

AMENDMENT #13
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 April 26, 2021, the Plan Document/Summary Plan Description is amended as follows:

Article V. Schedule of Medical PPO Plan Benefits, the “Physician & Health Care Practitioner Services” 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*
<p>Physician & Health Care Practitioner Services</p> <ul style="list-style-type: none"> Benefits are payable for professional fees when provided by a Physician or other covered Health Care Practitioner in an office, hospital, urgent care facility or other covered health care facility location, including virtual office visits. Payable Physician and Health Care Practitioner professional fees include: <ul style="list-style-type: none"> Hospitalist physician under the Hospitalist Program, Surgeon, Assistant surgeon (if medically necessary) & Certified Surgical Assistant (CSA)/Certified Surgical Technician (CST) Anesthesia provided by Physicians and Certified Registered Nurse Anesthetist ("CRNA") Pathologist; Radiologist, and Podiatrist (DPM) Physician Assistant (PA), Nurse Practitioner (NP), and Certified Nurse Midwife Breastfeeding/Lactation Educator Hospitalist Program: means the program that provides hospital inpatient physician services to plan participants. The Hospitalist Program is mandatory (required) for inpatient primary physician care provided to plan participants. The Hospitalist Program utilizes licensed non-specialist hospital based physicians who have directly contracted with the Plan or with the Health Services Coalition on behalf of the Plan. Plan participants who use the Hospitalist Program will have no out-of-pocket expenses (like deductible, coinsurance & copays) for covered services performed by or ordered by a Hospitalist Program physician. <u>Plan participants who refuse care under the Hospitalist Program are responsible for 100% of the billed charges by the non-Hospitalist Program physician.</u> Physician care by specialists such as an <i>Obstetrician/Gynecologist</i> ("OB/GYN") and pediatrician, will be payable for covered services, in a manner consistent with the payment rules outlined on this Schedule of Medical PPO Plan Benefits, since specialists are not part of the Hospitalist Program. 	<ul style="list-style-type: none"> Some Physician & Health Care Practitioner Services require precertification. See the Utilization Review and Case Management Article for details on precertification requirements. See also the definition of Physician, Health Care Practitioner and Surgery in the Definitions Article. See the Quick Reference Chart for information about the LiveHealth Online visit service. The Claims Administrator will determine if multiple surgical or other medical procedures will be covered as separate procedures or as a single procedure based on the factors in the definition of "Surgery" in the Definitions Article. Assistant Surgeon fees will be reimbursed only for Medically Necessary services to a maximum of 20% of the eligible expenses allowed for the primary surgeon. Services of a Certified Surgical Assistant (See Definition of "Certified Surgical Assistant" in the Definitions Article) are payable if the use of an assistant surgeon was Medically Necessary. Anesthesia Services: If both an anesthesiologist Physician and a certified registered nurse anesthetist ("CRNA") bill the Plan for anesthesia services on the same procedure, the Plan will allow, as total payment, the amount that would have been payable had just one professional performed the anesthesia services. Plan payment will be split 50/50 between the anesthesiologist and the CRNA. Primary Care Provider (PCP) means a Physician (MD or DO) or other Health Care Practitioner who practices general practice, family practice, internal medicine, pediatrics or obstetrics/gynecology (OB/GYN). All other Physicians are considered specialists under this Plan. Under this Medical PPO Plan, there is no requirement to select a primary care provider (PCP) or to obtain a referral or prior authorization before visiting an OB/GYN provider. Routine Foot Care Benefit: Routine foot care administered by a podiatrist is payable when Medically Necessary for individuals with diabetes or a neurological or vascular insufficiency affecting the feet. Foot Care is payable when medically necessary for symptomatic foot conditions such as plantar fasciitis, bone spurs, hammertoes, or bunions. See also the Emergency Services row. See also the Family Planning, Maternity and Wellness rows where certain women's preventive services are payable without cost-sharing when obtained from in-network providers. Coverage of Covid-19 Testing and Covid-19 Related Services is effective only for services received during the COVID-19 National Emergency Period. 	<p>Primary Care Provider (PCP) Office Visit: You pay a \$10 copay per visit, after deductible met.</p> <p>Specialist Office Visit: You pay a \$15 copay per visit, after deductible met.</p> <p>LiveHealth Online Visit: \$10 copay/visit. Deductible does not apply. (Copay waived for services on or after March 18, 2020 through December 31, 2020)</p> <p>In Office Surgery: PCP \$10 copay (Specialist \$15 copay) per visit, after deductible met.</p> <p>Inpatient Hospitalist Services: No charge, no deductible.</p> <p>Inpatient Visit by Specialist: \$15 copay per visit (non-specialist provider = \$10 copay/visit) after deductible met.</p> <p>Surgeon or Injection for Pain Management: \$50 copay/visit, after deductible met.</p> <p>Assistant Surgeon: No charge after deductible met.</p> <p>Anesthesia Services and Physician Obstetrical Care: \$100 copay after deductible met.</p> <p>Emergency Room Physician in an Emergency: \$25 copay after deductible met.</p> <p>Covid-19 Test related office visit: 100%, no deductible.</p>	<p>After deductible met the Plan pays 50% of allowable expenses.</p> <p>See also the Emergency Room row in this schedule.</p> <p>No coverage for professional fees associated with outpatient surgery performed by an out-of-network provider.</p> <p>No coverage for professional fees associated with virtual visits performed by an out-of-network provider.</p> <p>Covid-19 Test related office visit: 100%, no deductible</p>

Article VIII. Medical PPO Plan Exclusions, Section A. General Exclusions is amended to delete the text in strike-through:

29. **Internet/Virtual Office/Telemedicine Services:** Expenses related to a **non-network/non-contracted** online internet consultation with a Non-Network Physician or other Health Care Practitioner, also called a virtual office visit/consultation, web visit, Physician-patient web service or Physician-patient e-mail service, telemedicine (real time or store and forward types), telehealth, e-health, e-visit, remote diagnosis and treatment, real-time video-conferencing including receipt of advice, treatment plan, prescription drugs or medical supplies obtained from an online internet provider. See the Quick Reference Chart for information on the network online visit service.

NOTE: Effective March 1, 2020 ~~through the COVID-19 National Emergency Period~~, telephone calls and virtual visits for covered services performed by network providers outside of the Plan's contracted online visit services network are payable. Such services are subject to the normal deductible, copayment, and coinsurance provisions of the Plan, on the same basis as a face-to-face visit.

Effective June 1, 2021, the Plan Document/Summary Plan Description is amended as follows:

Article XII. Vision PPO Plan Benefits, Section. E. Schedule of Vision PPO Plan Benefits, the "Frames for Prescription Eyeglasses" row, "Lenses for Eyeglasses" row, and "Contact Lenses" row are amended to add the text in italics and delete the text in strike-through:

Section E. Schedule of Vision PPO Plan Benefits.

Section E. SCHEDULE OF VISION PPO PLAN BENEFITS			
Covered Vision Benefits	Explanations and Limitations <i>See also the Vision PPO Plan Exclusions in Section F.</i>	In-Network PPO Provider	Non-Network Provider
Frames for Prescription Eyeglasses The Plan provides a wide selection of quality frames. Because of the cosmetic nature of frames and rapidly changing styles, this Plan has a maximum allowance on the reimbursement for frames.	<ul style="list-style-type: none"> One frame is payable each 24 months. 	Plan Paid Frames: 100% up to the \$150 \$200 frame allowance. For other frame options not covered by the Vision Plan, the in-network provider offers you a discount. Discounts do not apply to non-network provider services.	The Plan pays 100% to a maximum of \$70.

Section E. SCHEDULE OF VISION PPO PLAN BENEFITS

Covered Vision Benefits	Explanations and Limitations <i>See also the Vision PPO Plan Exclusions in Section F.</i>	In-Network PPO Provider	Non-Network Provider
Lenses for Eyeglasses	<ul style="list-style-type: none"> A single vision, lined bifocal, lined trifocal or lenticular lens or lenticular lens is payable once every 12 months. 	<p>Single Vision (Standard): Plan pays 100%</p> <p>Lined Bifocal: Plan pays 100%</p> <p>Lined Trifocal: Plan pays 100%</p> <p>Lenticular: Plan pays 100%</p> <p>Standard Progressive Lenses: Plan pays 100%</p> <p>Premium or Custom Progressive Lenses: Plan pays 100% after you pay a \$30 copay</p> <p>Anti-reflective Coating: Plan pays 100% after you pay a \$30 copay</p> <p>For other lens options not covered by the Vision Plan, (such as progressive lenses), the in-network provider offers you a discount. Discounts do not apply to non-network provider services.</p>	<p>The Plan pays 100% up to the following maximum amounts:</p> <p>Single Vision: up to \$30. Lined Bifocal: up to \$50. Lined Trifocal: up to \$65. Lenticular: up to \$100.</p>

Section E. SCHEDULE OF VISION PPO PLAN BENEFITS			
Covered Vision Benefits	Explanations and Limitations <i>See also the Vision PPO Plan Exclusions in Section F.</i>	In-Network PPO Provider	Non-Network Provider
<p>Contact Lenses</p> <p>The Vision Plan covers both elective contact lenses and visually necessary contact lenses.</p> <p>The vision plan claims administrator determines when contact lenses are visually necessary.</p>	<ul style="list-style-type: none"> • Elective contact lenses (instead of eyeglasses) are payable each 12 months. • When you choose contact lenses, you are not eligible for contact lenses again for 12 months and frames for 24 months. • When elective contact lenses are obtained from an in-network provider, the plan will provide an allowance toward the cost of professional fees and materials as shown to the right. A 15% discount will also be applied to the in-network provider's professional fees for contact lens evaluation and fitting. 	<p>For a contact lens exam (fitting and evaluation) Plan pays 100% after you pay a \$60 Copay.</p> <p>Elective Contact Lenses: (contacts instead of eyeglasses) Plan pays up to \$120.</p> <p>Visually necessary professional fees and contact lens materials: Plan pays 100%</p> <p>For other contact lens options not covered by the Vision Plan, the in-network provider offers you a discount. Discounts do not apply to non-network provider services.</p>	<p>Elective contact lenses instead of eyeglasses: the Plan pays 100% up to \$105.</p> <p>Visually necessary professional fees and contact lens materials: Plan pays up to \$210.</p>

Article XII. Vision PPO Plan Benefits, Section. F. Vision PPO Plan Exclusions and Limitations is amended to add the text in italics and delete the text in strike-through:

Section F. Vision PPO Plan Exclusions and Limitations.

17. The Vision PPO Plan is designed to cover visual needs rather than cosmetic materials. When a covered person selects any of the following extras, the Vision PPO Plan will pay the cost of the allowed vision service/supply and the covered person will pay the additional cost for the extras. (Note that there is a discount on extras when obtained from In-network Vision providers.) Extras include:

- (a) oversized lenses (larger than 61mm),
- (b) optional cosmetic processes and cosmetic lenses.
- (c) coated lenses (e.g. ~~anti-reflective~~, color, mirror, scratch).
- (d) blended lenses.
- (e) laminated lenses.
- ~~(f) polycarbonate lenses.~~


- (gf) tinted lenses (addition of substance to produce a color) and photochromic lenses (lenses change from clear indoors to sunglass dark outdoors according to intensity of sunlight); except that Pink #1 and Pink #2 is covered.
- (h) ~~progressive multi focal lenses.~~
- (ig) sunglasses/ultraviolet (UV) protected lenses (plain or prescription).
- (jh) certain limitations on low vision care.
- (ki) plano (non-prescription or less than $\pm .50$ diopter power) lenses.
- (lj) orthokeratology lenses for reshaping the cornea of the eye to improve vision.
- (mk) a frame or other vision materials that cost more than the Plan allowance.

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 #13 to the 2014 **Plan Document/Summary Plan Description** was duly adopted by the Board of Trustees at a Meeting duly called and held on June 10, 2021.



Sean Harren (Oct 29, 2021 14:11 PDT)

Chairman



Wendy Nutt (Oct 29, 2021 14:07 PDT)

Co-Chairman

Oct 29, 2021

Date

Oct 29, 2021

Date

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