

SECOND AMENDMENT TO THE OHIO CARPENTERS' HEALTH PLAN

WHEREAS, the Trustees of the Ohio Carpenters' Health Fund desire to amend the Plan Document dated May 1, 2022 (Plan); and

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

NOW THEREFORE, the Plan is amended as follows effective January 1, 2023, unless otherwise stated below:

1. Article 1, Definition of Mental Illness, is amended as follows:

Mental Illness--A condition classified as a mental disorder in the International Classification of Diseases, ninth Revision, Clinical Modification (ICD-10-CM) or the most recent version, excluding Drug Abuse and Alcoholism. Mental Illness does not include conditions related to ~~an autistic disease, ADD, ADHD~~, developmental delay, learning disabilities, hyperkinetic syndromes, behavioral problems, or intellectual disability (intellectual developmental disorder).

2. Article 3, Section 3.1, Medical Network, is amended, in relevant part, as follows:

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. 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. Out of Network services will be reimbursed based on Reasonable and Customary charges (R&C). Independence may be contacted at: (833) 242-3330.

3. Article 3, Section 3.2(a), Chart of Benefits, is amended as follows:

Out of Network benefits will be paid based on the applicable Medicare Rate instead of Reasonable and Customary rates. Therefore, any reference to "55% of R&C" in the chart of benefits is deleted. Out of network procedures and services will be paid as follows, subject to deductible where indicated in the Plan:

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

Treatment of COVID-19 (does not include Long- or Post-COVID-19), currently listed as being covered out-of-network at 100% R&C, will be paid pursuant to the above.

4. Article 3, Section 3.2(b), Exclusion #32, is amended as follows effective November 29, 2022:

(32) Artificial insemination, in vitro fertilization, embryo transfer procedures, or other procedures related to the treatment of infertility (Fund will cover procedures related to diagnosis of infertility, including genetic testing used to diagnose infertility.)

5. Article 3, Section 3.2(b), Exclusion #62, is amended as follows:

(62) Treatment for conditions related to ~~an autistic disease, ADD, ADHD, developmental delay, learning disabilities, hyperkinetic syndromes, behavioral problems, or intellectual disability (intellectual developmental disorder).~~

6. Article 3, Section 3.2(c), Precertification, is amended as follows:

(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 in-patient hospital admissions, organ transplants, residential treatment facility admissions, and skilled nursing facility admissions. If an emergency admission is required, the Covered Person must have the admission precertified within 48 hours following admission. Pre-certification of benefits is provided by ~~American Health Holdings, except organ/tissue transplants which are precertified by Anthem Independence Administrators, at (833) 242-3330.~~

If precertification is denied, this is considered a claim denial that may be appealed per Article 14.

Outpatient: Upon request, 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. ~~In addition, certain injections set forth in the Anthem Plan Benefit Design require precertification (contact the Fund Office for a list of injections requiring precertification).~~

7. Article 3, Section 3.2(e), Life Health Online, is amended as follows:

(e) ~~Live Health On-Line~~MDLive

Live Health On LineMDLive 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 On LineMDLive is accessible at www.livehealthonline.com mdlive.com/ibxtpa (1-888-548-3432 for technical assistance).

Telehealth: Telehealth visits through LiveHealth OnlineMDLive are covered 100% (in-network only).

8. Article 3, Section 3.2, Medical Benefits, Exclusions, and Other Limitations is amended by the addition of the following:

(f) **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. Contact information for OneHealth is as follows: (877) 316-2460 or at their website: www.D360.care. 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).

9. Article 3, Section 3.3(d), regarding Co-payments and Maximum Out of Pocket Costs for Prescription Drugs, is amended in relevant part as follows:

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).

10. Article 9, Regarding Hearing Aid Benefits for Active, Non Medicare Participants, and Dependents, Section 9.1, Hearing Aid Provider, is amended as follows:

9.1 Hearing Aid Provider

The Plan provides self-insured hearing aid benefits. There is no discounted in-network provider, but if the provider chosen participates with Anthem, claims will be submitted to Anthem. If not, All claims may should be submitted to the Fund Office. Regardless of the provider chosen, bEenefits paid by the Plan will not exceed the limits set forth in 9.2, below.

From time to time, certain hearing aid partners may offer discounts. Names of any such partners are available at the Fund office. A Covered Person may contact these partners to inquire as to available discounts or for assistance in finding a hearing aid provider.

Notwithstanding any provision in the Plan to the contrary, no coverage is provided for Shop Employees covered by the Shop Employees Plan.

By our signatures below, we certify that the above amendment was adopted by the Board of Trustees on 3/14, 2023.

OHIO CARPENTERS HEALTH PLAN

John. R. G.
Chairman
Date: 3/14/23

Anthony Hollenk
Secretary
Date: 3/14/23

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