

AMENDMENT #4
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 January 1, 2016, the Plan Document/Summary Plan Description is amended as follows:

Article II, Quick Reference Chart, the following rows are amended to delete the text in strike-through:

| ARTICLE II. QUICK REFERENCE CHART | |
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| Information Needed | Whom to Contact |
| <p>PPO Network for the Medical PPO Plan</p> <ul style="list-style-type: none"> • Medical Network Provider Directory (<i>for mental health and substance abuse network providers, refer to the Behavioral Health row of this Quick Reference Chart</i>) • Additions/Deletions of Network Providers <p>Always check with the Network before you visit a provider to be sure they are still contracted and will give you the discounted price.</p> | <p>Beech Street (A Multi-Plan network) 1-800-877-1444 Website: www.beechstreet.com</p> <p>Health Services Coalition (HSC) Hospitals Phone: 1-702-734-8601</p> <ul style="list-style-type: none"> • Includes all hospitals in Las Vegas, Henderson and Boulder City <u>EXCEPT, DIGNITY HEALTH HOSPITALS IN SOUTHERN NEVADA ARE NOT HSC PROVIDERS.</u> Website for Dignity Health Network Providers: www.dignityhealth.org. • IMPORTANT: Elective procedures and services performed at a Dignity Health hospital (such as St Rose & Northwest Hospitals) or surgery center located in Southern Nevada (i.e. the Siena Campus, De Lima Campus, San Martin Hospital, Parkway surgery center, and Durango surgery centers are excluded from Plan coverage. You will be responsible for paying the full amount billed by a Dignity Health hospital or surgery center for any elective service. <p>Preferred Partner Network (PPN) for Outpatient Radiology Services</p> <ul style="list-style-type: none"> • Nevada Imaging Centers Phone: 702-891-9727 • Steinberg Diagnostic Medical Imaging Phone: 702-732-6000 • Pueblo Medical Imaging Phone: 702-228-0031 <p>CAUTION: Use of a non-PPO network hospital, facility or Health Care Provider <u>could result in you having to pay a substantial balance on the provider's billing</u> (see definition of "balance billing" in the Definition Article of this document). Your lowest out of pocket costs will occur when you use In-Network PPO providers.</p> |

Article V, Schedule of Medical PPO Plan Benefits, the following rows are amended to 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. | | | |
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| Benefit Description | Explanations and Limitations | In-Network | Out-of-Network* |
| Hospital Services (Inpatient) <ul style="list-style-type: none"> Room & board facility fees in a semiprivate room with general nursing services. Specialty care units (e.g., intensive care unit, cardiac care unit). Lab/x-ray/diagnostic services. Related Medically Necessary ancillary services (e.g., prescriptions, supplies). Newborn care and newborn circumcision (hospital deductible and medical plan waived for routine nursery care) For eligible females, Birth (Birthing) Center charges are paid in the same manner as a hospital is paid. See also the Maternity row for more information. | <ul style="list-style-type: none"> A Hospital Admission Deductible is applied for each inpatient admission in addition to the annual medical plan deductible. Elective Hospitalization requires precertification. All Hospitalization is subject to concurrent review. See the Utilization Review and Case Management Article for details. Elective procedures and services performed at a Dignity Health hospital (such as St Rose & Northwest Hospitals) or surgery center located in Southern Nevada (i.e. the Siena Campus, De Lima Campus, San Martin Hospital, Parkway surgery center, and Durango surgery centers are excluded from Plan coverage. You will be responsible for paying the full amount billed by a Dignity Health hospital or surgery center for any elective service. Private room is covered only if Medically Necessary or if the facility does not provide semi-private rooms. Under certain circumstances the medical plan will pay for the facility fees and anesthesia associated with Medically Necessary dental services covered by a Dental Plan if the Utilization Review and Case Management firm determines that hospitalization or outpatient surgery facility care is Medically Necessary to safeguard the health of the patient during performance of dental services. <ul style="list-style-type: none"> No payment is extended toward the associated dental professional fee services provided while at a hospital or outpatient surgery facility. Planned use of a hospital or outpatient surgery facility for a Dental purpose requires precertification. See the Utilization Review and Case Management Article for details. See the Eligibility Article for how to properly enroll Newborns so coverage can be considered. Specialty care hospitals, also called long term care acute (LTAC) hospitals, are discussed under the Skilled Nursing Facility row in this Schedule. See the Physician row below for information on the Hospitalist Program. | <p>After the deductible is met there is an additional \$100 Inpatient deductible 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>After the deductible is met there is an additional \$1,000 Inpatient deductible per admission then the member is responsible for 50% coinsurance (Plan pays 50%) up to \$5,000 per calendar year then the Plan pays 100%.</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 costs occur when you choose in-network providers.</p> |

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| <p>Outpatient (Ambulatory) Surgery Facility/Center</p> <ul style="list-style-type: none"> • Ambulatory (Outpatient) Surgical Facility (e.g. surgicenter, same day surgery, outpatient surgery). • Physician fees payable under the Physician services section of this Schedule of Medical PPO Plan Benefits. | <ul style="list-style-type: none"> • All Elective Surgery to be performed in a Hospital-based outpatient surgery center or free-standing Ambulatory Surgical Facility/Center requires precertification. See the Utilization Review and Case Management Article for details. • Elective procedures and services performed at a Dignity Health hospital (such as St Rose & Northwest Hospitals) or surgery center located in Southern Nevada (i.e. the Siena Campus, De Lima Campus, San Martin Hospital, Parkway surgery center, and Durango surgery centers are excluded from Plan coverage. You will be responsible for paying the full amount billed by a Dignity Health hospital or surgery center for any elective service. • Under certain circumstances the medical plan will pay for the facility fees and anesthesia associated with Medically Necessary dental services covered by the Dental Plan if the Utilization Review and Case Management firm determines that hospitalization or outpatient surgery facility care is Medically Necessary to safeguard the health of the patient during performance of dental services. <ul style="list-style-type: none"> • No payment is extended toward the associated dental professional fee services provided while at a hospital or outpatient surgery facility. • Planned use of a hospital or outpatient surgery facility for a Dental purpose requires precertification. See the Utilization Review and Case Management Article for details. | <p>Facility Charges: After deductible met you pay a \$50 facility copay per visit.</p> <p>See the Physician row for payment of Physician professional fees.</p> | <p>Facility Charges: After deductible met the Plan pays 50%.</p> <p>See the Physician row for payment of Physician professional fees.</p> |
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| <p>Transplants (Organ and Tissue)</p> <ul style="list-style-type: none"> Coverage is provided only for eligible services directly related to Medically Necessary and non-experimental transplants of human organs or tissue including bone marrow, peripheral stem cells, cornea, heart, heart/lung, intestine, islet tissue, kidney, kidney/pancreas, liver, liver/kidney, lung(s), pancreas, bone, tendons or skin, along with the facility and professional services, FDA approved drugs, and Medically Necessary equipment and supplies. <u>Donor costs are not covered unless</u> both the patient and the donor are covered under this Plan. | <ul style="list-style-type: none"> Transplant services including pre-transplant workup tests require precertification. Non-network facility/provider will only be authorized in an emergency situation where patient transport to an in-network provider is not safe. See the Utilization Review and Case Management Article for details. Elective procedures and services performed at a Dignity Health hospital (such as St Rose & Northwest Hospitals) or surgery center located in Southern Nevada (i.e. the Siena Campus, De Lima Campus, San Martin Hospital, Parkway surgery center, and Durango surgery centers are excluded from Plan coverage. You will be responsible for paying the full amount billed by a Dignity Health hospital or surgery center for any elective service. See the specific exclusions related to Experimental and Investigational Services and Transplants in the Medical PPO Plan Exclusions Article. For plan participants who serve as a donor, donor expenses are not payable unless the person who receives the donated organ/tissue is a person covered by this Plan. | <p>See the Hospital row and Physician services row for payment information.</p> | <p>After deductible met the Plan pays 50%.</p> |
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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:

Sean Hauer

Chairman

12/9/15

Date

Wendy R. Nutt

Secretary

12/9/15

Date