

**FOURTH AMENDMENT TO THE
STEUBENVILLE ELECTRICAL WELFARE FUND**

WHEREAS, the Board of Trustees (hereinafter referred to as the “Board of Trustees”) of the Steubenville Electrical Welfare Fund (hereinafter referred to as the “Fund”) currently administers and maintains the Fund, as amended and restated on January 1, 2021, for the benefit of the Participants covered by the Fund;

WHEREAS, the right to amend the Fund’s Combined Plan Document and Summary Plan Description (hereinafter referred to as the “Plan Document”) has been reserved to the Board of Trustees in Section 1.8 (pages 9-10) of said Plan Document, which right the Board of Trustees hereby exercises through written approval; and

WHEREAS, it is the intention of the Board of Trustees to amend the Plan Document to clarify coverage and/or to comply with the requirements of all laws and regulations.

NOW, THEREFORE, the Plan Document is hereby amended as follows:

- A. Effective January 1, 2022, the deductible provisions of the “Plan Features” subsection of Section 2.1, “Medical Coverage Schedule of Benefits,” which are on page 12 of the Plan Document, are hereby deleted and revised as follows:*

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
	...	
Deductible (per calendar year)*	\$750 Individual \$950 Participant +1 \$1,150 Family	\$1,750 Individual \$2,350 Participant +1 \$2,950 Family
* If the participant (for individual coverage), the participant and his or her dependent (for participant +1 coverage), or each family member (for family coverage) participated in one of the wellness screening events sponsored by the Plan and provided by Life Line Screening of America, Ltd. in the summer and fall of 2021, then his or her deductible would be reduced by \$250 per year. In that case, the deductibles would be as follows:		
Deductible (per calendar year)	\$500 Individual \$700 Participant +1 \$900 Family	\$1,500 Individual \$2,100 Participant +1 \$2,700 Family
All covered expenses accumulate separately toward the in-network and out-of-network deductible.		
Unless otherwise indicated, the deductible must be met prior to benefits being payable.		
Member cost sharing for certain services, as indicated in this SPD, are excluded from charges to meet the deductible.		

Pharmacy expenses do not apply towards the deductible.
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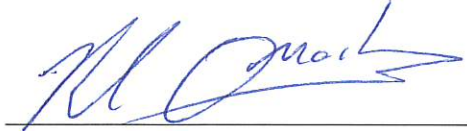
Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the year. There is no individual deductible to satisfy within the family deductible.

...

B. Except as herein expressly amended or modified herein, all of the terms of the Plan Document are hereby affirmed.

IN WITNESS THEREOF, this Fourth Amendment was adopted at the Regular Board of Trustees' meeting held on November 17, 2021.

UNION TRUSTEES







EMPLOYER TRUSTEES





STEUBENVILLE ELECTRICAL WELFARE FUND

626 North Fourth Street
Steubenville, Ohio 43952
Telephone: (740) 282-1251

SUMMARY OF MATERIAL MODIFICATIONS FOR THE COMBINED PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION OF THE STEUBENVILLE ELECTRICAL WELFARE FUND

The Board of Trustees of the Steubenville Electrical Welfare Fund (the "Fund") has updated your Combined Plan Document and Summary Plan Description (the "Plan Document"), which became effective on January 1, 2021. This "Summary of Material Modifications" explains the changes and should be kept with your Plan Document.

Effective January 1, 2022, the Board of Trustees has updated the deductible provisions of the "Plan Features" subsection of Section 2.1, "Medical Coverage Schedule of Benefits," as follows:

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
	...	
Deductible (per calendar year)*	\$750 Individual \$950 Participant +1 \$1,150 Family	\$1,750 Individual \$2,350 Participant +1 \$2,950 Family
* If the participant (for individual coverage), the participant and his or her dependent (for participant +1 coverage), or each family member (for family coverage) participated in one of the wellness screening events sponsored by the Plan and provided by Life Line Screening of America, Ltd. in the summer and fall of 2021, then his or her deductible would be reduced by \$250 per year. In that case, the deductibles would be as follows:		
Deductible (per calendar year)	\$500 Individual \$700 Participant +1 \$900 Family	\$1,500 Individual \$2,100 Participant +1 \$2,700 Family
All covered expenses accumulate separately toward the in-network and out-of-network deductible.		
Unless otherwise indicated, the deductible must be met prior to benefits being payable.		
Member cost sharing for certain services, as indicated in this SPD, are excluded from charges to meet the deductible.		
Pharmacy expenses do not apply towards the deductible.		
Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the year. There is no individual deductible to satisfy within the family deductible.		
	...	

As stated above, this notice serves as a Summary of Material Modifications and should be kept with your copy of the Plan Document for future reference.

If you have any questions about these changes to the Fund, please feel free to contact the Fund's Administrative Manager at (740) 282-1251.

Sincerely,

BOARD OF TRUSTEES