

AMENDMENT FIFTEEN
TO THE
IBEW LOCAL 234 HEALTH & WELFARE PLAN

WHEREAS, the Board of Trustees of the IBEW Local 234 Electrical Workers Health and Welfare Fund (the "Plan") desires to amend the Plan to provide a hearing aid benefit (and eliminate the Plan exclusion for Hearing Aid Benefits);

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

AMENDMENT

Effective November 1, 2021, the Schedule of Benefits of the Summary Plan Description is amended by adding the following:

(22) **Hearing Aid Benefit.** Effective November 1, 2021, the Fund will provide a \$1,500 per ear allowance for hearing aid devices with a 36-month frequency limitation period per device beginning on the date of purchase.

A Participant pays the amount in excess of \$1,500. This benefit is available to all eligible active Participants and non-Medicare retirees and their dependents. After the 36-month period, the \$1,500 per ear allowance renews. To receive reimbursement for hearing aid device purchases up to the \$1,500 per ear allowance, the Participant or dependent is required to submit a copy of the itemized invoice and receipt as well as a prescription for the device to the Fund Office. The invoice must include the name of the patient, date of service, description of each service and the amount charged for each service. The \$1,500 allowance can be applied to any medically necessary hearing aid device and provider of choice (but see below for an available discount).

Additionally, a hearing aid discount network called TruHearing® has partnered with VSP® to provide exclusive savings to VSP covered Plan members that can be combined with the hearing aid allowance. Discounts through TruHearing on hearing aid devices range between 30% to 60%, and include major brands. To take advantage of TruHearing discounts, a Participant or dependent is required to contact TruHearing via the toll-free number (877) 396-7194 and indicate that he or she has VSP coverage. A TruHearing consultant will then answer questions and schedule a hearing exam with a network provider. At the hearing exam appointment, the network provider will recommend hearing aids that accommodate hearing loss, budget, and lifestyle. The Participant or dependent is responsible for any charges associated with the routine hearing exam and testing. These charges may be submitted through the Health Reimbursement Account (HRA) for reimbursement.

Following the initial TruHearing exam, three free follow-up appointments are included for fittings, adjustments, and ongoing education to ensure satisfaction. These follow-up appointments must be used within the three-year warranty period. Any additional visit beyond the first three appointments will cost up to a maximum of \$65 per visit. Additionally, a 45-day trial for each hearing aid purchase is included. If the hearing aids are returned within 45 days of purchase, a full refund will be provided. A Participant or dependent must timely notify the Fund Office in writing if a hearing aid device has been returned and, in turn, refund the Fund Office for the dispersed

allowance. A Participant or dependent may submit another reimbursement request upon the next purchase of hearing aids.

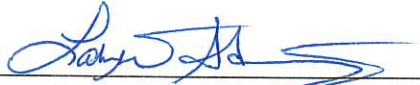
Effective November 1, 2021, Section 8.17 of the Exclusions Section of the Plan is eliminated. The following numbers of Section 8 are not renumbered.

Approved: September 15, 2021

EMPLOYER TRUSTEE

UNION TRUSTEE

Frederick A. Jensen, Chairman



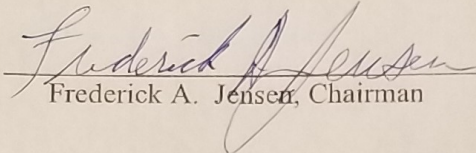
Lamont Adams, Co-Chairman

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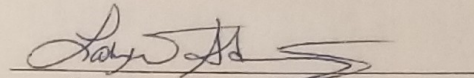
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