

**AMENDMENT #3**  
**to the Plan Document/Summary Plan Description for the**  
**Teamsters Security Fund For Southern Nevada-Hotel And Casino Workers**  
**that was effective May 1, 2024**

**Effective January 1, 2026, the Plan Document/Summary Plan Description is amended as follows:**

**Article II, Quick Reference Chart, a new row is added under the Prescription Drug Program row, titled “Weight Management Program” to add the text in italics.**

<b>ARTICLE II. QUICK REFERENCE CHART</b>	
<b>Information Needed</b>	<b>Whom to Contact</b>
<p><b><i>Weight Management Program</i></b></p> <ul style="list-style-type: none"> <li>• <i>Medical visits</i></li> <li>• <i>Nutrition support and coaching</i></li> <li>• <i>Weight loss medications</i></li> </ul>	<p><b><i>Marathon Health</i></b>  <i>Appointments: 1-702-757-1781</i>  <i>Medical and Pharmacy Benefits: 1-702-734-8601</i>  <i>Website: <a href="http://www.my.marathon.health">www.my.marathon.health</a></i></p>

**Article V, Schedule of Medical PPO Plan Benefits, a new row is added under transplants row, titled “Weight Management Program” to add the text in italics.**

<p><b><i>Weight Management Program (Marathon Health)</i></b></p> <ul style="list-style-type: none"> <li>• <i>Coverage is provided for individuals with a BMI 30.0-39.9 with other chronic conditions, or a BMI of 40.0+</i></li> <li>• <i>Coverage includes medical visits, individualized nutrition planning, health and wellness coaching, approved weight loss medication.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <b><i>Weight Management Program is provided through Marathon Health Providers only</i></b></li> <li>• <b><i>Coverage is excluded if plan participant does not meet medical criteria</i></b></li> <li>• <b><i>Anti-Obesity Medication is only covered through participation in the Weight Management Program through Marathon Health</i></b></li> </ul>	<p><b><i>Weight Management Program Visit: No Charge</i></b></p> <p><b><i>Anti-Obesity Medication: \$200 per prescription (see the Drugs (Outpatient Medicines row)</i></b></p>	<p><b><i>Not Covered</i></b></p>
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**Article V, Schedule of Medical PPO Plan Benefits, the row titled “Drugs (Outpatient Medicines)” is amended to add the following text in italics.**

## Drugs (Outpatient Medicines)

- Coverage is provided only for those pharmaceuticals (drugs and medicines) approved by the US Food and Drug Administration (FDA) as requiring a prescription and are FDA approved for the condition, dose, route, duration and frequency, if prescribed by a Physician or other Health Care Practitioner authorized by law to prescribe them.
- Coverage is also provided for prenatal vitamins; drugs required to be covered due to the Affordable Care Act FDA-approved female contraceptives, insulin, diabetic supplies (including blood glucose meter and testing supplies such as lancets, test strips, syringes), self-administered injectables such as Epipen and Glucagon.
- Contact the Prescription Drug Program administrator (whose phone number is listed on the Quick Reference Chart in the front of this document) for the following:
  - The list of drugs on the **Preferred Drug Formulary**.
  - Information on **drugs needing preapproval** by the clinical staff of the Prescription Benefit Manager (PBM) (e.g. certain pain medication, allergy treatment, hormone therapy, seizure and headache drugs, Advair, allergy medication, depression treatment drugs).
  - Information on which **drugs have a limit to the quantity** payable by this Plan (e.g. drugs to treat erectile dysfunction, ADHD, migraine, certain hormone therapy).
  - Information on which drugs are part of the **step therapy program** where you first try a proven, cost-effective medication before moving to a more costly drug treatment option. Step therapy drugs include GERD/ulcer treatment, statins for cholesterol, Cox 2 inhibitors like Celebrex or Vioxx, certain depression treatment drugs, Advair, nail fungus treatment, calcium channel blockers like Verapamil, allergy treatment and statins to treat high cholesterol/lipids.
- Specialty drugs** are available on an outpatient basis when ordered through and managed by the Prescription Benefit Manager (PBM). Specialty drugs are generally considered high-cost injectable, infused, oral or inhaled products that require close supervision and monitoring and are used by individuals with unique health concerns and include items such as injectables for multiple sclerosis, rheumatoid arthritis or hepatitis. These drugs may need precertification, often require special handling, are date sensitive and are generally available only in a 30-day quantity.

**The Prescription Drug Program:** Benefits for prescription drugs are provided through the Plan's Prescription Benefit Manager (PBM) whose name is listed on the Quick Reference Chart in the front of this document.

- Retail Drugs:** To obtain up to a 30-day supply of medicine, for the cost-sharing noted to the right, present your ID card to any In-Network retail pharmacy. Contact the Prescription Benefit Manager (PBM) (whose name is listed on the Quick Reference Chart) for the location of In-Network retail pharmacies.
- Mail Order (Home Delivery) Drug Service:** The mail order service is the easiest and least expensive way to obtain many drugs, plus the medications are mailed directly to your home. You may use the mail order service (see the Quick Reference Chart) to receive up to a 90-day supply of non-emergency, extended-use "maintenance" prescription drugs, such as for high blood pressure, arthritis or diabetes. Note that not all medicines are available via mail order. Check with the Prescription Benefit Manager (PBM) for further information. To use the mail order service:
  - Have your doctor write the prescription for a 90-day supply, with the appropriate refills.
  - Mail your prescription, copay and the mail order form to the Mail Order Services of the Prescription Benefit Manager (PBM) whose address is listed on the Quick Reference Chart. Mail order forms may be obtained from the Prescription Benefit Manager (PBM). Allow up to 14 days to receive your order.
- There is no coverage or reimbursement for drugs that you obtain at an Out-of-Network Retail Pharmacy.**
- Note that if the cost of the drug is less than the copay/coinsurance you pay just the drug cost.
- Anti-Obesity Medication is only covered through participation in the Weight Management Program through Marathon Health**
- The Plan provides a **mandatory generic program** meaning that if a brand name drug is dispensed in place of a generic, regardless if you or your doctor request it, you will pay the brand cost-sharing plus the difference in cost between the generic and brand name drug.
- FDA-approved contraceptives for females:** 100%, no cost-sharing for generic drugs submitted with a physician or Health Care Practitioner prescription purchased at an In-network Retail or Mail Order location. No charge for brand prescription contraceptive drug only if a generic contraceptive is unavailable or medically inappropriate. No coverage from a Non-Network/Out-of-Network retail pharmacy.
- In accordance with the Affordable Care Act certain **over-the-counter (OTC) drugs** are payable at no charge when prescribed by a Physician or Health Care Practitioner. For

**No deductible applies to outpatient drugs**

### In-Network Retail Pharmacy and Specialty Drugs

(up to a 30-day supply):

#### **Generic:**

No charge

#### **Preferred Brand:**

You pay the greater of 20% or \$20

#### **Non-Preferred Brand:**

You pay the greater of 45% or \$45

#### **Specialty Drugs:**

\$50 copay

### Anti-Obesity Medication: \$200 per prescription

#### Diabetic Supplies:

No charge.

#### Female Contraceptives:

No charge for generic drugs

#### Mail Order Service

(up to a 90-day supply):

#### **Generic:**

No charge

#### **Preferred Brand:**

\$30 copay

#### **Non-Preferred Brand:**

\$60 copay

Retail drugs are only available In-Network.

**No coverage for drugs obtained out-of-network.**

	<p>details, see the OTC section in the Medical PPO Plan Benefits Article.</p> <ul style="list-style-type: none"><li>• Drugs not yet approved by the FDA are not covered. <b>New FDA-approved drugs</b> will be covered by the Plan unless an amendment states otherwise or the class of drug is excluded.</li><li>• Certain CDC recommended <b>vaccinations</b> are payable at 100%, no cost sharing when obtained at an in-network retail pharmacy. Contact the Prescription Benefit Manager for more information.</li><li>• See also the exclusions related to Drugs (Medicines) in the Medical PPO Plan Exclusions Article.</li><li>• <b>Testosterone therapy for males requires prior authorization</b> by the Prescription Drug Program with when diagnosed with clinically significant hypogonadism.</li><li>• See the Out-of-Pocket Limit row in this Schedule for information on the amount of the annual Out-of-Pocket Limit for outpatient drugs starting January 1, 2015.</li><li>• <b>Certain Drugs to Reduce the Risk of Breast Cancer:</b> no charge at an In-network Retail or Mail Order location for <b>generic tamoxifen</b>, raloxifene, or aromatase inhibitors prescribed for women who are at increased risk of breast cancer and low risk for adverse medication effects.</li></ul>		
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**Article VIII, Medical PPO Plan Exclusions, exclusion 6 “Drugs, Medicines and Nutrition Exclusions” is amended to add the following text in italics.**

**6. Drugs, Medicines and Nutrition Exclusions.**

**IMPORTANT NOTE:** you should contact the Prescription Drug Program administrator (listed on the Quick Reference Chart in the front of this document) for information about the Plan’s drug formulary, the drugs that need precertification (pre-approval), drugs that have a limit to the quantity payable by this Plan, drugs that require step therapy or for ordering of Specialty Drugs.

- (a) Pharmaceuticals requiring a prescription that have not been approved by the US Food and Drug Administration (FDA); or are not approved by the FDA for the condition, dose, route, duration and frequency for which they are prescribed (*i.e.* are used “off-label”); or are Experimental and/or Investigational as defined in the Definitions Article of this document.
- (b) Non-prescription (or non-legend or over-the-counter) drugs or medicines, except certain types of insulin, (Prilosec and Claritin which are payable as generic drugs), and certain over-the-counter(OTC) medication prescribed by a Physician or Health Care Practitioner, to be covered without cost-sharing in accordance with the Affordable Care Act regulations.
- (c) Foods and nutritional/dietary supplements including, but not limited to, home meals, formulas, foods, special diets, food supplements, vitamins, herbs and minerals (whether they can be purchased over-the-counter or require a prescription), except as provided during a covered hospitalization or as prescribed in compliance with the Affordable Care Act regulations. Nutritional support may be payable when it is determined by the Board of Trustees or its designee to be Medically Necessary, and is the sole means of adequate nutritional intake and is administered enterally (*i.e.*, by feeding tube) or parenterally (*i.e.*, by intravenous administration such as total parental nutrition/TPN) and is not considered a food thickener, infant formula, specialized infant formula, donor breast milk, baby food, or other non-prescription product that can be mixed in a blender. See the Enteral therapy row in the Schedule of Medical PPO Plan Benefits.
- (d) Medical Foods (as defined in the Definitions Article of this document).
- (e) Naturopathic, naprapathic or homeopathic products and substances.
- (f) Prescriptions related to any non-covered service.
- (g) Drugs, medicines or devices for:
  - 1) non-prescription male contraceptives, such as condoms.
  - 2) abortifacients drugs like Mifepristone.
  - 3) fertility drug products or agents;
  - 4) dental products such as fluoride preparations (unless required to be covered in compliance with the Affordable Care Act ) and products for periodontal disease;
  - 5) hair removal or hair growth products (*e.g.*, Propecia, Rogaine, Minoxidil, Vaniqa);
  - 6) growth hormone and growth/height promotion drugs;
  - 7) cosmetic products such as Retin-A and Accutane are excluded after the patient reaches age 26 unless determined to be medically necessary by the Prescription Drug Program.
  - 8) weight management products (*e.g.*, Xenical), except those weight management prescription drugs that have a dual use for treatment of individuals with attention deficit hyperactivity disorder (ADHD) or individuals with narcolepsy, *or anti-obesity medication prescribed through the Marathon Health Weight Management Program.*
  - 9) medical marijuana, except FDA-approved tetrahydrocannabinol (*e.g.* Marinol).
  - 10) Vitamin injection, supplement or herb except as required by the Affordable Care Act or for treatment of a condition of vitamin deficiency diagnosed by a Physician.

- 11) Fish oil supplements whether available over the counter or by prescription (e.g. Lovaza).
- (h) Compounded prescriptions in which there is not at least one ingredient that is a legend drug requiring a prescription as defined by federal or state law. Note that some compounded prescriptions that are payable by the Plan may not be able to be obtain at mail order and instead must be obtained at a retail pharmacy location.
- (i) Take-home drugs or medicines provided by a Hospital, emergency room, Ambulatory Surgical Facility/Center, or other Health Care Facility.
- (j) Self-help devices such as a scale for weight or body fat measurement, pill crusher, pill splitter, magnifying glass/device, etc. except that a home personal use blood pressure measuring device is payable as Durable Medical Equipment for pediatric/neonatal blood pressure monitoring when determined to be Medically Necessary by the Board of Trustees


**Article VIII, Medical PPO Plan Exclusions, exclusion 20 “Weight Management and Physical Fitness Exclusions” is amended to add the following text in italics.**

**20. Weight Management and Physical Fitness Exclusions**

- (a) Weight loss control or management, weight loss treatment of any kind or medical or surgical treatment for weight-related disorders including but not limited to bariatric surgical interventions, treatment of complications of surgical interventions and skin reduction procedures/treatment, dietary programs, exercise programs and/or prescription drugs to promote weight control, regardless of a comorbid or underlying condition, except the Plan covers bariatric surgery for individuals who are morbidly obese (a weight of at least 100 pounds more than normal body weight for the patient’s age, gender, height and body frame based on Body Mass Index BMI weight tables generally used by Physicians to determine normal body weight) payable to a maximum of one surgical procedure per lifetime. In accordance with the Affordable Care Act, this exclusion does not apply to the extent that it constitutes screening and counseling for obesity or otherwise qualifies under the Wellness and Preventive Services row of the Schedule of Medical PPO Plan Benefits. *This exclusion does not apply to participation in the Marathon Health Weight Management Program.*
- (b) Expenses for medical or surgical treatment of severe underweight, including, but not limited to high calorie and/or high protein food supplements or other food or nutritional supplements, except in conjunction with Medically Necessary treatment of behavioral health disorder . Severe underweight means a weight more than 25 percent under normal body weight for the patient’s age, sex, height and body frame based on weight tables generally used by Physicians to determine normal body weight.
- (c) Expenses for memberships in or visits to health clubs, exercise programs, gymnasiums, and/or any other facility for physical fitness programs, including exercise equipment, electronic exercise monitoring devices, work hardening and/or weight training services, or exercise/activity/health monitoring/tracking devices, or software applications including smartwatches/jewelry and wireless, wearable sensors trackers.

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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 #3** to the **2024 Plan Document/Summary Plan Description** was duly adopted by the Board of Trustees at a meeting duly called and held on February 2, 2026:

  
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**Chairman**

2-2-26  
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**Date**

  
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**Secretary**

2-9-26  
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**Date**