

**AMENDMENT #3**  
**to the Plan Document/Summary Plan Description for the**  
**Teamsters Security Fund For Southern Nevada-Hotel And Casino Workers**  
**that was effective October 1, 2014**

Effective October 1, 2015, the Plan Document/Summary Plan Description is amended as follows:

Throughout the document any reference to Prudential as the Life and AD&D Insurance Company is amended to show ULLICO as the new Life and AD&D Insurance Company.

Effective January 1, 2016, the Plan Document/Summary Plan Description is amended as follows:

Article V, Schedule of Medical PPO Plan Benefits, the following rows are amended to add the text in italics and delete the text in strike-through:

| <b>ARTICLE V. SCHEDULE OF MEDICAL PPO PLAN BENEFITS</b>  |   |   |  |
|--|---|---|--|
| 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.<br><b>*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.</b>  |   |   |  |
| Benefit Description  | Explanations and Limitations  | In-Network  | Out-of- Network*   |
| <p><b><u>Behavioral Health Services</u></b><br/>                     (Mental Health and Substance Abuse Treatment)</p> <ul style="list-style-type: none"> <li>Employee Assistance Program (EAP) Services: This plan offers up to <b>four (4) free EAP visits for professional confidential counseling</b>. The phone number for the EAP program is listed on the Quick Reference Chart in the front of this document. In addition to the EAP services the following benefits are available:</li> <li><b>Outpatient visits</b> including necessary Psychological (Psychiatric) Testing and intensive outpatient program (IOP) care and bereavement counseling.</li> <li><b>Inpatient acute hospital admission.</b></li> <li><b>Day treatment, partial day hospitalization, residential treatment program and halfway house payable same as an inpatient admission.</b> Partial day 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.</li> </ul> | <ul style="list-style-type: none"> <li><b>Elective inpatient Behavioral Health admission and residential treatment program admission requires precertification</b> by calling the Behavioral Health Program whose contact information is listed on the Quick Reference Chart in the front of this document.</li> <li><b>For help finding a provider qualified to assist you with your outpatient counseling needs, please contact</b> the Behavioral Health Program whose contact information is listed on the Quick Reference Chart in the front of this document.</li> <li>Outpatient prescription drugs for Behavioral Health payable under Drugs in this Schedule of Medical PPO Plan Benefits.</li> <li>Applied Behavior Analysis (ABA) Therapy is not a covered benefit.</li> <li>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.</li> <li><i>Behavioral Health residential treatment program is covered from in-network providers only for individuals needing treatment in a highly structured 24-hour therapeutic environment when care cannot be safely or effectively treated in a less intensive setting. A residential treatment facility must be properly licensed in the state in which the facility operates.</i></li> </ul> | <p style="text-align: center;"><b>EAP Counseling:</b><br/>No charge</p> <p style="text-align: center;"><b>Outpatient Services:</b><br/>After deductible met,</p> <ul style="list-style-type: none"> <li>Intake Assessment: \$10 copay</li> <li>Individual &amp; Family Therapy: No charge for the first 4 visits then you pay \$7.50 copay/visit.</li> <li>Group Therapy: \$5.50 copay/visit.</li> <li>Bereavement Counseling: \$10 copay/visit.</li> </ul> <p style="text-align: center;"><b>Inpatient Admission:</b><br/>After the deductible is met there is an additional <b>\$100 Inpatient deductible</b> per admission then the member is responsible for 10% coinsurance (Plan pays 90%) up to \$5,000 per calendar year then the Plan pays 100%.</p> | <p><b>Outpatient Services:</b><br/>After deductible met the Plan pays 50% of allowable expenses.</p> <p><b>Residential Treatment Program:</b><br/><i>No coverage.</i></p> <p><b>Inpatient:</b><br/>After the deductible is met there is an additional <b>\$1,000 Inpatient deductible</b> per admission then the member is responsible for 50% coinsurance (Plan pays 50% of allowable expenses)</p> <p><b>Reminder,</b><br/>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 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>Rehabilitation Services (Physical, Occupational &amp; Speech Therapy)</u></b></p> <ul style="list-style-type: none"> <li>Short term <b>active, progressive</b> Rehabilitation Services (Occupational, Physical, or Speech Therapy) performed by licensed or duly qualified therapists as ordered by a Physician.</li> <li>Inpatient Rehabilitation Services in an acute Hospital, rehabilitation unit or facility or Skilled Nursing Facility for short term, <b>active, progressive</b> Rehabilitation Services <b>that cannot be provided in an outpatient or home setting.</b></li> </ul> | <ul style="list-style-type: none"> <li>Rehabilitation services are covered only when ordered by a Physician.</li> <li><b>Inpatient Rehabilitation admissions and skilled nursing facility admissions</b> are payable up to a combined maximum of 60 days per person per calendar year. <b>Inpatient rehabilitation requires precertification.</b> See the Utilization Review and Case Management Article for details.</li> <li><b>Outpatient physical therapy and speech therapy</b> are payable to a maximum of 40 visits per person per calendar year.                             <ul style="list-style-type: none"> <li><b>Habilitation services</b> include speech therapy for developmentally delayed individuals payable to a maximum of 20 visits per person per calendar year.</li> <li><b>Speech therapy requires precertification.</b> See the Utilization Review and Case Management Article for details.</li> </ul> </li> <li><b>Outpatient occupational therapy</b> is payable to a maximum of 40 visits per person per calendar year.</li> <li>Maintenance Rehabilitation, coma stimulation services are <b>not covered.</b> See specific exclusions relating to Rehabilitation in the Medical PPO Plan Exclusions Article and the definition of Maintenance Rehabilitation in the Definitions Article.</li> </ul> | <p style="text-align: center;"><b>Outpatient Visits:</b><br/>After deductible met you pay a \$15 copay per therapy modality.</p> <p style="text-align: center;"><b>Home Visits:</b><br/>After deductible met, you pay a \$10 copay per therapy modality.</p> <p style="text-align: center;"><b>Inpatient Rehabilitation:</b><br/>After the deductible is met there is an additional <b>\$100 inpatient deductible</b> per admission then the member is responsible for 10% coinsurance (Plan pays 90%) up to \$5,000 per calendar year then the Plan pays 100%.</p> | <p style="text-align: center;"><b>Outpatient Visits and Home visits:</b><br/>After deductible met the Plan pays 50% of allowable expenses.</p> <p style="text-align: center;"><b>Inpatient Rehabilitation:</b><br/><del>After deductible met and you pay a \$1,000 deductible per admission, the Plan pays 50% of allowed expenses</del><br/><i>Not covered.</i></p> |
| <p><b><u>Skilled Nursing Facility (SNF) or Subacute Facility</u></b></p> <ul style="list-style-type: none"> <li>Skilled Nursing Facility (SNF).</li> </ul>  | <ul style="list-style-type: none"> <li>Services must be ordered by a Physician.</li> <li><b>Skilled Nursing Facility or Subacute Facility requires precertification.</b> See the Utilization Review and Case Management Article for details.</li> <li><b>Skilled nursing facility and Inpatient Rehabilitation admissions are payable</b> up to a combined maximum of <b>60 days per person per calendar year.</b></li> </ul>   | <p>After the deductible is met there is an additional <b>\$100 inpatient deductible</b> per admission then the member is responsible for 10% coinsurance (Plan pays 90%) up to \$5,000 per calendar year then the Plan pays 100%.</p>   | <p><del>After deductible met and you pay a \$1,000 deductible per admission, the Plan pays 50% of allowed expenses.</del><br/><i>Not covered.</i></p>  |

Article VII, Utilization Review and Case Management (UR/CM), Section D-2 (Precertification) is amended to add to the list of services needing precertification, the following service:

- (q) Admission to a residential treatment program.

Throughout the document any reference to a Domestic Partner being eligible for benefits, or a child of a Domestic Partner being eligible for benefits, or the Plan needing proof of Domestic Partnership is deleted. Coverage for a Domestic Partner and the child(ren) of a Domestic Partner (who are not also the child(ren) of a covered employee/retiree) is terminated on December 31, 2015.

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The undersigned Chairman and Secretary of the **Teamsters Security Fund For Southern Nevada-Hotel And Casino Workers** do hereby certify that the foregoing Amendment to the 2014 **Plan Document/Summary Plan Description** was duly adopted by the Board of Trustees at a meeting duly called and held on December 9, 2015, 2015:

Sean Hansen

Chairman

12/9/15

Date

Wendy R. Nutt

Secretary

12/9/15

Date

