# AMENDMENT 4
# TO THE
# IRON WORKERS ST. LOUIS DISTRICT COUNCIL WELFARE PLAN

The SPD/Plan is amended to read as follows:

1. The following is added to Article I under the paragraph describing Life Insurance.

**Telemedicine Benefit:**

Effective January 1, 2016, a telemedicine benefit is provided through LiveHealth Online. LifeHealth Online doctors are available 24 hours a day, 7 days a week to answer medical questions.

**Health Improvement Programs:**

Effective January 1, 2016, all Active and Pre-Medicare Retiree Members and their Qualified Dependents will be enrolled in programs offered by Anthem Blue Cross Blue Shield that are designed to improve health results for particular conditions. Anthem will make proactive outreaches to you after you are diagnosed with one of the following:

- Low Back Pain: This care support program is designed to help control lost productivity, disability expenses and direct treatment associated with low back pain conditions.

- Musculoskeletal: Helps you prevent acute events and costs related to osteoarthritis, rheumatoid arthritis, osteoporosis, and hip and knee replacement. Anthem advises of specific exercises and physical activity as well as tips for pain, weight and arthritis management.

- Behavioral Health: This program ensures that you receive the right care, time, and place for your diagnosed Behavioral Health condition. Anthem will coordinate care between you and providers to ensure treatment progress, to prevent readmissions, and assist with discharging.

2. The following is added to the chart in Article II, Contact Information.

| | | |
|---|---|---|
| Medicare Advantage PPO | UnitedHealthcare | 1-800-714-0178 |

3. Section 3.01 is amended by revising the prescription drug schedule as follows:

| Prescription Drug Copays Effective January 1, 2016 | | |
|---|---|---|
| | **Retail** (up to 30-day supply) | **Mail** (up to 90-day supply) |
| Generic Copay | $10 | $25 |
| Preferred Brand Copay | $25 | $60 |
| Non-Preferred Brand Copay | $40 | $100 |
| Specialty Drug Copay | $100 | |

4. Section 3.02 is revised to read as follows:

**Section 3.02 Schedule of Medical Benefits—Local 321**

The following chart highlights key features of the PPO plan provided to eligible Active and non-Medicare-eligible retired Participants and their Dependents participating in Local 321. Section 3.01 provides a chart, which highlights key features of the PPO plan provided to eligible Active and retired Participants and their Dependents participating in all Locals, except Local 321.

| **Comprehensive Medical Expense Benefit Local 321** | | |
|---|---|---|
| **Benefit** | **In-Network** | **Out-of-Network** [1] |
| **Deductible**<br>Individual<br>Family | <br>$900<br>$1,800 | <br>$1,800<br>$3,600 |
| Coinsurance | You pay 20%;<br>Plan pays 80% after deductible | You pay 40%;<br>Plan pays 60% after deductible |
| **Annual Out-of-Pocket Maximum**[2]<br>Individual<br>Family | <br>$3,800<br>$11,400 | <br>$7,600<br>$15,200 |
| **Prescription Drugs Out-of-Pocket Maximum**<br>Individual<br>Family | $1,900<br>$3,800 | |

[1] If no in-network provider is located within 25 miles of a Participant's or Dependent's primary residence or the Participant or Dependent needs the care when he or she is more than 150 miles away from home and more than 25 miles from any in-network provider providing the type of care sought then in-network benefit levels apply for out-of-network providers.

[2] Effective November 1, 2014, medical co-payments, deductibles and co-insurance count towards the out-of-pocket maximum. Prescription drug co-payments will be applied to an out-of-pocket maximum effective November 1, 2015.

| Comprehensive Medical Expense Benefit Local 321 | | |
|---|---|---|
| **Benefit** | **In-Network** | **Out-of-Network** [1] |
| **Doctor Office Visits/Specialist Office Visits** - - Covered services include the office visit, and related diagnostic tests and procedures (e.g., x-ray, lab, office surgery) whether rendered in a doctor's office, clinic or other facility not part of a hospital outpatient or inpatient department | You pay a $25 co-payment; Plan pays 100% after co-payment | You pay 40%; Plan pays 60% after deductible |
| **Hospital Inpatient and Outpatient Services**, including outpatient surgery, hospital urgent care facility, hospital testing center, and organ and tissue transplants | You pay 20%; Plan pays 80% after deductible | You pay 40%; Plan pays 60% after deductible |
| **Home Health Care and Hospice** | You pay 20%; Plan pays 80% after deductible | You pay 40%; Plan pays 60% after deductible |
| **Maternity Care, Office Visits** -- Covered services include the office visit, and related diagnostic tests and procedures (e.g., x-ray, lab, office surgery) whether rendered in a doctor's office, clinic or other facility not part of a hospital outpatient or inpatient department | You pay a $25 co-payment for first visit only if billed separately from the delivery fee for confirmation of the pregnancy | You pay 40%; Plan pays 60% after deductible |
| **Skilled Nursing Facility** (in lieu of inpatient hospital admission when approved by Plan. Semi-private room)<br>Admission Limitation | You pay 20%; Plan pays 80% after deductible<br><br>45 days per benefit period | You pay 40%; Plan pays 60% after deductible<br><br>45 days per benefit period |
| **Preventive Care Services**– Includes standard immunizations and those services recommended by the U.S. Preventive Services Task Force at the time the service is provided including, as appropriate for the age and gender of the individual, mammograms, colonoscopies, blood pressure screening, and cholesterol screening | 100%, with no deductible and no co-payment | Not covered [3] |
| **Emergency Room** | You pay $150 co-payment per visit (waived if admitted); Plan pays 100% after co-payment | |
| **Emergency Ambulance Services** | You pay 20%; Plan pays 80% after deductible | You pay 40%; Plan pays 60% after deductible |
| **Chiropractic Services/Spinal Manipulation**<br><br>Treatment Limit | You pay 20%; Plan pays 80% after deductible<br>26 visits per calendar year | You pay 40%; Plan pays 60% after deductible |
| **Physical, Occupational, and Speech Therapy**<br><br>Maximum Visits | You pay 20%; Plan pays 80% after deductible | You pay 40%; Plan pays 60% after deductible<br>60 combined visits per person per calendar year |
| **Speech Treatment**<br>Children under 6 years of age, limit of 10 visits per calendar year | You pay 20%; Plan pays 80% after deductible | You pay 40%; Plan pays 60% after deductible |

[3] If no in-network provider is located within 25 miles of a Participant's or Dependent's primary residence or the Participant or Dependent needs the care when he or she is more than 150 miles away from home and more than 25 miles from any in-network provider providing the type of care sought, then in-network benefit levels apply for out-of-network providers.

| Comprehensive Medical Expense Benefit Local 321 | | |
|---|---|---|
| **Benefit** | **In-Network** | **Out-of-Network** [1] |
| **Second /Third Surgical Opinions** | Plan pays 100% | |
| **Inpatient Mental Health and Substance Use Disorder Treatment** | You pay 20%; Plan pays 80% after deductible | You pay 40%; Plan pays 60% after deductible |
| **Outpatient Mental Health and Substance Use Disorder Treatment**, provider office visit and related diagnostic tests and procedures | You pay $25 co-payment; Plan pays 100% after co-payment | You pay 40%; Plan pays 60% after deductible |
| **Outpatient Mental Health and Substance Use Disorder Treatment** other than provider office visit and related services | You pay 20%; Plan pays 80% after deductible | You pay 40%; Plan pays 60% after deductible |
| **Durable Medical Equipment** | You pay 20%; Plan pays 80% after deductible | You pay 40%; Plan pays 60% after deductible |
| **Orthotics and Prosthetics** | You pay 20%; Plan pays 80% after deductible | You pay 40%; Plan pays 60% after deductible |
| **Hearing Aids**, when medically necessary and prescribed by an audiologist or other doctor specializing in ear, nose, and throat (an ENT) | After a $500 deductible, up to $2,600 per hearing aid | |
| **Prescription Drugs**<br>Retail (30-day supply)<br><br><br>Mail Order (90-day supply) | You pay a $10 co-payment for generics.<br>You pay a $40 co-payment for preferred brands.<br>You pay a $55 co-payment for non-preferred brands.<br><br>You pay a $25 co-payment for generics.<br>You pay a $90 co-payment for preferred brands.<br>You pay a $135 co-payment for non-preferred brands | |
| **LiveHealth Online** | You pay a $15 copay each time you visit a doctor through LiveHealth Online<br>You pay a $25 copay each time you visit with a doctor or specialist at his/her office | |

| Prescription Drug Copays Effective January 1, 2016 | | |
|---|---|---|
| | **Retail** (up to 30-day supply) | **Mail** (up to 90-day |
| Generic Copay | $10 | $25 |
| Preferred Brand Copay | $40 | $90 |
| Non-Preferred Brand Copay | $55 | $135 |
| Specialty Drug Copay | $135 | |

5. Footnote 3 in Section 5.01 is amended to read as follows:

[3] Appliance must be placed prior to age 20. Orthodontic Benefits for Qualified Dependents of Active Members in Locals 46, 392 and 396 are now provided retroactively to January 1, 2015 for orthodontic appliances that are placed (bonded) up to age 26.

6. The following section is added to Section 5.03:

Retiree Voluntary Dental Benefit Plan

| | Benefits are Based on the Dentist You Choose | | |
|---|---|---|---|
| | **Delta Dental PPO Network Dentist*** | **Delta Dental Premier Network Dentist** | **Non-Network Dentists**** |
| **Diagnostic & Preventive Services – Benefit %** | 100% | 80% | 80% |
| | No Deductible | | |
| Oral examinations (evaluations), twice in any benefit period includes all types) | | | |
| Periapical x-ray as required | | | |
| Bitewing x-rays as required | | | |
| Full-mouth ex-rays once in any 36 month period | | | |
| Dental prophylaxis (cleaning, scaling, and polishing including periodontal maintenance visits), twice in any benefit period | | | |
| Topical fluoride application for dependent children under age 19, once in any benefit period | | | |
| Emergency palliative treatment as needed (minor procedures to temporarily reduce or eliminate pain) | | | |

| | | | |
|---|---|---|---|
| **Individual Deductible per Benefit Period** | $10 | $25 | $25 |
| **Maximum Benefit Period Family Deductible Limit** | $30 | $75 | $75 |

The following benefits are available after the deductible per person in the 12-month benefit period. "Benefit Period" is each 12 months beginning from the retiree's effective date in this Plan.

| | | | |
|---|---|---|---|
| **Basic Restorative Services – Benefit %** | 80% | 60% | 60% |
| Restorative services using amalgam, synthetic porcelain, and plastic filing material | | | |
| Periodontics: treatment for diseases of the gums and bone supporting the teeth. Periodontal surgery is covered only once in a 3 year period for the same site. Coverage for scaling and root planing are limited to once per 24 months | | | |
| Endodontics: root canal filling and pulpal therapy (therapy for the soft tissue of a tooth) | | | |
| Simple extractions and surgical extractions | | | |
| Sealants: for dependent children under age 19, limited to caries-free occlusal surfaces of the first and second permanent molars, once in 5 years | | | |
| Space maintainers that replace prematurely lost teeth of eligible dependent children under age 16, once in 5 years, except for accidental injuries | | | |
| General anesthesia in conjunction with covered surgical procedures | | | |

| | | | |
|---|---|---|---|
| **Major Services – Benefit %** | 50% | 40% | 40% |
| Prosthetics: bridges and dentures, once in 5 years | | | |
| Crowns, jackets, labial veneers, inlays, and onlays when required for restorative purposes and when teeth cannot be restored with a filling material, once in 5 years | | | |
| Oral Surgery (except for extractions covered under coverage B) | | | |
| Denture Repairs | | | |

| | Benefits are Based on the Dentist You Choose | | |
|---|---|---|---|
| | **Delta Dental PPO Network Dentist*** | **Delta Dental Premier Network Dentist** | **Non-Network Dentists**** |
| **Individual Deductible per Benefit Period** | $10 | $25 | $25 |
| **Maximum Benefit Period Family Deductible Limit** | $30 | $75 | $75 |
| **Maximum Benefits per Benefit Period for Covered Person** **PLUS MAXA*dvantage*** – Charges for exams, cleanings and fluoride treatments will not be counted toward the $1,000 Maximum Benefit – Providing a benefit enhancement when a patient visits the dentist for routine care. | $1,500 | $1,000 | $1,000 |

| | | |
|---|---|---|
| **Monthly Rates from November 1, 2015 through October 31, 2017** | Member Only | $32.50 |
| | Member, Spouse and children to age 26 | $60.50 |

* Patients receive the most coverage and will have the least out-of-pocket if a Delta Dental PPO dentist is used.

** Benefit payments to dentists who do not participate in a Delta Dental Network will be paid based on the maximum Plan allowance and the patient will be responsible for all amounts over the benefit payment.

7. Section 7.02, Subsection 2 is amended to read as follows:

2. Plan Coverage and Medicare

Effective January 1, 2016, the UnitedHealthcare Group Medicare Advantage PPO is the only medical and prescription drug coverage option available to you from the Fund.

You do not need to do anything to enroll in the Medicare Advantage PPO plan. You (and your Medicare-eligible dependents) will automatically be enrolled in the plan unless you tell us that you do not wish to be enrolled. While you have the option to opt out of the plan, we encourage you to consider the plan's benefits very carefully before doing so.

- ***The Medicare Advantage PPO plan offers extensive benefits coverage.*** The plan provides all of the benefits of Original Medicare Parts A and B, as well as Medicare Part D prescription drug coverage. In addition, the plan provides the wellness and ancillary benefits discussed on the next page.

- ***You will have access to a national network of service providers.*** The network includes doctors, hospitals and ancillary providers.

**Summary of Benefits**

| Feature | Your Responsibility |
|---|---|
| Plan Deductible | $0 |
| Plan OOP Maximum | $0 |
| Annual Coverage Maximum | Unlimited |
| Coinsurance | 0% |
| **Prescription Drug Benefit** | **Your Copay** |
| **Retail** | |
| Generic | $10 |
| Formulary Brand | $25 |
| Non-formulary Brand | $40 |
| Specialty | $100 |
| **Mail-Order** | |
| Generic | $25 |
| Formulary Brand | $60 |
| Non-formulary Brand | $100 |
| Specialty | $250 |

**Ancillary Benefits**

When you need care, you will have the flexibility to see any provider you choose. UHC will pay for services provided by any physician, facility or hospital that accepts Medicare Assignment and agrees to bill UHC. "Assignment" means that your doctor, provider, or supplier agrees (or is required by law) to accept the Medicare-approved amount as full payment for covered services.

UHC suggests that you utilize a UHC PPO provider. While your plan benefits will be the same if your provider is a UHC PPO provider or not, UHC strives to provide you with access to the people, programs, resources and tools you need to help you live a healthier life. With the Medicare Advantage PPO plan, you'll receive ancillary benefits and services like:

- No-cost gym memberships through UHC's Silver Sneakers® program
- No-cost hearing exams and an enhanced hearing aid benefit of $2,500 per ear every 48 months—with no upfront copay
- Routine podiatry care
- House calls

- Care and disease management
- Access to a 24-hour nurse line
- Healthcare advocacy support

**Plan Requirements**

- You must be enrolled in Medicare Parts A and B and pay your Medicare Part B premium in order to be eligible for coverage under the Medicare Advantage PPO plan.
- In order to be enrolled in the Medicare Advantage PPO plan, you must have a residential address on file with the Fund. If you only have a Post Office Box address on file, please call the Fund Office at 877-597-8704 and provide us with your residential address. Your enrollment cannot be processed in UHC's system if you only have a Post Office Box on file.
- We must have your Medicare ID number, also called a Health Insurance Claim Number or HICN. This is the number that appears on your red, white and blue Medicare card. If you receive a letter from us asking for this information, please respond immediately. Otherwise, UHC will not be able to process your enrollment and you may risk not having coverage on January 1, 2016.

8. Effective February 3, 2016, Article X, Section 10.03 – Covered Medical Expenses – is amended to include coverage for the repair of orthodontic and prosthetic devices as follows:

31. Medically necessary purchase of an initial orthotic or prosthetic device, as well as repair and replacement of that orthotic or prosthetic device, as follows:

a. The Plan covers the initial cost of a standard corrective appliance when it is ordered by a physician or health care practitioner. A standard corrective appliance is the least expensive medically necessary form of the device that is needed to provide the required support;

b. The Plan covers the cost of a replacement corrective appliance when replacement is necessary because a change in your physical condition renders your current device inoperable or unsatisfactory in helping you to perform normal daily activities (as certified by your doctor);

c. The Plan covers the cost of a replacement corrective device if the device is damaged due to normal wear and tear and cannot be satisfactorily repaired; and

d. The Plan covers the cost of repair of a corrective appliance if the appliance is damaged due to normal wear and tear and the cost of replacement exceeds the cost of repair.

For purposes of this benefit, a corrective appliance refers to orthotics and prosthetics. The Plan defines an "orthotic" as a corrective appliance or device, either customized or available "over-the-counter," that is designed to support a weakened body part. This includes, but is not limited to, crutches, specially designed corsets, leg braces, extremity splints and walkers. This definition does not include dental orthotics.

The Plan defines a "prosthetic" as a corrective appliance or device designed to replace all or part of a missing body part, such as an artificial limb.

9. A new Section 10.05 is added to read as follows:

A new telemedicine benefit is provided by LiveHealth Online.

**Section 10.05 Telemedicine Benefits**

There is access to a doctor, 24 hours a day, seven days a week, 365 days a year.

LiveHealth Online doctors are available to answer medical questions, make a diagnosis and even prescribe a medication for you, if needed. They can help with minor injuries and common medical ailments like colds, fevers, allergies, headaches, sore throats, minor rashes, and earaches.

- You pay a **$15 copay** each time you visit a doctor through LiveHealth Online
- You pay a **$25 copay** each time you visit with a doctor or specialist at his/her office
- You pay a **$150 copay** each time you visit an emergency room (waived if admitted)

You can connect directly with LiveHealth Online board-certified doctors face-to-face using a computer with a webcam or through your mobile device. Access LiveHealth Online from your Android or iOS mobile device by downloading the free app. Go to Google PlayTM or the Apple Store℠ to locate the app for your service. To access LiveHealth Online via your computer, log on to livehealthonline.com.

10. The following is added to Section 11.01 after subsections:

6. Out-of-Pocket Maximum

Effective November 1, 2015 for all Locals, an out of pocket maximum for your and your family's prescription drug costs has been established. The annual maximum amounts are **$1,900** for single coverage and **$3,800** for family coverage. These established values are annual limits on your or your family's copay spend and will restart every January 1st. Once the applicable limit has been met, any future copays for the benefit year will be $0.

11. The following is added to the end of Section 11.01, Section 2 "The Step Therapy Program":

Effective January 1, 2016 for all Locals, Step Therapy programs will be in place for Antidiabetic, Dermatological, Antidepressant, and Androgens (testosterone replacement) medications. Step Therapy is the practice of beginning drug therapy for a medical condition with the most cost-effective and safest drug, and then progressing to other more costly or riskier therapy if necessary.

If you begin taking a medication for one of the four conditions listed above, the Plan will require you to try the lowest cost option first. ***Please note this change will only effect new users of these medications. All users of these medications prior to January 1, 2016 are grandfathered and not subject to the Step Therapy program.*** If you and your prescribing physician determine that the lowest cost option is not a suitable treatment, the Plan allows you to move to the next, more costly, alternative.

12. The following new subsection is added to Section 11.01:

7. Quantity Limits

Effective January 1, 2016 for all Locals, quantity limits will be placed for the Erectile Dysfunction (ED) medications filled under the LDI program. For safety and cost reasons, the Plan set limits for ED medications at nine (9) pills for a thirty (30) day supply and twenty-seven (27) pills for a ninety (90) day supply. Should more pills be needed, your physician may contact LDI Pharmacy Benefit Services.

13. The following subsection is added to Section 11.01:

8. Mail Order Coupon Cards

Effective January 1, 2016, mail order coupon cards may not be used by active Employees or Pre-Medicare Retirees except for specialty drugs. Also, the mandatory generics program will be applied to MSB drugs with DAW 0, 2 and 3 codes.

14. The second paragraph of Section 11.05 is amended to read as follows:

The Plan's prescription drug coverage is "creditable," which means the benefits are, on average, as good as or better than the standard Medicare coverage. Therefore, you are not required by law to enroll in an individual Medicare Part D Prescription Drug Plan. Nevertheless, **if you enroll in an individual Medicare Part D Prescription Drug Plan, you will not be eligible to receive prescription drug benefits under the Plan.** You can continue to receive medical benefits as long as you remain eligible for Plan coverage and pay the required premium. Your cost for coverage under the Plan is not reduced if you are in an individual Medicare Part D Prescription Drug Plan.

15. Section 13.01 is amended by adding the following:

Effective November 1, 2015, the following changes are made to the optional benefit for Pre-Medicare Retirees and their Qualified Dependents.

- A decrease in annual deductible from $25 single / $75 family to **$10 single / $30 family** for PPO network dentists.
- Enrollment in the MaxAdvantage program where charges for exams, x-rays, cleanings and fluoride treatments will not count towards the annual limit.
- Increase to the annual limit for services provided under PPO network dentists from $1,000 to **$1,500**.

16. Section 17.03 is amended to read as follows:

**Section 17.03 Coordination of Benefits with Medicare**

Medicare consists of four programs:

1. The first part if officially called "Hospital Insurance Benefits for the Aged and Disabled," and is commonly referred to as Part A of Medicare. It primarily covers Hospital benefits, although it also provides other benefits.

2. The second part is officially called "Supplementary Medical Insurance Benefits for the Aged and Disabled," and is commonly referred to as Part B of Medicare. It primarily covers a Doctor's services, although it, too, covers a number of other items and services.

3. The third part is "Medicare Advantage," sometimes called Medicare Part C, and is the managed care program under Medicare.

4. The fourth part is prescription drug coverage, which is commonly referred to as Part D of Medicare.

The only medical and prescription coverage provided by the Fund to Medicare-eligible retirees is through the UnitedHealthcare group Medicare Advantage PPO. This is described in Section 7.02, Subsection 2 in the SPD. Please read the description carefully since there are certain requirements such as enrolling in Medicare Part A and Part B.

17. Article XIX, Section 6 – Important Plan Information, Fund Counsel – is amended to reflect the Fund's change in Fund Counsel as follows:

Johnson & Krol, LLC

300 S. Wacker Drive, Suite 1313

Chicago, Illinois 60606

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IN WITNESS WHEREOF, this Amendment to the Iron Workers St. Louis District Council Welfare Plan was signed on behalf of the full board of Trustees on the 26th of April 2016.

Chairman

Co-Chairman