AMENDMENT 6
TO THE PLAN DOCUMENT
and
SUMMARY PLAN DESCRIPTION
(August 1, 2024)
of
TEAMSTERS LOCAL 631 SECURITY FUND FOR SOUTHERN NEVADA

The Teamsters Local 631 Security Fund for Southern Nevada Plan Document is hereby amended as follows:

1. The ***QUICK GUIDE TO IMPORTANT CONTACTS*** is amended, effective January 1, 2027, to remove the lined-out text as shown below:

~~***Member Assistance Program (MAP) Administrator for Mental Health and Substance Use Disorder Benefits***~~ ~~Anthem Blue Cross Blue Shield~~ ~~P.O. Box 5747~~ ~~Denver, CO 80217~~ ~~1 800 234 0111~~ ~~www.anthem.com~~	***Prescription Drug Benefit Manager*** Sav-Rx Prescription Services 224 North Park Avenue Fremont, Nebraska 68025 (800) 228-3108 savrx.com
Teamsters 631 Medical Centers	
~~7973 Peak Drive~~ 5812 S Durango Dr., Las Vegas, Nevada 89113 ~~Las Vegas, Nevada 89128~~ ~~(702) 850 3003~~ (702) 706-7866 2635 Box Canyon Dr. Las Vegas, Nevada 89128 (702) 850-3003	2510 Wigwam Pkwy, Suite 1069 Henderson, Nevada 89074 (702) 268-9001

Teamsters 631 Dental Centers
5812 S Durango Dr., Las Vegas, Nevada 89113 (702) 998-0000 2635 Box Canyon Dr. Las Vegas, Nevada 89128 (702) 998-0010

2. The **QUICK GUIDE TO BENEFITS - INDEMNITY MEDICAL PLAN** is amended, effective January 1, 2027, to remove the lined out text as shown below:

SUMMARY OF BENEFITS	In-Network	Out of Network
Behavioral Health Benefits ~~MAP Counseling~~ HBI's 23:59 Crisis Center and Mobile Crisis Response team	~~24-hour crisis intervention; 6 free counseling sessions per issue per year per family; group treatment available for adolescents, anxiety, anger management, chemical dependency, problem gambling, anxiety~~ 24 hour crisis center available to participants at 6039 Eldora Ave. Suite F, in Las Vegas. Mobile Crisis Response Team reachable at (702) 248-8866, Option 7	~~Not Covered~~

3. The **QUICK GUIDE TO BENEFITS - INDEMNITY MEDICAL PLAN** is amended, effective January 1, 2025, to add the underlined text as shown below:

SUMMARY OF BENEFITS	In-Network	Out of Network
Other Diagnostic and Therapeutic Services		
Chemotherapy	$25 Copay	50% of Allowable Expenses
Therapeutic Radiology	$25 Copay	50% of Allowable Expenses
Allergy Testing & serum injections	$25 Copay per treatment	50% of Allowable Expenses
Amniocentesis	$20 Copay Expenses	50% of Allowable Expenses
Other Complex Diagnostic and Therapeutic Services (CT Scan, MRI, etc.)	$50 Copay per procedure at free-standing facility/$150 Copay per procedure at hospital-based facility	50% of Allowable Expenses
Infusion Services		
Home Infusion and In-Office Infusion	$25 Copay	50% of Allowable Expenses
Hospital Services	80% of Allowable Expenses	50% of Allowable Expenses
Medical Supplies	100% of Allowable Expenses	50% of Allowable Expenses
Prosthetics and Orthotic Devices Integral Part of a Brace	$50 Copay	50% of Allowable Expenses
Non-Brace Orthotics	100% of Allowable Expenses up to $500 maximum; 10% of Allowable Expenses above $500	50% of Allowable Expenses up to $1,000; 10% of Allowable Expenses above $1,000
Durable Medical Equipment (one-device limit per device type per three-year period; no limit on number of different items)	$50 Copay	50% of Allowable Expenses

4. The **QUICK GUIDE TO BENEFITS - INDEMNITY MEDICAL PLAN** is amended, effective January 1, 2027, to add the underlined text as shown below:

SUMMARY OF BENEFITS	In-Network	Out of Network
Short Term ~~Physical,~~ Occupational~~,~~ and Speech Therapy Services Outpatient Inpatient **Short Term Physical Therapy Services** Outpatient Inpatient	$15 Copay per therapy session 80% of Allowable Expenses $100 Deductible per admission, waived if admitted from acute facility $40 Copay per therapy session 80% of Allowable Expenses	50% of Allowable Expenses Not Covered. 50% of Allowable Expenses Not Covered.
	All short-term Physical, Occupational, and Speech Therapy benefits have a combined inpatient and outpatient ~~lifetime~~ Maximum Benefit of 90 visits per Calendar Year. *Prior authorization is required after 60 visits*	

5. The **QUICK GUIDE TO BENEFITS – EPO PLAN – ACTIVE EMPLOYEE AND PRE-MEDICARE RETIREE COVERAGE** is amended, effective January 1, 2027, to remove the lined out text as shown below:

SUMMARY OF BENEFITS	EPO Plan
Behavioral Health Benefits ~~MAP Counseling~~ HBI's 23:59 Crisis Center and Mobile Crisis Response team	~~24 hour crisis intervention; 6 free counseling sessions per issue per year per family; group treatment available for adolescents, anxiety, anger management, chemical dependency, problem gambling, anxiety~~ 24 hour crisis center available to participants at 6039 Eldora Ave. Suite F, in Las Vegas. Mobile Crisis Response Team reachable at (702) 248-8866, Option 7

6. The **QUICK GUIDE TO BENEFITS – EPO PLAN – ACTIVE EMPLOYEE AND PRE-MEDICARE RETIREE COVERAGE** is amended, effective January 1, 2025, to add the underlined text and remove the lined out text as shown below:

SUMMARY OF BENEFITS	EPO Plan
Other Diagnostic and Therapeutic Services	
Chemotherapy	$50 Copay per day
Therapeutic Radiology	$50 Copay per day
Dialysis	No charge
Infusion Therapy	~~$50 Copay per visit~~
Home Infusion and In-Office Infusion	$50 Copay
Hospital Services	$150 Copay
Allergy Testing & Serum Injections	$50 Copay per visit
Other Complex Diagnostic and Therapeutic Services (CT Scan, MRI, etc.)	$100 Copay per procedure at free-standing facility/$150 Copay per procedure at hospital-based facility
Prosthetics and Orthotic Devices	$750 Copay per device, $10,000 ~~lifetime~~ max benefit, including repairs
Durable Medical Equipment (one device limit per device type three year period: no limit on number of different items)	No charge

7. The **QUICK GUIDE TO BENEFITS – EPO PLAN – ACTIVE EMPLOYEE AND PRE-MEDICARE RETIREE COVERAGE** is amended, effective January 1, 2027, to add the underlined text as shown below:

SUMMARY OF BENEFITS	EPO Plan
Short Term ~~Physical,~~ Occupational and Speech Therapy Services	
Outpatient	$25 Copay per visit, up to the combined inpatient and outpatient ~~lifetime~~ Maximum Benefit of 90 visits per member per Calendar Year
Inpatient	$25 Copay per visit, after $400 Copay per admission, limited to 90 visits per member per Calendar Year *Prior authorization is required after 60 visits*
Short Term Physical Therapy Services	
Outpatient	$40 Copay per therapy session
Inpatient	80% of Allowable Expenses

8. The **QUICK GUIDE TO BENEFITS - EPO PLAN –MEDICARE ELIGIBLE RETIREE COVERAGE** is amended, effective January 1, 2027, to remove the lined out text as shown below:

SUMMARY OF BENEFITS	EPO Plan
Short Term ~~Physical,~~ Occupational and Speech Therapy Services	
Outpatient	$15 Copay per visit
Inpatient	$15 Copay per visit
Short Term Physical Therapy Services	
Outpatient	$40 Copay per therapy session
Inpatient	80% of Allowable Expenses

9. The **QUICK GUIDE TO BENEFITS - EPO PLAN –MEDICARE ELIGIBLE RETIREE COVERAGE** is amended, effective January 1, 2027, to add the underlined text and remove the lined out text as shown below:

SUMMARY OF BENEFITS	EPO Plan
Other Diagnostic and Therapeutic Services	
Chemotherapy	No Charge
Therapeutic Radiology	$25 Copay per day
Dialysis	No Charge
Infusion Therapy	~~No Charge~~
Home Infusion and In-Office Infusion	$50 Copay
Hospital Services	$150 Copay
Allergy Testing & Serum Injections	No Charge
Other Complex Diagnostic and Therapeutic Services (CT Scan, MRI, etc.)	$100 Copay per procedure
Prosthetics and Orthotic Devices	20% Coinsurance
Durable Medical Equipment) (one device limit per device type three year period; no limit on number of different items)	20% Coinsurance

10. The **QUICK GUIDE TO BENEFITS - EPO PLAN –MEDICARE ELIGIBLE RETIREE COVERAGE** is amended, effective January 1, 2027, to add the underlined text as shown below:

SUMMARY OF BENEFITS	EPO Plan
Behavioral Health Benefits ~~MAP Counseling~~ HBI's 23:59 Crisis Center and Mobile Crisis Response team	~~24-hour crisis intervention; 6 free counseling sessions per issue per year per family; group treatment available for adolescents, anxiety, anger management, chemical dependency, problem gambling, anxiety~~ 24 hour crisis center available to participants at 6039 Eldora Ave. Suite F, in Las Vegas. Mobile Crisis Response Team reachable at (702) 248-8866, Option 7

11. **PART 6, MEDICAL PLAN OPTIONS, Section G., Prior Authorization, subsection 3(m)** is amended, effective January 1, 2027, to remove the lined out text as shown below:

m. Residential Treatment Programs ~~(with MAP Prior Authorization)~~.

12. **PART 6, MEDICAL PLAN OPTIONS, Section G., Prior Authorization, subsection 5(c)** is deleted in its entirety, effective January 1, 2027, as shown below with subsequent sections renumbered accordingly:

~~c. MAP Referral. Hospitalization resulting from a referral by MAP ("Member Assistance Program"). If an Eligible Individual requires hospitalization through a referral by MAP, it is not necessary to obtain Prior Authorization or a Continued Stay Review. All MAP referred hospitalizations will be handled by MAP.~~

13. **PART 6, MEDICAL PLAN OPTIONS, Section H., Case Management, subsection 2** is amended, effective January 1, 2027 to add the underlined text and remove the lined out text as shown below:

2. Case Management in General. The Plan has the full and complete authority and discretion to require or mandate Case Management, the terms and conditions thereof and full compliance therewith. Case management means medical or other healthcare services to inform, educate, and assist patients, their healthcare providers, and the Plan, and to facilitate or prescribe proper, effective and efficient care, including identifying and facilitating additional medical resources, services, or other healthcare and treatments, expanding and providing information about treatment options, and facilitating and coordinating activities and full and timely communications among health care providers and other professionals. Circumstances for Case Management include, but are not limited to, Chronic illnesses, acute catastrophic injury, infectious diseases, burns, terminal illness, transplants, major surgery, Prescription Drugs (for example, narcotics or other controlled substances), addictions, high risk pregnancies, neonatal complications, among others. Mandatory Case Management also can include required independent medical examinations and evaluations, ~~referrals and participation in member assistance programs (MAP)~~, or other specialty programs or providers, among others.

14. **PART 7, MEDICAL BENEFITS, Section D., Behavioral Health Services Benefits, subsection 2** is amended, effective January 1, 2027, to add the underlined text and remove the lined out text as shown below:

D. Behavioral Health Service Benefits.

1. How Do Behavioral Health Service Benefits Work?

a. ~~The Plan has implemented a Member Assistance Program (MAP). These services are provided through the Member Assistance Program administrator in the Quick Guide to Important Contacts.~~

b. ~~MAP is a program dedicated to providing confidential and professional counseling for Employees and their Eligible Dependents in the event of personal crises. Through MAP, professional counselors will provide assistance for issues such as:~~

- ~~Marital~~
- ~~Family~~
- ~~Children~~
- ~~Anger Management~~
- ~~Alcohol Use Disorder (Personal or Family)~~
- ~~Other Personal or Emotional Problems~~
- ~~Drug Use Disorder (Personal or Family)~~

~~Trained MAP professionals are available 24 hours a day, 7 days a week, to help identify and evaluate the patient and provide treatment or, if necessary, refer the patient to an appropriate resource for help.~~ The Plan offers behavioral health services under the Indemnity Plan and both EPO Plans as provided for in the Quick Guides to Benefits. In order to receive benefits, the patient must contact the Utilization Review Organization for Mental Health and Substance Use Disorder benefits) listed in the Quick Guide to Important Contacts prior to receiving inpatient treatment. In the event of hospitalization for an Emergency Medical Condition, benefits will be paid only if the patient contacts the Utilization Review Organization within 72 hours. If the Participant does not notify the Utilization Review Organization of an inpatient admission or uses an in-patient Non-Network Provider, benefits will be reduced to payment of 50% of Allowable Expenses. If the Participant does not notify the Utilization Review Organization of an inpatient admission AND uses an in-patient Non-Network Provider, benefits will be reduced to payment of 25% of Allowable Expenses. Participants in the EPO plan will receive no benefits for any services provided by a Non-Network Provider.

~~There is no cost to you or your family members for this service for the first six (6) visits.~~ There is no cost to call the Utilization Review Organization in the face of crises, to talk to

Utilization Review Organization about the issue you are facing, to find out what options there are or to understand what benefits you qualify for. If you then decide to seek counseling or treatment, there may be some cost for continuing help.

For assistance, call the Utilization Review Organization for Mental Health and Substance Use Disorder benefits the phone number provided in the Quick Guide to Important Contacts.

2. What Benefits Are Provided?

~~a.~~ ~~Benefits Provided.~~ The ~~MAP Provider~~ Plan offers a full range of Behavioral Health Services, as well as other benefits. ~~The core MAP services include:~~

~~• Up to 6 in person counseling sessions per unique presenting problem, per twelve month period, per Participant. In person counseling sessions shall be per unique presenting problem for issues or concerns directly impacting the Participant. In person Counseling services are provided when the MAP assessment reveals that the presenting problem has a reasonable and likely chance of improving as a result of short-term in-person counseling that is focused on problem resolution.~~

~~• Referral to appropriate healthcare benefit and/or clinical resources in the community in situations where the Participant's presenting problem warrants long-term treatment, hospitalization or a more specialized level of care.~~

~~• 24 hours per day/ 7 days per week/ 365 days per year toll-free telephone access to a mental health clinician.~~ Telephone and teleconferencing with ~~a mental health clinician at the times scheduled through the Teamsters 631 Medical Center.~~

~~• Legal Referrals & Discounted Fees: One free 30 minute telephone or in person consultation with a licensed attorney.~~

~~• Financial Consultation: Unlimited telephone consultations with an appropriate Financial Consultant.~~

~~• Identity Monitoring and Theft Recovery: Credit monitoring and telephone consultation to help recovery from and minimize the impact of a breach of identity.~~

~~• Tobacco Cessation: online educational tools and telephone consultation with a tobacco cessation coach, unlimited access to the MAP website for information and referral.~~

~~• Work/Life Resources and Information: Consultations, educational materials and referrals regarding child care, adult dependent care, elder care, adoption, or parenting. Unlimited access to web-based information and resources about child care, adult dependent care, elder care, adoption, and parenting.~~

The mental health benefits summarized in the Quick Guide to Benefits will be payable for approved emotional or chemical dependency problems. Benefits will be reduced to payment of 50% of Allowable Expenses for use of Non-Network Provider services under the Indemnity Medical Plan. There is a $100 Deductible per person for inpatient hospitalization under the Indemnity Medical Plan and a $300 per day copayment up to a maximum of $900 under the EPO plan for active participants and non-Medicare eligible retirees; there is no copayment for Medicare-eligible retirees. The inpatient benefit includes acute, subacute and partial hospitalization (day care) services.

3. What Benefits Are Limited or Not Provided? Services or treatment will not be provided for the following conditions and under the following circumstances:

If a Participant does not obtain Preauthorization from Utilization Review Organization for Mental Health and Substance Use Disorder benefits listed in the Quick Guide to Important Contacts for inpatient treatment or the following outpatient treatment, benefits for in-network services will be reduced to payment of 50% of Allowable Expenses:

Partial Hospitalization Programs
Chemical Dependency or Psychiatric Intensive Outpatient Programs

a. Mental ~~retardation~~ disability, other than to make a primary diagnosis.

b. Conditions of a Participant for which there is no reasonable hope of improvement as determined by the clinical management committee.

c. Chronic schizophrenia.

d. Children performing poorly in school without exhibiting a diagnosed behavioral health condition. Tutoring and educational therapy is covered only as an adjunct to required therapy when inpatient treatment is authorized.

e. Services or treatment paid for by another health plan or other group insurance, as described in Part 12.A.

f. Services or treatment provided as a result of any workers' compensation law, or similar legislation, or obtained through or required by any government agency or program whether Federal, State, or any subdivision thereof.

g. Psychotherapy used as professional training.

h. Chronic physical health problems that have also produced psychological problems. Services are limited to mental health/substance abuse consulting inpatient and outpatient services only.

i. Residential Treatment Programs, Group Homes, Halfway House facilities and services are not covered when provided by Non-Network facilities or providers.

j. Systemic or medical conditions that on their own, regardless of psychiatric diagnosis, would necessitate hospitalization.

k. Eating disorder treatment, gambling disorder treatment and stress management rehabilitation are not covered benefits in an acute-care Hospital. Treatment can be provided in a subacute facility or outpatient setting.

l. Court ordered treatment may not be a covered benefit unless the Plan determines that treatment is both Medically Necessary and a covered benefit.

15. **PART 7, MEDICAL BENEFITS, Section E., Exclusions and Limitations, subsection 2(f)** is amended, effective January 1, 2027, remove the lined out text as shown below:

f. Any expenses incurred for treatment of mental health, alcohol or drug abuse are covered only ~~through MAP~~ as described and limited in Part 7.D.

16. **PART 7, MEDICAL BENEFITS, Section F., Medical Center Benefits, subsection 1** is amended, effective January 1, 2027, to add the following new subsections:

d. ***Behavioral Health Services*** at no cost. The behavioral health services offered includes counseling for a variety of areas, both in person and remotely, including individual counseling, family counseling, and marital counseling. The Behavioral Health Services are limited in nature and not all services are available.

e. ***Physical Therapy Service*** at no cost. The Physical Therapy Services are limited in nature and not all services are available.

17. **PART 8, PRESCRIPTION DRUGS, Section B., Covered Prescription Drugs, subsection 1** is amended, effective January 1, 2027, to add a new subsection as shown below:

r. Rabies vaccination.

Except as amended, each and every provision of the Teamsters Local 631 Security Fund for Southern Nevada Plan Document and Summary Plan Description shall remain in force and effect without change or modification and any inconsistent provision of the Teamsters Local 631 Security Fund for Southern Nevada Plan Document and Summary Plan Description shall be read to be consistent with this Amendment No. 6 and its purpose.

Chairman

Co-Chairman