

**AMENDMENT FIVE
TO THE
SACRAMENTO INDEPENDENT HOTEL,
RESTAURANT & TAVERN EMPLOYEES WELFARE TRUST**

WHEREAS, the Board of Trustees of the Sacramento Independent Hotel, Restaurant and Tavern Employees Welfare Plan (the "Plan") wishes to amend the Plan to clarify that Dependent Child coverage is terminated on the last day of the month the Dependent Child turns Age 26;

WHEREAS, the Board of Trustees wishes to amend the Plan to clarify that Dependent Children are also eligible for vision benefits;

WHEREAS, the Board of Trustees amends the Plan to cover additional recommended preventive care services, such as coverage of BRCA Testing for asymptomatic women, well-woman preventive care (including recommended preventive services related to pregnancy) for dependent children, coverage of sex-specific recommended preventive services and medically appropriate anesthesia services performed in connection with preventive colonoscopy, as required by the Affordable Care Act and per the Department of Labor, Health and Human Services, and the Treasury's jointly released FAQ regarding implementation of the Affordable Care Act, Part XXVI (May 11, 2015); and

THEREFORE, the Board of Trustees amends the Plan as follows:

Amendment

Effective as of January 1, 2015, the Board of Trustees of the Plan has amended the "Dependent Eligibility (Trade and Non-Trade) Subsection of Article III "Eligibility" as follows:

Your medical Plan provides coverage for eligible Dependents when you have met the following eligibility requirements **(Dependents are not eligible for dental, group life or accidental death and dismemberment coverage, but are eligible for vision benefits.):**

(1) *Definition of Dependent:* Your eligible Dependents for the medical plan are your:

- (i) Dependent Spouse (including Domestic Partner), meaning your legal opposite-sex or same-sex Spouse, if no judicial decree of separation has been obtained, or
- (ii) Dependent child(ren) from birth through the end of the last day of the month of the child(ren)'s 26th birthday, which includes your biological child(ren), stepchild(ren), legally adopted child(ren), child(ren) for whom you are responsible under court order and/or court-appointed legal guardianship, foster child(ren), or
- (iii) Unmarried Disabled children who are over age 26 dependent upon you because of mental retardation or physical handicap, and for whom proof of such condition is received within 30 days after the attainment of the limiting age. The Administration Office has the right to require you to provide proof of continued incapacity of such children at any time.

...

Effective as of July 1, 2015, the Board of Trustees of the Plan has amended the “Routine Medical Examinations/Preventive Care” Subsection of Article IX “Clarification of Indemnity Plan Benefits” as follows:

- (3) **Routine Medical Examinations/Preventive Care** – Preventive care benefits for routine medical examinations (including, but not limited to, office visits, immunizations and screenings) will be provided and paid for in accordance with the recommendations and guidelines set by the federal government pursuant to Affordable Care Act of 2010, as amended. Benefits will be provided at no charge (meaning no copayment, co-insurance, deductible, or other cost-sharing requirement will be imposed) to you or your covered family members, if preventive care services are by a PPO in-network provider only. There is no change to the Plan’s payment for non-PPO provider benefits (see the applicable Benefit Comparison). The Plan will cover recommended preventive services regardless of you and/or your covered family member’s sex assigned at birth, gender identity, or gender of the individual otherwise recorded by the Plan. (For example, where an attending provider determines that a mammogram or pap smear for a transgender man who has residual breast tissue or an intact cervix is medically appropriate).

In the general, the following provisions will apply and this Plan will cover all of the preventive services listed in the federal government’s recommendations and guidelines (**for the latest list of federal government’s guidelines for preventive care, see <https://www.healthcare.gov/coverage/preventive-care-benefits/>**):

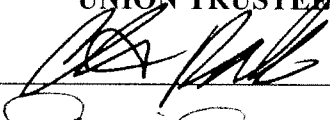
- a. For children and adolescents from birth to age 26, medically necessary preventive care benefits and evidence-informed preventive care and screenings will be provided in accordance with recommendations then in effect at the time the service is provided under the Bright Futures guidelines that are developed by the **Health Resources and Services Administration and the American Academy of Pediatrics**. The latest guidelines are available at www.aap.org/periodicityschedule.
- b. For children, adolescents, and adults (age 18 and older), medically necessary preventive services will be provided in accordance with recommendations made by the **U.S. Preventive Services Task Force (USPSTF)** in effect at the time the service is provided (generally, those preventive services given a “grade” of A or B). The latest guidelines are available at www.uspreventiveservicestaskforce.org/Page/Name/recommendations. These guidelines include, but are not limited, to the following:
 - Alcohol and Drug Use assessments for Adolescents.
 - Alcohol Misuse Screening and counseling.
 - Aspirin to prevent cardiovascular disease for men and women age 45 and over.
 - Autism Screening for children at 18 and 24 months.
 - Behavioral assessments for children.
 - Blood Pressure Screening for all adults and children.
 - Cholesterol screening for adults of certain ages or at higher risk.
 - Coverage of breast cancer mammograms.
 - Colorectal Cancer screening for adults age 50 and older, including medically appropriate anesthesia services performed in connection with the preventive colonoscopy.
 - Developmental Screening for children under age 3.
 - Diabetes (Type 2) Screening for adults with high blood pressure.
 - Depression Screening for adults.
 - Dyslipidemia screening for children at higher risk of lipid disorders.
 - Folic acid for women planning or capable of pregnancy.
 - Food and Drug Administration (FDA) approved female over-the-counter contraceptives, patient education and counseling, and an office visit for contraceptive administration and/or removal of a contraceptive device.
 - Fluoride supplementation for children from age 6 months through age 5.
 - HIV Screening for all pregnant women, adolescents and adults ages 15 to 65 years, and younger


- adolescents and older adults who are at increased risk.
 - Hypothyroidism screening for newborns.
 - Hemoglobinopathies or sickle cell screening for newborns.
 - Hematocrit or Hemoglobin screening for children.
 - Obesity Screening and Counseling for all adults and children ages 6 years and older.
 - Iron supplementation for asymptomatic children ages 6 to 12 months.
 - Routine Breast Cancer Susceptibility Gene (BRCA) Testing, Genetic Counseling, Evaluation and Lab Tests. USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal or peritoneal cancer with 1 of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in BRCA 1 or BRCA 2. Women, with positive screening results should receive genetic counseling and if, indicated after, counseling, BRCA testing.
 - Routine iron supplementation for asymptomatic children ages 6 to 12 months.
 - Sexually Transmitted Infection prevention counseling for adults at higher risk.
 - Tuberculin testing for children at higher risk of tuberculosis.
 - Vitamin D supplementation for men and women age 65 and older.
 - Vision Screening for all children.
- c. Immunizations are covered for children, adolescents and adults as part of a routine physical or as needed for travel, or any other activity the employee is undertaking as long as it is recommended by the **ACIP (Advisory Committee of Immunization Practice)** and the **CDC (Centers for Disease Control and Prevention)**. The latest guidelines are available at www.cdc.gov/vaccines/recs/default.htm. These guidelines include, but are not limited to the following vaccinations:
- For children from birth to age 18: Diphtheria, Tetanus, Pertussis, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella, Haemophilus Influenzae Type B.
 - For Adults 19 years and older: Hepatitis A, Hepatitis B, Herpes Zoster, Quadrivalent Human Papillomavirus vaccine for females, Influenza, Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, and Varicella (Chickenpox).
- d. For Women (including dependent children), other evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the **Health Resources and Services Administration**. The latest guidelines are available at www.hrsa.gov/womensguidelines/. These guidelines include, but are not limited to, the following:
- Well-woman preventive care visit annually for adult women and dependent children to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care.
 - Coverage of comprehensive prenatal and postnatal lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and the costs or renting or purchasing breastfeeding equipment extended for the duration of breastfeeding.
 - Human Papillomavirus DNA Testing for women with normal cytology results who are 30 years of age or older to occur no more frequently than every 3 years.
 - Human Immune Deficiency Virus (HIV) Counseling and Screening, includes actual testing for HIV.
 - Screening for Gestational Diabetes.
 - Counseling on Sexually Transmitted Infections.
 - Screening and Counseling for Interpersonal and Domestic Violence.

Note: For those preventive care services that are recommended by the United States Preventive Services Task Force on or after January 1, 2015, the Plan will have up to one year from the effective date of the recommendation to comply with the coverage requirement.

Approved: October 27, 2015

UNION TRUSTEES:





EMPLOYER TRUSTEES:

