

AMENDMENT #10
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 July 1, 2018, the Plan Document/Summary Plan Description is amended as follows:

Article II, Quick Reference Chart, is amended to delete the below text in strike-through:

ARTICLE II. QUICK REFERENCE CHART	
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>Anthem Blue Cross Blue Shield 702-734-8601 Website: www.anthem.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. <p>Preferred Partner Network (PPN) for Outpatient Radiology Services</p> <ul style="list-style-type: none"> • Nevada Imaging Centers Phone: 1-702-891-9727 • Steinberg Diagnostic Medical Imaging Phone: 1-702-732-6000 • Pueblo Medical Imaging Phone: 1-702-228-0031 <p>CAUTION: Use of a non-PPO network hospital, facility or Health Care Provider could result in you having to pay a substantial balance on the provider's billing (see the 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>

The Index is amended to remove all references to the "Preferred Partner Network" and "PPN".

Article V, in the Radiology, Nuclear Medicine and Radiation Therapy Services row of the Schedule of Medical PPO Plan Benefits,” the following text is deleted 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>Radiology (X-Ray), Nuclear Medicine and Radiation Therapy Services (Outpatient)</p> <ul style="list-style-type: none"> Technical and professional fees associated with diagnostic and curative radiology services, including radiation therapy. 	<ul style="list-style-type: none"> Covered only when ordered by a Physician or Health Care Practitioner. Some Radiology procedures are covered at no charge as Wellness/Preventive services. See the Wellness row in this Schedule. A Therapeutic Radiology treatment is often referred to as Radiation Therapy. The Plan contracts with the Preferred Partner Network (PPN) for Radiology Services that includes: <ul style="list-style-type: none"> Nevada Imaging Centers (See the Quick Reference Chart for the website for the location of PPN Providers) and Steinberg Diagnostic Medical Imaging (See the Quick Reference Chart for the website for the location of PPN Providers) and Pueblo Medical Imaging (See the Quick Reference Chart for the website for the location of PPN Providers) 	<p>Therapeutic Radiology: After Deductible met, you pay \$25 Copay per day.</p> <p>PPN Provider: After Deductible met, you pay \$10 Copay per visit or \$35 Copay per complex diagnostic test like MRI, MRA, CT, PET scan or angiogram.</p> <p>PPO Provider: After Deductible met you pay \$15 Copay per visit or \$50 Copay per complex diagnostic test like MRI, MRA, CT, PET scan or angiogram).</p>	<p>After Deductible met the Plan pays 50% of allowable expenses.</p>

The undersigned Chairman and Co-Chairman of the **Teamsters Security Fund For Southern Nevada-Hotel And Casino Workers** do hereby certify that the foregoing Amendment #10 to the 2014 **Plan Document/Summary Plan Description** was duly adopted by the Board of Trustees at a Meeting duly called and held on **APRIL 30, 2018**:

Sean Hauer
Chairman

4/30/18
Date

Wendy R. Nutt
Co-Chairman

4/30/18
Date