

AMENDMENT #1
to the Plan Document/Summary Plan Description for the
Teamsters Security Fund for Southern Nevada-Local 14
that was effective May 1, 2019

Effective November 1, 2019, the Plan Document/Summary Plan Description is amended as follows:

Article II, the “Healthcare Price Comparison Tool” row of the Quick Reference Chart is amended to delete the entire row, as shown in strike-through:

ARTICLE II. QUICK REFERENCE CHART	
Information Needed	Whom to Contact
<p>Healthcare Price Comparison Tool (a healthcare price transparency solution)</p> <ul style="list-style-type: none"> • Healthcare Bluebook is a free tool for plan participants to use to find Network providers along with the price of many of the services the provider offers. In addition to the pricing, you can find maps and quality ratings for network providers. • The cost of common medical procedures can vary by more than 500% depending on where you have the procedure performed. With Healthcare Bluebook, you can find high value providers for common medical services like screening colonoscopy, mammogram, CT or MRI scan, chest x-ray, sleep study, etc. • Healthcare Bluebook is fast, easy to use, and can save you money. You can access Healthcare Bluebook from your mobile device, desktop, laptop, or tablet. You can also download the app for your iPhone or Android smartphone to allow you to easily search for providers that offer fair prices for their services. • When your provider suggests you have a non-emergency service, you can find affordable high quality healthcare providers by using Healthcare Bluebook. 	<p>Healthcare Bluebook</p> <ul style="list-style-type: none"> • Website to access Healthcare Bluebook is: www.healthcarebluebook.com/cc/teamsterslocal14 • You can also download the Bluebook app onto your Android or iPhone smartphone, tablet or computer to allow you to easily search for providers that offer fair prices for their services.

Article V, the “Radiology (X-Ray), Nuclear Medicine and Radiation Therapy Services (Outpatient)” row of the Schedule of Medical PPO Plan Benefits is amended to delete the text shown in strike-through:

ARTICLE V. SCHEDULE OF MEDICAL PPO PLAN BENEFITS			
This chart explains the Benefits payable by the Plan. See also the Medical PPO Plan Exclusions and Definitions Articles of this document for important information. All Benefits are subject to the Deductible except where noted. *IMPORTANT: Out-of-Network providers are paid according to the “Allowable Expense”, as defined in the Definitions Article, and could result in balance billing to you.			
Benefit Description	Explanations and Limitations	In-Network	Out-of- Network*
<p><u>Radiology (X-Ray), Nuclear Medicine and Radiation Therapy Services (Outpatient)</u></p> <ul style="list-style-type: none"> Technical and professional fees associated with diagnostic and curative radiology services, including radiation therapy. 	<ul style="list-style-type: none"> Covered only when ordered by a Physician or Health Care Practitioner. These diagnostic tests: MRI, CT scan, PET scan, MRA, CT angiography, and diagnostic tests billed over \$500 require precertification. See the Utilization Review and Case Management Article for details. Reminder: Healthcare Bluebook is a free tool for plan participants to use to find Network providers along with the price of many of the services the provider offers. In addition to the pricing, you can find maps and quality ratings for network providers. You can find affordable high-quality healthcare providers by using Healthcare Bluebook. Some Radiology procedures are covered at no charge as Wellness/Preventive services. See the Wellness row in this Schedule. A Therapeutic Radiology treatment is often referred to as Radiation Therapy. 	<p>Therapeutic Radiology: After Deductible met, you pay \$25 Copay per day.</p> <p>PPO Provider: After Deductible met you pay \$15 Copay per visit or \$50 Copay per complex diagnostic test like MRI, MRA, CT, PET scan or angiogram).</p>	<p>After Deductible met the Plan pays 50% of allowable expenses.</p>

Effective January 1, 2020, the Plan Document/Summary Plan Description is amended as follows:

Article II, “Employee Assistance Program (EAP)” row of the Quick Reference Chart is amended to delete the text shown in strike-through and add the text in italics:

ARTICLE II. QUICK REFERENCE CHART	
Information Needed	Whom to Contact
<p>Employee Assistance Program (EAP)</p> <ul style="list-style-type: none"> This plan offers up to four (4) <i>eight (8)</i> free EAP visits for professional confidential counseling. <ul style="list-style-type: none"> The EAP offers professional, confidential information, support and referral to help individuals cope with personal problems that impact their home and work life. EAP counselors can help you with stress, marriage/family/work-related problems, substance abuse, financial and legal problems. 	<p>Harmony Healthcare Phone: 1-702-251-8000 or 1-800-363-4874 www.harmonyhc.com</p>

Article V, the “Corrective Appliance (Prosthetic & Orthotic Devices, other than Dental)” row of the Schedule of Medical PPO Plan Benefits” is amended to delete the text shown in strike-through:

ARTICLE V. SCHEDULE OF MEDICAL PPO PLAN BENEFITS			
This chart explains the Benefits payable by the Plan. See also the Medical PPO Plan Exclusions and Definitions Articles of this document for important information. All Benefits are subject to the Deductible except where noted. *IMPORTANT: Out-of-Network providers are paid according to the “Allowable Expense”, as defined in the Definitions Article, and could result in balance billing to you.			
Benefit Description	Explanations and Limitations	In-Network	Out-of- Network*
<p>Behavioral Health Services (Mental Health and Substance Abuse Treatment)</p> <ul style="list-style-type: none"> Employee Assistance Program (EAP) Services: This plan offers up to four four (4) eight (8) free EAP visits for professional confidential counseling. The phone number for the EAP program is listed on the Quick Reference Chart in the front of this document. The EAP visits can be used for smoking cessation therapy. In addition to the EAP services the following benefits are available: Outpatient services: outpatient visits and other outpatient services (including intensive outpatient program (IOP), and partial day treatment/hospitalization). Partial day treatment/hospitalization means treatment of mental, nervous, or emotional disorders and substance abuse for at least three (3) hours, but not more than twelve (12) hours in a twenty-four (24) hour period. Inpatient acute hospital admission and residential treatment program. Residential treatment program and halfway house payable same as an inpatient admission. 	<ul style="list-style-type: none"> Elective inpatient Behavioral Health admission and residential treatment program admission requires precertification by calling the Behavioral Health Program whose contact information is listed on the Quick Reference Chart in the front of this document. For help finding a provider qualified to assist you with your outpatient counseling needs, please contact the Behavioral Health Program whose contact information is listed on the Quick Reference Chart in the front of this document. Outpatient prescription drugs for Behavioral Health payable under Drugs in this Schedule of Medical PPO Plan Benefits. Coverage is provided for the diagnosis and treatment of autism spectrum disorders. See Autism Treatment, including Applied Behavioral Analysis (ABA) Therapy row in this Schedule. See the specific Exclusions related to Behavioral Health Services, in the Medical PPO Plan Exclusions Article. Benefits are payable only for services of Behavioral Health Care Practitioners listed in the Definitions Article. 	<p>EAP Counseling (up to 8 visits): No charge</p> <p>Outpatient Visits and Other Outpatient Services: After Deductible met,</p> <ul style="list-style-type: none"> Intake Assessment: \$10 copay. Individual, Family and Intensive Outpatient Therapy: No charge for the first 4 visits then you pay \$7.50 copay per visit. Group Therapy: \$5.50 copay/visit. Bereavement Counseling: \$10 copay/visit. Partial Hospitalization: After Deductible met, you pay a \$50 facility copay. <p>Inpatient Admission and Residential Treatment Program: After the Deductible is met there is an additional \$100 Inpatient Copay per admission then the member is responsible for 10% coinsurance up to the annual coinsurance/copay limit. LiveHealth Online Visit: \$10 copay/visit. Deductible does not apply.</p>	<p>Outpatient Services: After Deductible met the Plan pays 50% of allowable expenses.</p> <p>Residential Treatment Program: Not covered.</p> <p>Inpatient Admission: After the Deductible is met there is an additional \$1,000 Inpatient Copay per admission then the member is responsible for 50% coinsurance (Plan pays 50% of allowable expenses) up to the annual coinsurance/copay limit.</p> <p>Reminder, Out-of-Network providers are paid according to the Allowable Expense (as defined in the Definitions Article) and could result in balance billing to you. Your least cost occurs when you choose In-network providers.</p>

Article VIII, Section A: "General Exclusions" is amended to add the following text to subparagraph 17, as shown in italics:

17. Occupational Illness, Injury or Conditions Subject to Workers' Compensation: All expenses incurred by you or any of your covered Dependents arising out of or in the course of employment (including self-employment) if the injury, illness or condition is subject to coverage, in whole or in part, under any workers' compensation or occupational disease or similar law. This incorporates any injury or illness arising out of, or in the course of, any employment for wage, gain or profit, which includes but is not limited to the Occupational Disease Act for heart, lung and cancer (Nevada Revised Statutes 617.457, 617.455, 617.453). *The exclusion continues to apply until and unless all administrative remedies are exhausted and it is determined by the Trustees that such workers compensation or similar law does not apply.*

The undersigned Chairman and Co-Chairman of the **Teamsters Security Fund for Southern Nevada-Local 14** do hereby certify that the foregoing Amendment #1 to the 2019 **Plan Document/Summary Plan Description** was duly adopted by the Board of Trustees at a Meeting duly called and held on January 23, 2020.



Chairman

1/23/20

Date



Co-Chairman

1-27-20

Date

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