

**FIFTH 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            |
|--|-------------------------|---------------------------|
|  | ...                     |                           |
| <b>Deductible</b> (per calendar year)  | \$750 Individual *      | \$1,750 Individual *      |
|  | \$950 Participant +1 ** | \$2,350 Participant +1 ** |
|  | \$1,150 Family **       | \$2,950 Family **         |
| * If the participant (for individual 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 or in any future deductibility-reducing wellness program approved by the Board of Trustees, then his or her deductibles would be reduced by \$250 per year. In that case, the deductibles would be as follows: |                         |                           |
| <b>Deductible</b> (per calendar year)  | \$500 Individual        | \$1,500 Individual        |
|  | \$700 Participant +1    | \$2,100 Participant +1    |
|  | \$900 Family            | \$2,700 Family            |

**\*\* If the participant and his or her spouse (for either participant +1 coverage or family coverage) have primary coverage under this Plan, and if both the participant and the spouse 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 or in any future deductibility-reducing wellness program approved by the Board of Trustees, then their deductibles would be reduced by \$250 per year. In that case, the deductibles would be as follows:**

|                                       |                      |                        |
|---------------------------------------|----------------------|------------------------|
| <b>Deductible (per calendar year)</b> | \$500 Individual     | \$1,500 Individual     |
|                                       | \$700 Participant +1 | \$2,100 Participant +1 |
|                                       | \$900 Family         | \$2,700 Family         |

Spouses with primary coverage under another health plan and dependents under this Plan are not required to participate in the wellness programs approved by the Board of Trustees, so their deductibles would be determined by the above provisions.

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.

...

***B. Effective December 1, 2021, the home health care provisions of the "Other Services" subsection of Section 2.1, "Medical Coverage Schedule of Benefits," which are on page 15 of the Plan Document, are hereby deleted and revised as follows:***

| <b>OTHER SERVICES</b>  | <b>IN-NETWORK</b>     | <b>OUT-OF-NETWORK</b> |
|--|-----------------------|-----------------------|
|  | ...                   |                       |
| <b>Home Health Care</b>  | 20%; after deductible | 35%; after deductible |
| Home health care services include private duty nursing   |                       |                       |
| Limited to 3 intermittent visits per day by a participating home health care agency; 1 visit equals a period of 4 hours or less. |                       |                       |
|  | ...                   |                       |

***C. Effective December 1, 2021, Article XIII. is amended by adding the following new Section 13.10.5, "Home Health Care Benefits":***

### **13.10.5 Home Health Care Benefits**

#### **(1) Covered Services**

Effective December 1, 2021, the Plan covers the following home health care services when they are medically necessary and received from a hospital or a home health care agency:

- professional services of a registered or licensed practical nurse;
- treatment by physical means, occupational therapy, and speech therapy;
- medical and surgical supplies;
- prescription drugs;
- oxygen and its administration;
- medical social services, such as the counseling of patients; and
- home health aide visits when the Covered Person is receiving covered nursing or therapy services.

(2) **Excluded Services**

The Plan will not cover any home health care services or supplies that are not specifically listed above. Examples include, but are not limited to, the following:

- homemaker services;
- food or home-delivered meals; and
- custodial care, rest care, or care that is only for someone's convenience.

All home health care services must be certified initially by a physician, and the physician must continue to certify, when requested by the Plan, that the Covered Person is receiving skilled home health care services, not custodial care. All home health care services must be provided in accordance with the physician's treatment plan and as authorized as medically necessary by the Claims Payor.

***D. Except as herein expressly amended or modified herein, all of the terms of the Plan***

***Document are hereby affirmed.***

IN WITNESS THEREOF, this Fifth Amendment was adopted at the Regular Board of Trustees' meeting held on December 15, 2021.

UNION TRUSTEES

  
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EMPLOYER TRUSTEES

  
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