AMENDMENT EIGHT
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 certain applicable terms and provisions it agreed to be bound by the Aetna Health of California, Inc. and Sutter Health Systemwide Agreement ("SWA"); and

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

Amendment

Effective as of January 1, 2017, the Board of Trustees of the Plan has amended Article XVIII. Claims Procedure For Indemnity Medical and Dental Claims and Prescription Drug Claims on page 66 of the Summary Plan Description (also known as the Plan Document) as follows:

XVIII. CLAIMS PROCEDURE FOR INDEMNITY MEDICAL AND DENTAL CLAIMS AND PRESCRIPTION DRUG CLAIMS

The following claims and appeals procedure applies to Indemnity Plan A and Plan B medical, dental and prescription drug claims and replaces the description in the summary plan description in its entirety:

If you are requesting a benefit for medical or dental care treatment or prescription drugs already received, you must notify the Trust Fund Office within 20 days after the occurrence of any loss, or as soon thereafter as is reasonably possible. The Trust Fund Office will provide you with the necessary forms on which to file your claim. Written proof of loss because of injury or sickness must be furnished on the prescribed form within 90 days of the date of the loss, or, in case of a continuing claim, within 90 days of the end of the period for which the Plan is liable. A claim will not be invalidated if it was not reasonably possible to furnish proof within this time, provided proof is furnished as soon as reasonably possible. In no event will a claim be accepted more than one year after the end of the 90 day filing deadline.

The Trust Fund Office or Magellan with respect to claims for prescription drug benefits, will notify you of its benefit determination within 30 days of receiving your claim, unless circumstances require an extension of time. If an extension is required, you will be given written notice of the extension prior to the termination of the initial 30 day period. The extension will not exceed 15 days from the end of the initial period. In the event that an extension is necessary because there is insufficient information to decide your claim, your written notice of the extension will specifically describe the required information. You will have at least 45 days from your receipt of the notice to provide the specified information.

In certain circumstances, the time frames for the Trust Fund's claims procedure for the indemnity (medical) claims may be extended under contractual requirements that may exist between Aetna and a Preferred Provider. Specifically, in situations where an Aetna contract provider has an agreement that allows for longer periods to file a claim or appeal with the Trust. In no event shall claims from non-contract providers be considered under the Plan that are not filed within the one year from the end of the 90 day filing deadline. If you have any questions regarding this, please contact the Trust Fund Office.

Approved:

UNION TRUSTEES:

EMPLOYER TRUSTEES: