

**HEALTH & WELFARE TRUST FUND OF THE INTERNATIONAL
UNION OF OPERATING ENGINEERS (LOCAL 877)
AMENDMENT #5 TO THE
RESTATED JULY 1, 2011 PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
EFFECTIVE: APRIL 1, 2014**

The purpose of this amendment is to revise the Plan in order to clarify coverage for gradient compression stockings and to remove the Reasonable and Customary charge requirement from Emergency Room Expenses at the Out-of-Network level. All references to the provision below that appear in any part of the Plan Document or in any prior amendments are also hereby amended to be consistent with the changes described below.

The Plan Document and Summary Plan Description are hereby amended as follows:

SCHEDULE OF MEDICAL BENEFITS and MEDICAL BENEFITS

- Emergency Room Expenses is hereby deleted in its entirety and replaced with the following in order to remove the Reasonable and Customary Charge requirement from the Out-of-Network level:

HOSPITAL SERVICES-- OUTPATIENT	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
Emergency Room Expenses (Includes Facility, Lab, X-ray & Physician services)	\$25 Co-payment per visit, then 100% (Co-payment is waived if admitted on an inpatient basis to a Hospital or for life-threatening ER expenses)	\$25 Co-payment per visit, then 85% (after Deductible; Co- payment is waived if admitted on an inpatient basis to a Hospital or for life-threatening ER expenses) (Reasonable and Customary charge does not apply)

- Provide coverage for the following services at the levels shown below:

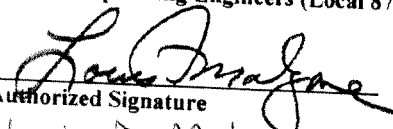
OTHER SERVICES & SUPPLIES	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
Gradient Compression Stockings Up to 12* pairs per person, per calendar year	100%	85% Reasonable and Customary (after Deductible)

MEDICAL BENEFITS, C. Covered Expenses:

- (10) Other Services and Supplies: Item (g) is hereby added in its entirety in order to clarify coverage for Gradient Compression Stockings. All subsequent paragraphs are renumbered accordingly:
 - (g) Gradient compression stockings

Accepted by:

Health & Welfare Trust Fund of the International
Union of Operating Engineers (Local 877)


Authorized Signature
Louis F. Malzone
Print Name

Director
Title
5/13/2014
Date

**HEALTH & WELFARE TRUST FUND OF THE INTERNATIONAL
UNION OF OPERATING ENGINEERS (LOCAL 877)
AMENDMENT #5 TO THE
RESTATED JULY 1, 2011 PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
EFFECTIVE: APRIL 1, 2014**

The purpose of this amendment is to revise the Plan in order to clarify coverage for gradient compression stockings and to remove the Reasonable and Customary charge requirement from Emergency Room Expenses at the Out-of-Network level. All references to the provision below that appear in any part of the Plan Document or in any prior amendments are also hereby amended to be consistent with the changes described below.

The Plan Document and Summary Plan Description are hereby amended as follows:

SCHEDULE OF MEDICAL BENEFITS and MEDICAL BENEFITS

- **Emergency Room Expenses** is hereby **deleted** in its entirety and **replaced** with the following in order to remove the Reasonable and Customary Charge requirement from the Out-of-Network level:

HOSPITAL SERVICES – OUTPATIENT	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
Emergency Room Expenses (Includes Facility, Lab, X-ray & Physician services)	\$25 Co-payment per visit, then 100% (Co-payment is waived if admitted on an inpatient basis to a Hospital or for life-threatening ER expenses)	\$25 Co-payment per visit, then 85% (after Deductible; Co-payment is waived if admitted on an inpatient basis to a Hospital or for life-threatening ER expenses) (Reasonable and Customary charge does not apply)

- **Provide coverage for the following services at the levels shown below:**

OTHER SERVICES & SUPPLIES	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
Gradient Compression Stockings Up to 12* pairs per person, per calendar year	100%	85% Reasonable and Customary (after Deductible)

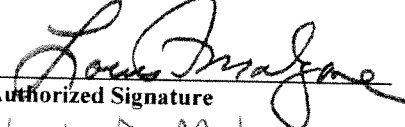
MEDICAL BENEFITS, C. Covered Expenses:

- (10) **Other Services and Supplies: Item (g)** is hereby **added** in its entirety in order to clarify coverage for **Gradient Compression Stockings**. All subsequent paragraphs are renumbered accordingly:

(g) Gradient compression stockings

Accepted by:

Health & Welfare Trust Fund of the International
Union of Operating Engineers (Local 877)


Authorized Signature
Louis F. Malzone
Print Name

Director
Title
5/13/2014
Date

**HEALTH & WELFARE TRUST FUND OF THE INTERNATIONAL
UNION OF OPERATING ENGINEERS (LOCAL 877)
AMENDMENT #4 TO THE
RESTATED JULY 1, 2011 PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
EFFECTIVE: JANUARY 1, 2013**

The purpose of this amendment is to clarify the Plan's payment provision related to Physician or surgeon charges for two or more surgical procedures that are performed at one time. All references to the provision below that appear in any part of the Plan Document or in any prior amendments are also hereby amended to be consistent with the changes described below.

The Plan Document and Summary Plan Description are hereby amended as follows:

SECTION V. MEDICAL BENEFITS, C. Covered Expenses, (4) Physician Services, (h) Surgery (inpatient/outpatient/office) is hereby deleted in its entirety and replaced with the following:

- (h) Surgery (inpatient/outpatient/office)

Physician or surgeon charges for a surgical operation and for the administration of anesthesia

If two or more surgical procedures are performed at one time through the same incision in the same operative field, the maximum allowable amount for the surgery will be as follows:

- (i) For In-Network Providers: the fee schedule amount for the primary procedure and the greater of 50% of the fee schedule amount or the amount specified in the In-Network Provider's contract for the secondary or lesser procedure(s).
- (ii) For Out-of-Network Providers: the Reasonable and Customary Charge for the major procedure and 50% of the Reasonable and Customary Charge for the secondary or lesser procedure(s).

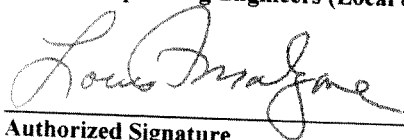
No additional benefit will be paid under this Plan for incidental surgery done at the same time and under the same anesthetic as another surgery.

The Plan will also pay for a surgical assistant (limited to 20% of the surgeon's fee) when the nature of the procedure is such that the services of an assistant Physician are Medically Necessary.

Surgical procedures include circumcision, termination of pregnancy, vasectomies and tubal ligations, but not reverse sterilization.

Accepted by:

Health & Welfare Trust Fund of the International
Union of Operating Engineers (Local 877)



Authorized Signature

Louis Malzone
Print Name



Title

2/11/13
Date

**HEALTH & WELFARE TRUST FUND OF THE INTERNATIONAL
UNION OF OPERATING ENGINEERS (LOCAL 877)
AMENDMENT #2 TO THE
RESTATED JULY 1, 2011 PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
EFFECTIVE: JULY 1, 2012**

The purpose of this amendment is to revise the Plan to provide coverage for additional services under the Alternative/Complementary Care benefit, to correct a scrivener's error to remove the Co-payment from Outpatient Mental Health and Substance Abuse benefit, and to include language regarding contact information for obtaining a Certificate of Creditable Coverage. All references to the provisions below that appear in any part of the Plan Document or in any prior amendments are also hereby amended to be consistent with the changes described below.

The Plan Document and Summary Plan Description are hereby amended as follows:

IV. SCHEDULE OF MEDICAL BENEFITS and V. MEDICAL BENEFITS. C. Covered Expenses; Mental Health/Substance Abuse Office Visit is deleted in its entirety and replaced with the following in order to remove the \$10 Co-payment, and Alternative/Complementary Care Benefit is deleted in its entirety and replaced with the following in order to include coverage for additional services:

• **SCHEDULE OF MEDICAL BENEFITS**

MENTAL HEALTH/ SUBSTANCE ABUSE	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
Office Visit	100%	85% Reasonable and Customary (after Deductible)

OTHER SERVICES & SUPPLIES	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<p>Alternative/Complementary Care Benefit Including, but not limited to:</p> <ul style="list-style-type: none"> • Acupressure • Acupuncture • Homeopathy/ Naturopathy • Massage Therapy • Smoking Cessation Therapy • Weight Loss** • Yoga • Pilates • Karate • Kickboxing • Gymnastics • Dance lessons • Ice Skating lessons • Race (triathlon, road, etc.) entry fees only • Local school and town sports programs (limited to baseball, basketball, football, hockey/lacrosse & soccer) <p>Up to \$1,000* per person, per calendar year for all services combined</p> <p>**Note: Weight Watchers, Nutri-System, Jenny-Craig will all be reimbursed under the alternative plan for the membership fees only, as of July 1st, 2012 the alternative benefit will no longer cover the cost of any food relating to a weight loss program.</p>	100%	100% (not subject to Reasonable and Customary Charges; Deductible waived)

*These maximums are combined In-Network and Out-of-Network maximums.

- **MEDICAL BENEFITS, C. Covered Expenses: Item 10 (b) Alternative/Complementary Care** benefit is hereby deleted in its entirety and replaced with the following in order to include coverage for additional services:

(10) Other Services and Supplies

(b) Alternative/Complementary Care including, but not limited to:

- (i) Acupressure
- (ii) Acupuncture
- (iii) Homeopathy/ Naturopathy
- (iv) Massage Therapy
- (v) Smoking Cessation Therapy
- (vi) Weight Loss**
- (vii) Yoga
- (viii) Pilates
- (ix) Karate
- (x) Kickboxing
- (xi) Gymnastics
- (xii) Dance lessons
- (xiii) Ice Skating lessons
- (xiv) Race (triathlon, road, etc.) entry fees only
- (xv) Local school and town sports programs (limited to baseball, basketball, football, hockey/lacrosse & soccer)

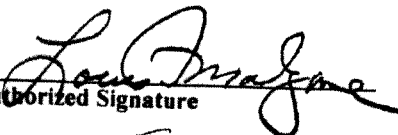
****Note:** Weight Watchers, Nutri-System, Jenny-Craig will all be reimbursed under the alternative plan for the membership fees only; as of July 1st, 2012 the alternative benefit will no longer cover the cost of any food relating to a weight loss program.

SECTION XV. TERMINATION AND CONTINUATION OF COVERAGE, the following paragraph is hereby **added** in its entirety at the end of the section:

How to Obtain a Certificate of Creditable Coverage - To request a Certificate of Creditable Coverage from the Plan, contact Health Plans, Inc. Customer Service, 1500 West Park Drive, Suite 330, Westborough, MA 01581, (800) 532-7575.

Accepted by:

**Health & Welfare Trust Fund of the International
Union of Operating Engineers (Local 877)**


Authorized Signature
Louis F Malzone
Print Name

Exec Director
Title
8/17/12
Date

**HEALTH & WELFARE TRUST FUND OF THE INTERNATIONAL
UNION OF OPERATING ENGINEERS (LOCAL 877)
AMENDMENT #1 TO THE
RESTATED JULY 1, 2011 PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
EFFECTIVE: APRIL 1, 2012**

The purpose of this amendment is to revise the Plan in order to include x-rays as a covered service under the Chiropractic Care benefit. All references to the provisions below that appear in any part of the Plan Document or in any prior amendments are also hereby amended to be consistent with the changes described below.

The Plan Document and Summary Plan Description are hereby amended as follows:

IV. SCHEDULE OF MEDICAL BENEFITS and V. MEDICAL BENEFITS. C. Covered Expenses; Chiropractic Services benefit is hereby deleted in its entirety and replaced with the following in order to include coverage for x-rays:

• **SCHEDULE OF MEDICAL BENEFITS**

DOCTOR SERVICES	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
Chiropractic Services Up to 30* visits per person, per calendar year (Note: x-rays are not subject to the visit limit)	100%	100% Reasonable and Customary (Deductible waived)

*These maximums are combined In-Network and Out-of-Network maximums.

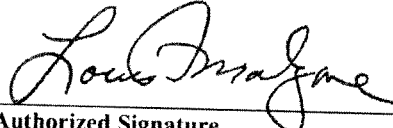
• **MEDICAL BENEFITS, C. Covered Expenses:**

(4) **Physician Services**

(c) Chiropractic services from a licensed provider, including x-rays

Accepted by:

Health & Welfare Trust Fund of the International
Union of Operating Engineers (Local 877)


Authorized Signature

Louis F. MALZONE
Print Name

Exec. Director
Title

April 11, 2012
Date