

AMENDMENT #1
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, 2015, the Plan Document/Summary Plan Description is amended as follows:

Article IV, Medical PPO Plan Benefits, Section H is amended to delete the text in strike-through:

Section H. Out-Of-Pocket Limit (Annual Limit On In-Network Cost Sharing).

1. This Plan has an Out-of-Pocket Limit (also referred to as an Out-of-Pocket Maximum) which limits your annual cost-sharing for covered essential health benefits received from in-network providers related to Medical PPO Plan deductibles, coinsurance, and copayments. The amount of the Out-of-Pocket Limit is listed on the Schedule of Medical PPO Plan Benefits.
2. The Out-of-Pocket Limit is accumulated on a calendar year basis.
3. Covered expenses are applied to the Out-of-Pocket Limit in the order in which eligible claims are received by the Plan.
4. The amount of the Out-of-Pocket Limit may be adjusted annually, in an amount as published by the Department of Health and Human Services.
5. Covered emergency services performed in an Out-of-Network Emergency Room will apply to meet the in-network Out-of-Pocket Limit on cost-sharing.
6. The family out-of-pocket limit accumulates cost-sharing for any covered family member; however, no one individual in the family will be required to accumulate more than the individual out-of-pocket limit.
7. The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) prohibits the plan from imposing an annual Out-of-Pocket Limit on medical/surgical benefits and a separate annual Out-of-Pocket Limit on mental health and substance use disorder benefits. Expenses for in-network mental health and substance use disorder benefits count toward the in-network Out-of-Pocket Limit in the same manner as those for in-network medical expenses.
8. The Out-of-Pocket Limit **does not include or accumulate:**
 - (a) Premiums and contributions for coverage (when applicable),
 - (b) Expenses for medical services or supplies that are not covered by the Medical PPO Plan,
 - (c) Charges in excess of the Allowable Expense determined by the Plan which includes balance billed amounts for non-network providers,
 - (d) Penalties for non-compliance with Utilization Review and Case Management programs,
 - (e) Expenses for the use of non-network providers, except emergency services performed in an out-of-network Emergency Room accumulate to the in-network out-of-pocket limit,
 - (f) Dental Plan or Vision Plan benefits,
 - (g) Expenses that are not considered to be essential health benefits,
 - ~~(h) Outpatient prescription drug expenses, only until January 1, 2015.~~

Article V, Schedule of Medical PPO Plan Benefits, the Out-of-Pocket Limit 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*
Out-of-Pocket Limit This Plan has an Out-of-Pocket Limit which caps your annual cost-sharing for covered essential health benefits received from in-network providers related to Medical PPO Plan deductibles, coinsurance, and copayments. <ul style="list-style-type: none"> The Out-of-Pocket Limit is accumulated on a calendar year basis. Covered expenses are applied to the Out-of-Pocket Limit in the order in which eligible claims are received by the Plan. The amount of the Out-of-Pocket Limit may be adjusted annually, in an amount as published by the Department of Health and Human Services. Covered emergency services performed in an Out-of-Network Emergency Room will apply to meet the in-network Out-of-Pocket Limit on cost-sharing. The family out-of-pocket limit accumulates cost-sharing for any covered family member; however, no one individual in the family will be required to accumulate more than the individual out-of-pocket limit. 	The Out-of-Pocket Limit does not include or accumulate: <ol style="list-style-type: none"> Premiums and contributions for coverage (when applicable), Expenses for medical services or supplies that are not covered by the Medical PPO Plan, Charges in excess of the Allowable Expense determined by the Plan which includes balance billed amounts for non-network providers, Penalties for non-compliance with Utilization Review and Case Management programs, Expenses for the use of non-network providers, except emergency services performed in an out-of-network Emergency Room accumulate to the in-network out-of-pocket limit, Dental Plan or Vision Plan benefits, Expenses that are not considered to be essential health benefits, Outpatient prescription drug expenses, only until January 1, 2015. 	<p>For the period 1-1-14 to 5-31-14: \$500/person \$1,500/family</p> <p>For the period 6-1-14 to 12-31-14: Health care facility admission: \$500/person \$1,500/family and for all in-network PPO services: \$6,350/person \$12,700/family</p> <p><i>Starting January 1, 2015 the Out-of-Pocket Limit for Medical Plan benefits (excluding outpatient drugs) is:</i> \$5,600 per person \$11,200 per family</p> <p><i>The Out-of-Pocket Limit for outpatient drugs is:</i> \$1,000 per person \$2,000 per family</p>	<p>No limit, except emergency services performed in an out-of-network Emergency Room accumulate to the in-network out-of-pocket limit.</p>

Article V, Schedule of Medical PPO Plan Benefits, the Acupuncture row is amended to add a new bullet point under the Explanations and Limitations column, as noted here:

- Acupuncture is payable to a maximum of 15 visits per person per calendar year.

Article V in the Drugs (Outpatient Medicines) row, the following bullet point under the Explanation and Limitations column is amended to add the text in italics and delete the text in strike-through:

- ~~Outpatient prescription drugs do not accumulate toward the annual Out of Pocket Maximum in 2014. See the Out-of-Pocket Limit row in this Schedule for information on the amount of the Out-of-Pocket Limit for outpatient drugs starting January 1, 2015.~~

Article V in the Drugs (Outpatient Medicines) row, a new bullet point is added under the Explanation and Limitations column, as noted here:

- **Certain Drugs to Reduce the Risk of Breast Cancer:** no charge at an In-network Retail or Mail Order location for **generic tamoxifen** or raloxifene prescribed for women who are at increased risk of breast cancer and low risk for adverse medication effects.

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 10, 2014:

Sean Hansen

Chairman

12/10/14

Date

Wendy R. Nutt

Co-Chairman

12/10/14

Date