

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

Effective on July 1, 2015, 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:

- 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 Family	\$1,400 \$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	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 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 Family	\$1,200 \$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	\$7.50 per prescription	Not covered
Brand Name	\$40 per prescription	Not covered
Specialty Drugs (90-Day Supply)	\$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.


3. 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		\$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	\$7.50 per prescription	Not covered
Brand Name	\$40 per prescription	Not covered
Specialty Drugs (90-Day Supply)	\$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.

Executed by authority of the Board of Trustees:



 Chairman



 Secretary