

SHEET METAL WORKERS LOCAL 104 HEALTH CARE PLAN
(As revised December 2020)

Amendment 5

Pursuant to the authority set forth in Article VII of the Agreement and Declaration of Trust, the Trustees hereby amend the Sheet Metal Workers Local 104 Health Care Plan as follows:

Section II and III of “Organ Transplants” to read as follows:

II. ALLOWABLE EXPENSES:

The Fund will reimburse the following Allowable Expenses incurred as the result of a covered Transplant Procedure during an Employee’s or Dependent’s Transplant Benefit Period:

- (a) Transportation of recipient and a companion to and from the site of the transplant. If recipient is a minor, transportation for two persons who travel with the minor will be covered. Reasonable and necessary lodging and meal costs incurred in the interim by such companions are included, except there is a daily limit of \$200 for all lodging and meal costs. Total payment for all transportation, lodging and meal costs for all persons for the Covered Transplant Procedure shall not exceed \$5,000.
- (b) Hospital room and board, and medical supplies.
- (c) Diagnosis, treatment and surgery by a Doctor.
- (d) Nursing care by a Registered Nurse (R.N.) or a Licensed Practical Nurse (L.P.N.).
- (e) Rental of wheelchairs, hospital-type beds and other mechanical equipment required to treat respiratory impairment.
- (f) Local ambulance service, medication, x-rays and other diagnostic services, lab tests, oxygen.
- (g) Rehabilitation Therapy, including speech therapy (not for voice framing or a lisp), audio therapy, visual therapy, occupational therapy, and physiotherapy.
- (h) Surgical dressings and supplies.
- (i) Coverage for living organ donors expenses related to an organ transplant, including but not limited to donor search and organ procurement fees is covered at 50% of the PPO contract price, up to \$175,000 per transplant procedure.

III. EXCLUSIONS:

No benefits will be payable by the Plan for the following:

- (a) Animal and/or mechanical organs except pumps and valves.
- (b) Any expense incurred for which the participant would not legally have to pay if there was no coverage for benefits.

- (c) Custodial care.
- (d) If an Employee or Dependent establishes a Benefit Transplant Period and subsequently loses coverage under the Plan, all benefit payments cease at the time coverage terminates.
- (e) Any organ or tissue transplant required as the result of an accidental injury or illness that is not covered by the Plan.

This Amendment 5 was adopted by the Board of Trustees by unanimous written consent on April 29, 2021. The Chairman and Co-Chairman were authorized by the Board of Trustees to execute this Amendment on their behalf. This Amendment 5 may be executed in counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same Amendment 5.



Chairman

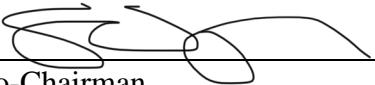
Date: 4/30/2021

Co-Chairman

Date: _____

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Chairman


Co-Chairman

Date: _____
Date: 5 / 4 / 21