment for covered dental services in October of 2025. As of December 31, the Plan paid \$1,100 on Jake’s behalf for covered dental services. In the following January, he undergoes follow-up dental treatment for the same condition he was treated for in October. Before applying covered services to his new Dental Benefit maximum for the year beginning in January, the Plan will exhaust Jake’s \$2,400 balance from the previous year (\$3,500 maximum - \$1,100 paid out in the previous Calendar Year for covered dental services).
14. In the Covered Dental Benefit Expenses section, page 28, the “Oral Surgery” item is removed.
15. In the Vision Benefits section, page 32, the second to last sentence in the “When you need vision care...” box is revised to read as follows:
- LASIK surgery is covered under the Plan’s medical benefits for the Employee and Spouse only (no Dependent Children) and is subject to the Plan’s Deductible and Coinsurance provisions. The VSP program offers discounts on LASIK surgery.

16. The “In the Event of Your Disability or Death” section on page 33 is amended to revise the following items under “Benefits” as follows:

Benefits

The amount of the benefit is:

- \$600 per week (Monday through Friday) for up to 26 weeks for a total disability caused by a non-occupational accidental illness or injury whether or not actively employed by a Contributing Employer at the time that the disability occurred; or
- \$1,000 per week (Monday through Friday) for up to eight weeks from the date of delivery for a traditional birth or up to twelve weeks from the date of delivery for a cesarean birth (available for Participants only, not Dependent Spouses or Children); or

17. The “Death Benefit” section on page 34 is amended to remove the parentheses stating it is only applicable to employees and the section title will now read as follows:

DEATH BENEFIT

18. In the General Plan Exclusions and Limitations section page 36, item 9 related to LASIK surgery is revised to read as follows:

9. For corrective eye surgery, except that LASIK surgery is covered under the Plan’s medical benefits for Employees and Spouses only.

19. In the General Plan Exclusions and Limitations section, page 38, item 30 related to excluding pregnancy-related care for anyone other than an Employee or Spouse is deleted in its entirety.

20. In the Health Reimbursement Arrangement section, page 40, under “Overview of How the HRA Account Works,” the third paragraph is revised to read as follows:

While an Active Employee (not retired), once your HRA Account balance exceeds \$2,500, you may use the amount over \$2,500 to pay deductibles, copayments, coinsurance, and other Qualified Medical Care Expenses (as defined below). The entire HRA Account balance will be available for reimbursement of Qualified Medical Care Expenses to you or your Eligible Spouse and Dependents after you retire or die.

21. In the “Administration of the HRA Account” section, page 45, the “Available Amount” paragraph is revised to read as follows:

Available Amount

The amount available for reimbursement of Qualified Medical Care Expenses prior to retirement is the amount credited to your HRA Account reduced by (and debited for) prior reimbursements. However, as previously noted, before retirement, your HRA Account balance must exceed \$2,500 before you can apply for reimbursement and only the excess

over \$2,500 will be available for reimbursement. After you retire, the full HRA Account balance will be available for reimbursement.

This Amendment Number 12 to the Local Union No. 9, IBEW and Outside Contractors Active Employees Health and Welfare Plan, Plan Document and Summary Plan Description (2021 Edition) was adopted by the Board of Trustees on March 12, 2025.

Employer Trustees

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