

**FOURTH AMENDMENT TO THE INDIANA/KENTUCKY/OHIO REGIONAL  
COUNCIL OF CARPENTERS WELFARE FUND  
PLAN DOCUMENT EFFECTIVE JANUARY 1, 2022**

**WHEREAS**, the Trustees of the Indiana/Kentucky/Ohio Regional Council of Carpenters Welfare Fund Desire to amend the Plan document effective January 1, 2022;

**WHEREAS**, the Plan and Trust authorize the Trustees to amend the Plan from time to time;

**NOW THEREFORE**, the Plan is amended as follows:

1. **Article 3, Section 3.1, Medical Network, is amended, in relevant part, as follows effective January 1, 2023:**

**3.1 Medical Network.** The Fund has contracted with ~~Anthem Blue Cross and Blue Shield (Anthem) Independence Blue Cross (Independence)~~, a preferred provider network. A list of participating physicians and facilities, known as in-network providers, is available at the Plan Office free of charge. Information may also be accessed at ~~www.anthem.com, click on “Find a Doctor,” choose your state and “Blue Access (PPO) Plan.”~~. Covered Persons are encouraged to use in-network providers to save money for themselves and the Plan, but can choose treatment from an out-of-network provider and pay greater out of pocket expenses. For contact information for ~~Anthem Independence~~, see Article 25.

2. **Article 3, Section 3.2(a), Medical Benefits, Exclusions and Other Limitations, is amended as follows effective January 1, 2023:**

(a) **Chart of Benefits.** Subject to the exclusions and limitations set forth in Section 3.2(b)-(d), the following ~~benefits are provided by the Plan~~chart lists the benefits provided by the Plan at the in-network rate:

**BENEFITS LISTED BELOW WILL BE COVERED OUT-OF-NETWORK AS FOLLOWS:**

- **PROFESSIONAL PROCEDURES: 100% OF THE APPLICABLE MEDICARE RATE**
- **INSTITUTIONAL PROCEDURES: 150% OF THE APPLICABLE MEDICARE RATE**
- **WHERE THERE IS NO MEDICARE RATE AVAILABLE: 50% OF ACTUAL CHARGES**

**THERE IS NO OUT-OF-NETWORK COVERAGE FOR THE FOLLOWING BENEFITS:**

- **ORGAN TRANSPLANT BENEFITS**

• **TELEHEALTH – MDLIVE**

<b>Medical Benefits</b>	<b>Active Employees and Non-Medicare Retirees</b>	
	<b>In-Network</b>	<b>Out-of-Network</b>
Annual Deductibles -In/Out DO NOT Satisfy each other -Common accident deductible applies	\$500/individual \$1,250/family	\$500/individual \$1,250/family
Annual Out of Pocket Maximums (includes Co-Insurance, Deductible, and Co-Payments)	\$5,000/person \$10,000/family  <del>Rx: \$3,550/person; \$7,100 family (based on 2021 ACA out of pocket maximums)</del>	<b>\$5,000/person \$10,000/family</b>  <del>Rx: \$3,550/person; \$7,100 family (based on 2021 ACA out of pocket maximums)</del>
* * *	* * *	<u>The Out of Network Column from the Chart is deleted in its entirety</u>

3. Article 3, Section 3.2(C), Precertification, is amended as follows effective January 1, 2023:

(c) **Precertification**

**Inpatient:** Precertification means that admissions and certain procedures are reviewed prior to delivery to ensure medical necessity and other requirements for coverage are met. It is required prior to all in-patient hospital admissions, organ transplants, residential treatment facility admissions, and skilled nursing facility admissions. Pre-certification of benefits is provided ~~by American Health Holdings, except organ/tissue transplants which are precertified by Anthem Independence Administrators. For contact information for Independence Administrators see Article 25.~~ Precertification is required within the following timeframes:

- Emergency care: within two working days after admission.
- Maternity care: within one working day after admission.
- All other medical, surgical, or psychiatric care: by mail at least 14 working days before admission, by phone at least two working days before admission.

- If an emergency admission is required, the Covered Person must have the admission precertified within 48 hours following admission.

If the pre-certification organization finds that the Covered Person can be treated as an outpatient, the inpatient admission will not be certified for inpatient admission. If precertification- is denied, this is considered a claim denial that may be appealed under Article 14.

**Outpatient:** Upon request, other procedures, such as outpatient procedures and ongoing services such as physical therapy, home health care, durable medical equipment, etc., can be reviewed by American Health Holdings Independence Administrators to ensure medical necessity and other requirements for coverage are met.

4. Article 3, Section 3.2(e), LiveHealth Online, is amended as follows effective January 1, 2023:

(e) LiveHealth Online MDLive. Live Health On Line MDLive is a program that allows Covered Persons to contact a Physician online (with a webcam) or through a smartphone 24 hours a day, 7 days a week, for non-emergency issues. Live Health Online MDLive is accessible at www.livehealthonline.com for technical assistance call-1-888-548-3432. Visits through LiveHealth Online are covered 100% (in-network only).

5. Article 3, Section 3.2, Medical Benefits, Exclusions, and Other Limitations, is amended by the addition of the following paragraph effective January 1, 2022:

(g) Diabetic Testing Supplies: OneHealth is a comprehensive program that provides certain diabetic testing supplies without cost sharing to the Covered Person. A list of covered diabetic test supplies is available at the Plan Office, and includes blood glucose monitors, test strips, lancets, alcohol prep pads, blood ketone test strips, and insulin pumps. If a Covered Person does not receive get their diabetic testing supplies through OneHealth or through the Prescription Drug program provided by the Fund, see Section 3.3 and 4.2 as applicable, then applicable deductibles and copayments may apply as set forth in Section 3.2(a). See Article 25 for contract information for OneHealth.

6. Article 3.3(d), pertaining to Copayments and Maximum Out of Pocket Costs is amended as follows effective January 1, 2023:

(d) **Co-payments and Maximum Out of Pocket Costs.** Most prescription drugs will be subject to the copayments set forth in the table below, Specialty Drugs are covered through the Saveon SP Program and are subject to the cost sharing requirements as set forth by Saveon SP. Specialty drugs are limited to a 30-day supply per fill.

The following copayments apply:

<b>Retail (up to 30 day supply)* (first three refills of same drug)</b>	
Tier 1	Generic: \$20
Tier 2	Formulary Brand: \$40
Tier 3	Non-formulary Brand: \$80
Tier 4	Specialty: 25% up to \$200
<b>Retail (up to 30 day supply)* (fourth or more refills of same drug)</b>	
Tier 1	Generic: 100% up to \$100
Tier 2	Formulary Brand: 100% up to \$100
Tier 3	Non-formulary Brand: 100% up to \$100
<b>Mail Order (up to 90 day supply)*</b>	
Tier 1	Generic: \$50
Tier 2	Single Source Brand: \$100
Tier 3	Formulary Brand: \$200
Tier 4	Non-formulary: 25% up to 200

\*This chart sets forth amounts paid by the Covered Person at participating pharmacies. As noted above, Covered Persons that utilize a non-participating pharmacy must pay the entire cost of the drug at the time of purchase and submit original receipts for reimbursement, not to exceed the amount the Fund would have paid a participating pharmacy, to the Fund Office.

**Maintenance Drugs:** Maintenance drugs, which are drugs taken longer than 90 days, may use Mail Order Pharmacies. There is no limitation on the number of times a prescription may be refilled by mail order. The Plan pays 100% of the cost of the drug **after** payment of the applicable Co-Payment.

**Maximum Out-of-Pocket Costs:** There is an annual in-network maximum out-of-pocket costs for prescription drugs purchased with participating pharmacies, which will be adjusted annually. This maximum is the difference between the maximum in-network out-of-pocket for medical and prescription drugs established by Health Care Reform, as adjusted annually, and the maximum out-of-pocket for in-network medical set forth in the chart in section 3.2(b). For example, for 20232, the maximum in-network out of pocket costs for medical and prescription drugs established by Health Care Reform is \$8,700 9,100 for single coverage and \$17,400–18,200 for family coverage. The maximum out-of-pocket for medical expenses under this Plan, as set forth in the chart at section 3.2(b), is \$5,000 for single in-network coverage and \$10,000 for in-network family coverage. Thus, the 20232 maximum out-of-pocket costs for in-network prescription drugs is \$3,7004,100 single and \$7,4008,200 family. There is no out-of-pocket maximum for drugs obtained from non-participating (i.e. out of network) pharmacies.

**Diabetic Test Supplies:** These are provided without cost sharing for the Covered Person. A list of covered diabetic test supplies is available at the Plan Office, and include blood glucose monitors, test strips, lancets, alcohol prep pads, blood ketone test strips, and insulin pumps. Covered Persons may also receive certain diabetic testing supplies at no cost through OneHealth, see Section 3.2(f). If a Covered Person does not receive their diabetic testing supplies through OneHealth or through the Prescription Drug program provided by the Fund, see Section 3.3 and 4.2 as applicable, then applicable deductibles and copayments may apply as set forth in Section 3.2(a).

**Specialty Drugs subject to the SaveonSP.** The SaveonSP Program covers specialty drugs for which manufacturer assistance programs are available. A list of these drugs, which changes from time to time, is available at the Fund Office and by calling SaveonSP at 1-800-683-1074. The specialty drugs covered by this program are not defined as essential health benefits under applicable state benchmark plans, see section 3.4, below).

Specialty drugs covered by the SaveonSP Program are subject to the following copayments:

- 0% copayment if the Covered Person timely enrolls in the SaveonSP Program; or
- the copayment assigned by the SaveonSP Program. These copayments may be thousands of dollars per month, and do not count towards the maximum out of pocket amounts set forth in section 3.3(d), above.

7. Article 9, Section 9.1, Hearing Aid Providers, is amended as follows effective January 1, 2023:

9.1 **Hearing Aid Providers.** The Plan provides self-insured hearing benefits. There is no discounted in-network providers, ~~but if the provider chosen participates in Anthem, claims will be submitted to Anthem. If not, All claims may should~~ be submitted to the Fund Office. ~~Regardless of the provider chosen, b~~ Benefits paid by the Plan will not exceed the limits set forth in 9.2, below.

8. Article 16, Section 16.6(c), regarding Duration of COBRA Coverage, is amended by the addition of the following effective December 1, 2022:

(c) In all other events, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are ~~two-three~~ ways in which this 18-month period of COBRA continuation coverage can be extended.

(1) Disability Extension

\* \* \*

(2) Second Qualifying Event Extension

\* \* \*

(3) Application for Social Security Disability Award Pending

A Participant will be eligible for up to a six-month extension of COBRA continuation coverage, provided:

- (A) The Participant has exhausted their Dollar Bank, their ability to make self-payments, and their COBRA continuation coverage;
- (B) At the time the Participant qualified for COBRA continuation coverage, the Participant had thirty years of credited service in the Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund; and
- (C) The Participant has an application for Social Security disability benefits pending with the Social Security Administration.

**10. Article 25, Service Providers, is amended as follows effective January 1, 2023:**

<b><u>Third Party Administrator/ Fund Office</u></b> BeneSys, Inc. 700 Tower Drive, Suite 300 Troy, MI 48098 (248) 813-9800	<b><u>Legal Counsel</u></b> AsherKelly 25800 Northwestern Highway, Suite 1100 Southfield, MI 48075 (248) 746-2710
<b><u>Benefit Consultant/Actuary</u></b> United Actuarial Services, Inc. 11590 N. Meridian Street, Suite 610 Carmel, IN 46032 (317) 580-8670	<b><u>Pre-certification</u></b> American Health <del>(800) 544-8908</del>
<b><u>Medical PPO Network</u></b> <del>Anthem Blue Cross/Blue Shield</del> <del>Providers 800.676.2583</del> <del>Participants: 80.81.253</del> <del>www.anthem.com</del> <u>Independence</u>	<b><u>Medical Claims Administrator</u></b> <u>Independence Administrators</u>
<b><u>Dental PPO Network Prescription Network</u></b> Delta Dental PO Box 9085 Farmington Hills, MI 48333-9085 (800) 524-0149 <u>www.deltadentalin.com</u>	<b><u>Dental PPO Network Prescription Network</u></b> Delta Dental PO Box 9085 Farmington Hills, MI 48333-9085 (800) 524-0149 <u>www.deltadentalin.com</u>
<b><u>Prescription Network</u></b> Express Scripts	<b><u>Medicare Advantage Plan</u></b> Humana

PO Box 747000 Cincinnati, OH 45274-7000 (800) 867-4518 <a href="http://www.express-scripts.com">www.express-scripts.com</a>	(800) 733-9064 <a href="http://www.humana.com">www.humana.com</a>
<b><u>Specialty Pharmacy Savings Plan</u></b> Saveon SP (800) 683-1074	<b><u>Diabetic Testing Supplies</u></b> OneHealth/One Source (877) 316-2460 <a href="http://www.D360.care">www.D360.care</a>
<b><u>Life Insurance</u></b> Anthem Life Insurance Company Participants directed to BeneSys for Information (248) 813-9800	<b><u>MDLive</u></b>

By our signatures below, we certify that the above amendment was adopted by the Board of Trustees on \_\_\_\_\_, 2023.

**INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS  
WELFARE FUND**

Co-Chair

W2588530

Co- Chair