

**AMENDMENT #3**  
**to the Plan Document/Summary Plan Description for the**  
**Teamsters Security Fund for Southern Nevada-Local 14**  
**that was effective May 1, 2019**

---

**Effective August 6, 2020, the Plan Document/Summary Plan Description is amended as follows:**

**Article III. Eligibility, Section F. Surviving Dependents of a Deceased Non-Medicare Retiree is amended to delete the text in strikethrough and add the text in italics:**

**Section F. Surviving Dependents of a Deceased ~~Participant~~ ~~Non-Medicare Retiree~~.**

1. In the event of the death of a Covered Non-Medicare Retiree, the surviving Spouse, and eligible Dependent Children may continue coverage, except for Dependent Life Insurance, under the Plan by making the necessary self-payments to the Plan on a timely basis.
2. *In the event of the death of a Covered Active Employee, the surviving Spouse, and eligible Dependent Children may continue coverage, except for Dependent Life Insurance, under the Plan's COBRA temporary continuation coverage, described in Article XV. This COBRA coverage is fully funded by the Plan and available for the first six (6) months, during which the surviving spouse and/or dependent(s) do not have to make any COBRA premium or other self-payments. Once the initial 6 months of COBRA Continuation Coverage terminates, the Surviving Spouse and/or Dependent(s) may continue their coverage under COBRA for the remainder of the COBRA coverage period by making timely election and payments of the required COBRA premium.*
3. *If the deceased Active Employee had met the requirements to be eligible for Retiree Health benefits as described in Section D, above, the Surviving Spouse and/or Dependent(s) will become eligible for Retiree Health benefits 6 months after their eligibility under the Active Benefits terminates due to the Employee's death if the Surviving Spouse and/or Dependent(s) make the required self-payments for coverage.*
4. Coverage for the surviving Spouse, or eligible Dependents will terminate on the date of remarriage or death of the surviving Spouse, on the date the surviving Spouse becomes eligible for Medicare, or loss of Dependent eligibility under the Dependent's eligibility rules.

**Article III. Eligibility, Section J. Termination of Coverage, subsection 3 is amended to add the text in italics:**

3. **Retiree coverage ends on the earliest of:**
  - (a) The last day of the month prior to the month in which the Retiree becomes eligible for Medicare;
  - (b) End of the period for which the last required contribution was made;
  - (c) The date of the Retiree's death;

- (d) Termination date of the Plan
- (e) The date Retiree coverage is discontinued under the Plan;
- (f) Date of the Retiree's death.
- (g) *Coverage for the surviving Spouse and/or eligible Dependent(s) of a deceased Active Employee who had achieved eligibility for Retiree coverage will terminate on the date of death of the Surviving Spouse, on the date the surviving Spouse or Dependent becomes eligible for Medicare, or upon loss of Dependent eligibility under the Dependent's eligibility rules.*

**Article III. Eligibility, Section J. Termination of Coverage, subsection 7 is amended to delete the text in strike-through and add the text in italics:**

**7. When coverage under this Plan terminates you may have the option to:**

- a. buy temporary continuation of this group health plan coverage by electing COBRA; or
- b. if you are a surviving spouse or surviving dependent of an Active employee, continue coverage under the Plan's COBRA Continuation coverage or, if eligible, Retiree coverage, as described in Section K, below; or*
- ~~bc.~~ for insured health plan options, convert your group insurance coverage to an individual insurance policy (when permitted by the insurance company); or
- ~~ed.~~ look into your options to buy an individual insurance policy for health care coverage from the **Health Insurance Marketplace.**

Also, in the Marketplace you could be eligible for a tax credit that lowers your monthly premiums for Marketplace-purchased coverage. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit. For more information about the Health Insurance Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov). Also, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), if you request enrollment in that other plan within 30 days of losing coverage under this Plan.

**Effective December 7, 2020, the Plan Document/Summary Plan Description is amended as follows:**

**Article III. Eligibility, Section A. Eligibility Summary is amended to add the text in italics:**

**Section A. Eligibility Summary.** The following chart summarizes the types of Benefits available for eligible individuals under this Plan:

Type of Benefit	Active Employees	Dependents of Active Employees	Retirees who are not Medicare-eligible <i>due to age</i>	Dependents of Retirees who are not Medicare-eligible	Retirees who are Medicare eligible <i>due to age</i>	Dependents of Retirees who are Medicare-eligible <i>due to age</i>

Medical Plans (including Outpatient prescription drugs)	Yes	Yes	Yes, covered until eligible for Medicare <i>due</i> <i>to age</i>	Yes, covered until eligible for Medicare	No	No
Dental Plans	Yes	Yes	Yes, covered until eligible for Medicare <i>due</i> <i>to age</i>	Yes, covered until eligible for Medicare	No	No
Vision Plan	Yes	Yes	Yes, covered until eligible for Medicare <i>due</i> <i>to age</i>	Yes, covered until eligible for Medicare	No	No
Life Insurance	Yes	Yes	Yes, covered until eligible for Medicare <i>due</i> <i>to age</i>	No	No	No
Accidental Death and Dismemberment (AD&D) Insurance	Yes	No	Yes, covered until eligible for Medicare <i>due</i> <i>to age</i>	No	No	No

**Article III. Eligibility, Section D. Retirees and Medicare, subsection 1 is amended to add the text in italics:**

1. **Eligibility.** On a self-pay basis, a Non-Medicare Retired Participant (“Retiree”) is eligible for the same Benefits, and is subject to the same rules and obligations, as an Employee, except where these rules say otherwise. However, **all Plan Benefits coverage under the Fund will end for a Retiree when such Retiree becomes eligible for Medicare, unless the Retiree is under age 65 and 1) becomes eligible for Medicare because s/he has end-stage renal disease (“ESRD”), or 2) becomes eligible for Medicare due to disability.** The “full-time” requirement does not apply to a Retired Participant.
  - (a) If a Non-Medicare Retiree resides in the service area covered by the Health Plan of Nevada Plan, the Non-Medicare Retiree and any eligible Dependents must enroll in the HMO plan offered by Health Plan of Nevada.
  - (b) If you choose to decline Non-Medicare Retiree coverage when you initially become eligible, you may delay enrollment for yourself and your eligible Dependents from the date you initially became eligible for Non-Medicare Retiree coverage under the following circumstances:
    - 1) If you are covered under other health insurance coverage through your Spouse (including COBRA continuation coverage, individual insurance, or Medicare) and that coverage terminates due to divorce, death of Spouse, plan termination or residence change resulting in ineligibility for other health insurance coverage, you may enroll yourself and your Dependent(s) in Retiree coverage as long as enrollment occurs no later than 60 days after the termination date of other insurance coverage.

- 2) If you acquire a new Spouse of a new Dependent, as defined by the Plan, you may enroll yourself and your Dependent(s) in Non-Medicare Retiree coverage, as long as enrollment occurs no later than 60 days after the date you acquire the new Dependent(s).
- (c) Note that Eligible Participants who retired prior to January 1, 1994 will maintain eligibility for the Employee and Dependent Life Insurance and Employee Accidental Death and Dismemberment Benefits.

**Article III. Eligibility, Section D. Retirees and Medicare, subsection 5 is amended to delete the text in strike through and add the text in italics:**

5. **Retirees eligible for Medicare *due to attaining age 65* will not be eligible for Benefits provided by the Fund.** See also Section ~~KJ~~ in this Article on termination of coverage. The Fund has partnered with a company to provide benefit options that best suit each Medicare Retiree’s needs and budget through a private Medicare Exchange.
  - (a) Medicare-eligible Retirees *age 65 or older* will not be required to pay monthly self-payment contributions to the Fund. Instead, they will be fully financially responsible for the plans in which they choose to enroll.
  - (b) Medicare-eligible Retirees *age 65 or older*, or Retirees covered under Indian Health Services, that have an eligible Dependent covered under the Fund that is not eligible for Medicare, or that is under age 65 with end-stage renal disease (“ESRD”) and eligible for Medicare, can continue coverage for that Dependent under the Fund by paying the appropriate monthly self-payment contribution rate established by the Board of Trustees.

**Article III. Eligibility, Section F. Surviving Dependents of a Deceased Participant, as previously amended, is further amended to delete the text in strikethrough and add the text in italics:**

**Section F. Surviving Dependents of a Deceased Participant.**

1. In the event of the death of a Covered ~~Non-Medicare~~ Retiree, the surviving Spouse, and eligible Dependent Children may continue coverage, except for Dependent Life Insurance, under the Plan by making the necessary self-payments to the Plan on a timely basis.
2. In the event of the death of a Covered Active Employee, the surviving Spouse, and eligible Dependent Children may continue coverage, except for Dependent Life Insurance, under the Plan’s COBRA temporary continuation coverage, described in Article XV. This COBRA coverage is fully funded by the Plan and available for the first six (6) months, during which the surviving spouse and/or dependent(s) do not have to make any COBRA premium or other self-payments. Once the initial 6 months of COBRA Continuation Coverage terminates, the Surviving Spouse and/or Dependent(s) may continue their coverage under COBRA for the remainder of the COBRA coverage period by making timely election and payments of the required COBRA premium.
3. If the deceased Active Employee had met the requirements to be eligible for Retiree Health benefits as described in Section D, above, the Surviving Spouse and/or Dependent(s) will become eligible for Retiree Health benefits 6 months after their eligibility under the Active

Benefits terminates due to the Employee's death if the Surviving Spouse and/or Dependent(s) make the required self-payments for coverage.

4. Coverage for the surviving Spouse, or eligible Dependents will terminate on the date of remarriage or death of the surviving Spouse, on the date the surviving Spouse becomes eligible for Medicare, or loss of Dependent eligibility under the Dependent's eligibility rules.

**Article III. Eligibility, Section J. Termination of Coverage, subsection 3 as previously amended is further amended to add the text in italics:**

**3. Retiree coverage ends on the earliest of:**

- (h) The last day of the month prior to the month in which the Retiree becomes eligible for Medicare *due to attaining age 65*;
- (i) End of the period for which the last required contribution was made;
- (j) The date of the Retiree's death;
- (k) Termination date of the Plan
- (l) The date Retiree coverage is discontinued under the Plan;
- (m) Date of the Retiree's death.
- (n) Coverage for the surviving Spouse and/or eligible Dependent(s) of a deceased Active Employee who had achieved eligibility for Retiree coverage will terminate on the date of death of the Surviving Spouse, on the date the surviving Spouse or Dependent becomes eligible for Medicare, or upon loss of Dependent eligibility under the Dependent's eligibility rules.

**Article III. Eligibility, Section J. Termination of Coverage, subsection 7 is amended to delete the text in strike-through and add the text in italics:**

**7. When coverage under this Plan terminates you may have the option to:**

- a. buy temporary continuation of this group health plan coverage by electing COBRA; or
- b. if you are a surviving spouse or surviving dependent of an Active employee, continue coverage under the Plan's COBRA Continuation coverage or, if eligible, Retiree coverage, as described in Section K, below; or*
- ~~bc.~~ for insured health plan options, convert your group insurance coverage to an individual insurance policy (when permitted by the insurance company); or
- ed.* look into your options to buy an individual insurance policy for health care coverage from the **Health Insurance Marketplace**.

Also, in the Marketplace you could be eligible for a tax credit that lowers your monthly premiums for Marketplace-purchased coverage. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit. For more information about the Health Insurance Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov). Also, you may qualify for a special enrollment opportunity for another

group health plan for which you are eligible (such as a spouse’s plan), if you request enrollment in that other plan within 30 days of losing coverage under this Plan.


**Effective June 15, 2020, the Plan Document/Summary Plan Description is amended as follows:**

**Article VIII, Section B: Exclusions Applicable to Specific Medical Plan Services and Supplies, subsection 17. Sexual/Erectile Dysfunction Services Exclusions, is amended to delete the text in strikethrough:**


**17. Sexual/Erectile Dysfunction Services Exclusions**

- (a) **Treatment of Erectile Dysfunction (Impotency):** Expenses for surgical treatment of erectile dysfunction or inadequacy, and any complications thereof. Prescription medication to treat erectile dysfunction is payable under the Prescription Drug Program when precertified.
- ~~(b) **Sex Change Counseling, Therapy and Surgery:** Expenses for medical, surgical or prescription drug treatment related to transsexual/gender reassignment (sex change) procedures, or the preparation for such procedures, or any complications resulting from such procedures.~~

The undersigned Chairman and Co-Chairman of the **Teamsters Security Fund for Southern Nevada-Local 14** do hereby certify that the foregoing Amendment #3 to the 2019 **Plan Document/Summary Plan Description** was duly adopted by the Board of Trustees at a Meeting duly called and held on March 22, 2021.

  
Fred Horvath (May 6, 2021 15:18 PDT)  
Chairman

May 6, 2021  
Date

  
Sally Ihmels (May 3, 2021 15:44 PDT)  
Co-Chairman

May 3, 2021  
Date

5680932v4/13405.003