

**AMENDMENT #6**  
**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 August 1, 2021, the Plan Document/Summary Plan Description is amended as follows:**

**Article V. Schedule of Medical PPO Plan Benefits, the “Maternity Services” row is amended to add the text in italics and delete the text in strike-through:**

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## 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><u>Maternity Services</u></b></p> <ul style="list-style-type: none"> <li>Plan covers Hospital, Birth (Birthing) Center charges and professional fees for a Physician and Certified Nurse Midwife for Medically Necessary maternity services.</li> <li>See the Hospital row for payment of hospital or birthing center. See the Physician row for payment of professional fees. See Genetic Testing for additional information. See the Family Planning row and Drug row for information on contraceptive coverage.</li> <li>See the Eligibility Article on how to enroll a Newborn Dependent Child(ren).</li> <li>Breastfeeding equipment (breast pump) and supplies necessary to operate the pump are payable as noted on the Durable Medical Equipment row of this Schedule.</li> <li>The Plan pays for comprehensive lactation support and counseling (including breastfeeding classes) while breastfeeding, at 100%, no Deductible, when provided by an in-network provider acting within the scope of his/her license including a Breastfeeding/Lactation Educator, as defined in the Definitions Article.</li> </ul> <p>You do not need prior authorization from the Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.</p>	<ul style="list-style-type: none"> <li><b>The Plan does not pay for expenses related to the maternity care and delivery expenses associated with a pregnant Dependent Child.</b> This exclusion of maternity care for a pregnant Dependent Child <b>does not apply to the extent the expenses qualify as prenatal and postnatal office visits or Health Reform mandated services, or pregnancy related ultrasounds</b>, but the <b>exclusion does apply</b> to maternity services that are not office visits and not ACA-mandated such as <b>ultrasounds and</b> delivery expenses.</li> <li>Certain prenatal care/maternity related preventive care expenses are payable for all females (as listed on the government websites at <a href="http://www.hrsa.gov/womensguidelines/">http://www.hrsa.gov/womensguidelines/</a> or <a href="https://www.healthcare.gov/what-are-my-preventive-care-benefits">https://www.healthcare.gov/what-are-my-preventive-care-benefits</a> including but not limited to routine prenatal obstetrical office visits, screening for gestational diabetes, HPV testing starting at age 30, breastfeeding equipment and supplies to operate a pump, and lactation support and counseling by a trained provider. These services are covered without cost sharing for a female when obtained from in-network providers.</li> <li>Prenatal services not covered under the women's preventive/wellness coverage include, but are not limited to lab &amp; radiology services, delivery and high-risk prenatal services. While obstetrical ultrasounds may be part of routine prenatal care, they are not included under the health reform law and a Copayment, Coinsurance or Deductible may apply for these services. For all females, prenatal and postnatal visits obtained from an in-network provider are payable at no cost to you. Normal plan cost-sharing still applies to all other maternity related services including ultrasounds and delivery fees.</li> <li>When an in-network provider submits a bill to the plan with a global CPT code for the combination of prenatal/postnatal visits and delivery expenses, the Plan's claims administrator will process the claim applying no cost-sharing to 40% of the charges representing the prenatal/postnatal visit expenses, and normal cost-sharing to 60% of the charges representing the delivery expenses.</li> <li>Pregnancy-related care is covered for a female Employee/Retiree, or Spouse only. No coverage is provided for certain maternity or delivery expenses of Dependent Children. This exclusion of maternity care for a pregnant Dependent Child does not apply to <b>pregnancy related ultrasounds</b>, prenatal and postnatal care office visits and certain other preventive screening services mandated by health reform such as breast pump and supplies needed to operate the pump and lactation counseling. No coverage for ultrasounds and other pregnancy related services or delivery expenses for the pregnant Dependent Child and their baby.</li> <li><b>Hospital Length of Stay for Childbirth:</b> Under federal law, group health plans, like this Plan, generally may not restrict Benefits for any hospital length of stay in connection with Childbirth for the mother or the newborn Child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the Plan may pay for a shorter stay if the attending Physician (e.g., Physician, or Health Care Practitioner), after consultation with the mother, discharges the mother or newborn earlier. Also, under federal law, plans may not set the level of Benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, the Plan may not, under federal law, require that a Physician or other Health Care Practitioner obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). <b>However, for a length of stay longer than 48 hours for vaginal birth or 96 hours for C-section, contact the UR Company to precertify the extended stay.</b> For information on precertification, refer to the Utilization Review and Case Management Article in this document.</li> <li><b>Elective induced abortion</b> is not covered, except when the attending Physician certifies that the woman's health would be endangered if the fetus were carried to term, or where medical complications arise from an abortion.</li> <li>Expenses related to a pre-planned home birth are not payable. See the Exclusions related to Maternity Services in the Medical PPO Plan Exclusions Article.</li> </ul>	<p><b>Prenatal and postnatal office visits and Health Reform mandated services:</b> No charge.</p> <p><b>Breastfeeding equipment and supplies:</b> No charge.</p> <p><b>Lactation counseling:</b> No charge.</p> <p>For delivery fees: refer to the physician and hospital rows of this schedule.</p>	<p>After Deductible met the Plan pays 50% of allowable expenses.</p>

**Article VIII. Medical PPO Plan Exclusions, Section B. Exclusions Applicable To Specific Medical Plan Services and Supplies, subsection 14(e) is amended to delete the text in strikethrough:**

(e) Expenses related to the **maternity care and delivery expenses associated with a pregnant Dependent Child or a surrogate mother’s pregnancy, delivery and complications.** This exclusion of maternity care for a pregnant Dependent Child **does not apply to the extent the expenses qualify as pregnancy related ultrasounds or prenatal and postnatal care** provided under the Wellness and Preventive Services row of the Schedule of Medical PPO Plan Benefits, but the exclusion does apply to maternity services that are not office visits, *ACA mandated preventive screenings, or ultrasounds* such as ~~ultrasounds and~~ delivery expenses.

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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 #6 to the 2019 **Plan Document/Summary Plan Description** was duly adopted by the Board of Trustees at a Meeting duly called and held on September 30, 2021.

  
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**Chairman**

*12/17/21*  
\_\_\_\_\_  
**Date**

*Sally Humels*  
Sally Humels (Dec 17, 2021 12:39 PM)  
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**Co-Chairman**

**Dec 17, 2021**  
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**Date**

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