

**AMENDMENT #5**  
**to the Plan Document/Summary Plan Description for the**  
**Teamsters Security Fund for Southern Nevada-Local 14**  
**that was effective May 1, 2019**

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**Effective June 10, 2021, the Plan Document/Summary Plan Description is amended as follows:**

**Article V. Schedule of Medical PPO Plan Benefits, the “Physician & Health Care Practitioner Services” row is amended to add the text in italics and delete the text 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><b>Physician &amp; Health Care Practitioner Services</b></p> <ul style="list-style-type: none"> <li>Benefits are payable for professional fees when provided by a Physician or other covered Health Care Practitioner in an office, hospital, urgent care facility or other covered health care facility location, <b>including virtual office visits</b>. Payable Physician and Health Care Practitioner professional fees include: <ul style="list-style-type: none"> <li>Hospitalist physician under the Hospitalist Program, Surgeon, Assistant Surgeon (if Medically Necessary) and Certified Surgical Assistant (CSA)/Certified Surgical Technician (CST)</li> <li>Anesthesia provided by Physician and Certified Registered Nurse Anesthetist ("CRNA")</li> <li>Pathologist; Radiologist, and Podiatrist (DPM)</li> <li>Physician Assistant (PA), Nurse Practitioner (NP), and Certified Nurse Midwife</li> <li>Breastfeeding/Lactation Educator</li> </ul> </li> <li><b>Hospitalist Program:</b> means the program that provides hospital inpatient Physician services to Plan Participants. <b>The Hospitalist Program is mandatory (required) for inpatient primary physician care provided to Plan Participants.</b> The Hospitalist Program utilizes licensed non-specialist hospital based Physicians who have directly contracted with the Plan or with the Health Services Coalition on behalf of the Plan. Plan Participants who use the Hospitalist Program will have no out-of-pocket expenses (like Deductible, Coinsurance, and Copays) for covered services performed by or ordered by a Hospitalist Program Physician. <b>Plan Participants who refuse care under the Hospitalist Program are responsible for 100% of the billed charges by the Non-Hospitalist Program physician.</b> Physician care by specialists such as an Obstetrician/Gynecologist ("OB/GYN") and a Pediatrician, will be payable for covered services, in a manner consistent with the payment rules outlined on this Schedule of Medical PPO Plan Benefits, since specialists are not part of the Hospitalist Program.</li> </ul>	<ul style="list-style-type: none"> <li><b>Some Physician &amp; Health Care Practitioner Services require precertification.</b> See the Utilization Review and Case Management Article for details on precertification requirements.</li> <li>See also the Definition of "Physician," "Health Care Practitioner," and "Surgery" in the Definitions Article.</li> <li>See the Quick Reference Chart for information about the <b>LiveHealth Online visit</b> service.</li> <li>See the Quick Reference Chart for information about <b>services provided at the Family Wellness Centers without any cost.</b> See also the Family Wellness Centers (near-site health care clinics) row.</li> <li>The Claims Administrator will determine if multiple surgical or other medical procedures will be covered as separate procedures or as a single procedure based on the factors in the Definition of "Surgery" in the Definitions Article.</li> <li><b>Assistant Surgeon</b> fees will be reimbursed only for Medically Necessary services to a maximum of 20% of the eligible expenses allowed for the Primary Surgeon. Services by a Certified Surgical Assistant (See Definition of "Certified Surgical Assistant" in the Definitions Article) are payable if the use of a Certified Assistant Surgeon was Medically Necessary.</li> <li><b>Anesthesia Services:</b> If both an Anesthesiologist Physician and a Certified Registered Nurse Anesthetist ("CRNA") bill the Plan for anesthesia services on the same procedure, the Plan will allow, as total payment, the amount that would have been payable had just one professional performed the anesthesia services. Plan payment will be split 50/50 between the Anesthesiologist and the CRNA.</li> <li><b>Primary Care Provider (PCP)</b> means a Physician (MD or DO) or other Health Care Practitioner who practices general medicine, family medicine, internal medicine, pediatrics or obstetrics/gynecology. All other Physicians are considered specialists under this Plan. Under this Medical PPO Plan, there is no requirement to select a PCP or to obtain a referral or prior authorization before visiting an OB/GYN provider.</li> <li><b>Routine Foot Care Benefit:</b> Routine foot care administered by a Podiatrist is payable when Medically Necessary for individuals with diabetes or a neurological or vascular insufficiency affecting the feet.</li> <li>Foot Care is payable when Medically Necessary for <b>symptomatic foot conditions</b> such as plantar fasciitis, bone spurs, hammertoes or bunions.</li> <li>See also the Emergency Services row.</li> <li>See also the Family Planning, Maternity, and Wellness rows where certain women's preventive services are payable without cost-sharing when obtained from in-network providers.</li> <li>Coverage of Covid-19 Testing and Covid-19 Related Services is effective only for services received during the COVID-19 National Emergency Period.</li> </ul>	<p><b>Primary Care Provider (PCP) Office Visit:</b> You pay a \$10 copay per visit, after deductible met.</p> <p><b>Specialist Office Visit:</b> You pay a \$15 copay per visit, after deductible met.</p> <p><b>LiveHealth Online Visit:</b> \$10 copay/visit Deductible does not apply. (Copay waived for services on or after March 18, 2020 through December 31, 2020)</p> <p><b>Office Visit at a Family Wellness Center clinic:</b> No charge, no deductible.</p> <p><b>In Office Surgery:</b> PCP \$10 Copay (Specialist \$15 Copay) per visit, after Deductible met.</p> <p><b>Inpatient Hospitalist Services:</b> No charge, no deductible.</p> <p><b>Inpatient Visit by Specialist:</b> \$15 copay per visit (non-specialist provider: \$10 copay/visit) after deductible met</p> <p><b>Surgeon or Injection for Pain Management:</b> \$50 Copay/visit, after Deductible met.</p> <p><b>Assistant Surgeon:</b> No charge after Deductible met.</p> <p><b>Anesthesia Services and Physician Obstetrical Care:</b> \$100 Copay after Deductible met.</p> <p><b>Emergency Room Physician in an Emergency:</b> \$25 Copay after Deductible met.</p> <p>Covid-19 Test related office visit: 100%, no deductible.</p>	<p>After deductible met the Plan pays 50% of allowable expenses.</p> <p>See also the Emergency Room row in this schedule.</p> <p>No coverage for professional fees associated with outpatient surgery performed by an out-of-network provider.</p> <p><b>No coverage for professional fees associated with virtual visits performed by an out-of-network provider.</b></p> <p>Covid-19 Test related office visit: 100%, no deductible</p>

**Article VIII. Medical PPO Plan Exclusions, Section A. General Exclusions is amended to delete the text in strike through:**

28. **Internet/Virtual Office/Telemedicine Services:** Expenses related to a **non-network/non-contracted** online internet consultation with a Non-Network Physician or other Health Care Practitioner, also called a virtual office visit/consultation, web visit, Physician-patient web service or Physician-patient e-mail service, telemedicine (real time or store and forward types), telehealth, e-health, e-visit, remote diagnosis and treatment, real-time video-conferencing including receipt of advice, treatment plan, prescription drugs or medical supplies obtained from an online internet provider. See the Quick Reference Chart for information on the network online visit service.

**NOTE:** Effective March 1, 2020 ~~through the COVID-19 National Emergency Period~~, telephone calls and virtual visits for covered services performed by network providers outside of the Plan's contracted online visit services network are payable. Such services are subject to the normal deductible, copayment, and coinsurance provisions of the Plan, on the same basis as a face-to-face visit.

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The undersigned Chairman and Co-Chairman of the **Teamsters Security Fund for Southern Nevada-Local 14** do hereby certify that the foregoing Amendment #5 to the 2019 **Plan Document/Summary Plan Description** was duly adopted by the Board of Trustees at a Meeting duly called and held on July 22, 2021.

  
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Chairman

7/22/21  
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Date

  
\_\_\_\_\_  
Co-Chairman

7-22-21  
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Date

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