

**AMENDMENT VI TO THE PLAN DOCUMENT OF
WELFARE FUND OF ENGINEERS LOCAL 513**

Effective on July 1, 2016, the Plan Document of Welfare Fund of Engineers Local 513 Rules and Regulations Amended and Restated As of May 1, 2014, is clarified as follows:

1. Article IV Section 1 is clarified by replacing the Prescription Drug Benefit subsection with the following:

Class 4 and Class 6 Employees and Dependents		
BENEFIT	PPO COVERAGE	NON-PPO COVERAGE
Prescription Drug Benefit	Benefits provided through the MedImpact network	Benefits provided outside of the MedImpact network
Annual Out-of-Pocket Limit		
Individual	\$1,400	
Family	\$2,800	
Participant Copayment		
Retail Pharmacy (Generic and Brand Name)	30% of prescription costs	35% of prescription costs ⁵
Mail Order Program		
Generic	\$7.50 per prescription	Not covered
Brand Name	\$40 per prescription	Not covered
Specialty Drugs (90-Day Supply)	\$40 per prescription, prior authorization from MedImpact is required for specialty drugs	Not covered

⁵ Out-of-network prescription drug benefits will only be paid in cases where the Participant does not have reasonable access to an in-network source, as determined by the Board of Trustees at their discretion. The charges considered for out-of-network benefits are limited to Reasonable and Customary Charges.

2. Article IV Section 2 is clarified by replacing the Prescription Drug Benefit subsection with the following:

Retired Employees – Plan A Section 5 Employees and Dependents		
BENEFIT	PPO COVERAGE	NON-PPO COVERAGE
Prescription Drug Benefit	Benefits provided through the MedImpact network	Benefits provided outside of the MedImpact network
Annual Out-of-Pocket Limit		
Individual	\$1,200	
Family	\$2,400	

Retired Employees – Plan A Section 5 Employees and Dependents		
BENEFIT	PPO COVERAGE	NON-PPO COVERAGE
Participant Copayment		
Retail Pharmacy (Generic and Brand Name)	30% of prescription costs	35% of prescription costs ⁵
Mail Order Program Generic Brand Name	\$7.50 per prescription \$40 per prescription	Not covered Not covered
Specialty Drugs (90-Day Supply)	\$40 per prescription, prior authorization from MedImpact is required for specialty drugs	Not covered

⁵ Out-of-network prescription drug benefits will only be paid in cases where the Participant does not have reasonable access to an in-network source, as determined by the Board of Trustees at their discretion. The charges considered for out-of-network benefits are limited to Reasonable and Customary Charges.

- Article IV Section 3 is clarified by replacing the Prescription Drug Benefit subsection with the following:

Retired Employees – Plan B Employees and Dependents		
BENEFIT	PPO COVERAGE	NON-PPO COVERAGE
Prescription Drug Benefit	Benefits provided through the MedImpact network	Benefits provided outside of the MedImpact network
Annual Out-of-Pocket Limit Individual Family		\$950 \$1,900

Retired Employees – Plan B Employees and Dependents		
BENEFIT	PPO COVERAGE	NON-PPO COVERAGE
Participant Copayment		
Retail Pharmacy (Generic and Brand Name)	30% of prescription costs	35% of prescription costs ⁵
Mail Order Program Generic Brand Name	\$7.50 per prescription \$40 per prescription	Not covered Not covered
Specialty Drugs (90-Day Supply)	\$40 per prescription, prior authorization from MedImpact is required for specialty drugs	Not covered

⁵ Out-of-network prescription drug benefits will only be paid in cases where the Participant does not have reasonable access to an in-network source, as determined by the Board of Trustees at their discretion. The charges considered for out-of-network benefits are limited to Reasonable and Customary Charges.

4. Article XI Section 6 is added as follows:

SECTION 6. SPECIALTY DRUGS

Specialty drugs are prescription medications that require special handling, administration or monitoring. These drugs are used to treat complex, chronic and often costly conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.

Specialty drugs are subject to prior authorization under the Plan. Drugs subject to prior authorization require prescriber verification of specific clinical criteria to help manage the appropriate use of high-cost and/or highly utilized categories of drugs that are likely to be used for off-label indications or beyond recommended duration.

See Article IV for more detail on specialty drug coverage.

For more information about MedImpact Specialty Pharmacy, call 1-800-788-2949.

Executed by authority of the Board of Trustees:



Chairman



Secretary