

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

Effective on May 1, 2015, the Plan Document of Welfare Fund of Engineers Local 513 Rules and Regulations Amended and Restated As of May 1, 2014, is amended as follows:

1. Article IV Section 1 is amended 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	
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

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 amended 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	
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

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.

3. Article IV Section 3 is amended by replacing the Out-of-Pocket Limit subsection with the following:

Retired Employees – Plan B Employees and Dependents		
BENEFIT	PPO COVERAGE	NON-PPO COVERAGE
Annual Out-of-Pocket Limit¹		
Individual	\$5,650	
Family	\$11,300	

¹ Covered Expenses in excess of the Annual Out-of-Pocket Limit will be covered at 100% for the remainder of that Calendar Year.

4. Article IV Section 3 is amended 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	
Annual Out-of-Pocket Limit		
Individual	\$950	
Family	\$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

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.

5. Article IV Section 4 is amended by replacing the Prescription Drug Benefit subsection with the following:

Retired Employees – Group Medicare Supplement Plan F Medicare-Eligible Retirees and their Medicare-Eligible Dependents		
BENEFIT	PPO COVERAGE	NON-PPO COVERAGE
Prescription Drug Benefit	Benefits provided through the MedImpact network	
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

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.

6. Article XI Section 2 Subsection A is amended in its entirety and replaced with the following:

- A. The Board of Trustees may select, from time to time, a prescription drug network service provider, and shall inform Employees and Retirees of the provider selected, the identity of participating pharmacies and mail order service, if any, and the procedure for purchasing prescription drugs through the provider network. Effective May 1, 2015, the Fund's prescription drug service provider is MedImpact.

7. Article XI is amended by adding a new Section 6:

SECTION 6. ANNUAL OUT-OF-POCKET LIMIT

The Annual Out-of-Pocket Limit is designed to limit the amount a Participant is required to pay in each Calendar Year for Covered Expenses. If, in any Calendar Year, the total amount of Covered Expenses payable by a Participant after the Plan has paid benefits in accordance with Section 2 equals the Annual Out-of-Pocket Limit set forth in the applicable schedule of Article IV, then the Plan will pay additional Covered Expenses for such Participant at a co-insurance percentage of 100%, subject to all other benefit limitations set forth in this document. Covered Expenses incurred with a non-contracted pharmacy will be disregarded in determining whether a Participant's Annual Out-of-Pocket Limit has been reached, except out-of-network expenses incurred where the Participant does not have reasonable access to an in-network source, as determined by the Board of Trustees at their discretion.

Executed by authority of the Board of Trustees:



Chairman



Secretary