

AMENDMENT NO. 12 TO THE PLAN DOCUMENT  
OF THE  
SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST

Effective October 1, 2019, the schedule of benefits section of Plan A of Plan document of the San Diego Electrical Health & Welfare Trust is hereby amended as follows:

**EMPLOYEE AND DEPENDENTS (INCLUDING RETIREES NOT  
COVERED UNDER PLAN C:**

**TRUST MEDICAL PPO BENEFITS**

1. For Services Obtained from PPO and Non-PPO Providers for all medical, mental health and substance abuse and conditions and/or treatment:

Calendar Year Deductible	(The Deductible must be satisfied prior to any benefits being paid unless otherwise specified in the Plan)
--------------------------	--

Per Person	\$250*
------------	--------

Per Family	Either two (2) full individual deductibles or up to a total of \$750.
------------	---

\*Upon submission of a Certificate of Completion provided by Best Doctors, in recognition of a Covered Person having completed the Inter-Consultation process, their deductible for the calendar year in which the Inter-Consultation was completed will be waived in its entirety.

	<u>Services Obtained From PPO Providers</u>	<u>Services Obtained From Non-PPO Providers **</u>
Co-Insurance Percentage	Covered at 80% of the first \$7,500 of Eligible Expense incurred each Calendar year with \$100%* of the balance of such Eligible Expense.	Not Covered

HOSPITAL SERVICES  
In-Patient Services

Covered at 80% of the  
Hospital's per diem

Not Covered

	rate or discounted Allowable Charges.	
Deductible Per Admission (in addition to the Calendar Year Deductible)	None	None
Room & Board	Covered at 80% of discounted Allowable Charges.	Not Covered
ICU/CCU	Covered at 80% of discounted Allowable Charges.	Not Covered
Out-Patient Hospital Services	Covered at 80% of discounted Allowable Charges.	Not Covered
Emergency Room Deductible	\$50.00 per occurrence unless admitted to the Hospital.	None
Emergency Room (ER) Due to Emergency/Urgent Care for accident/illness	Covered at 80% of discounted Allowable Charges	Covered at 80% of the maximum Allowable Charge as if the service(s) had been rendered by a PPO Provider.
Due to illness (for other Emergency/Urgent Care, Including all Physicians	Covered at 80% of discounted Allowable Charges only if admitted	Not covered unless admitted directly from ER. If the hospital is

and/or related services)	directly from ER. Otherwise, payable at 50% of discounted Allowable Charges.	Located outside of any area serviced by Blue Cross of California, coverage will be at 50%.
Due to Accident (for other than Emergency/Urgent care, including all Physician and/or related services)	Covered at 80% of Discounted Allowable Charges after exhaustion of Accident Benefits only if admitted directly from a Hospital ER. Otherwise, Payable at 50% of Discounted Allowable Charges.	Not Covered unless admitted directly from ER. If the Hospital is located outside of any area serviced by Blue Cross of California, coverage will be at 50%.
Out-Patient Surgi-Center	Covered at 80% of Discounted Allowable Charges. Bundled priced Services through Global One Ventures covered at 100% with no deductible or co-insurance.	Not Covered
Skilled Nursing Facility	Covered at 80% of Discounted Allowable Charges.	Not Covered
Maximum number of Days per calendar year	90	None
Ancillary Services	Covered at 80% of Discounted Allowable Charges.	Not Covered
PHYSICIAN AND SURGEON (In-Patient or Out-Patient, Other than emergency room	Covered at 80% of Discounted Allowable Charges.	Not Covered

Physicians)

Emergency Room Physicians  
(for emergency/urgent care  
Services for an accident or  
illness in a Hospital)

Covered at 80% of  
discounted Allowable  
Charges, if applicable.  
Otherwise, 80% of  
total charges.

Covered at 80% of the  
maximum Allowable  
Charge as if the  
service(s) had been  
rendered by a PPO  
Provider.

OUT-PATIENT MEDICAL  
SERVICES  
(In Physician's Office)  
Office Visits

Covered at 100% of  
discounted Allowable  
Charges without  
application of a  
Deductible, after payment  
of an office visit co-pay  
as follows:

Not Covered

For all Sharp Health System  
Physicians - \$10

For all other PPO Physicians  
In San Diego - \$30

For all PPO Physicians  
Outside San Diego County - \$15

For all CVS Minute Clinics  
Visits - \$10

Diagnostic laboratory and  
x-ray  
surgery  
radiology  
pathology  
physical therapy (subject to  
Pre-approval by the Plan)

Covered at 80% of  
discounted Allowable  
Charges.

Not Covered

Online office visits – Only  
Anthem Blue Cross “Live  
Health Online” Physicians

\$10 copay

Not Covered

In-home Physician visits -  
Only through “Heal.com”

Covered at 100% of  
discounted Allowable  
Charges without application  
of a deductible, after

Not Covered

payment of a \$5 co-pay.

PREGNANCY BENEFITS  
(Physician services only)

Covered at 80% of  
discounted Allowable  
Charges.

Not Covered

Well baby/child care  
(out patient  
Up through age 19)  
See page 12 for the  
Preventative care

Covered at 100% of  
discounted Allowable  
Charges.

Not Covered

HOME HEALTH CARE

Covered at 80% of  
Discounted Allowable  
Charges.

Not Covered

HOSPICE CARE

Covered at 80% of  
Discounted Allowable  
Charges.

Not Covered

PHYSICAL EXAMINATION  
PROGRAM  
Employee, Spouse and  
Dependent Child ages 19-25  
(see page 10)

Covered at 100% without  
application of a deductible.  
Services must be rendered  
at a Sharp Rees-Stealy  
Occupational Medicine  
Facility to qualify for a \$100  
wellness benefit.

Not Covered

OR

Employee, Spouse and  
Dependent Child ages 19-25  
Physician's Examination  
(see page 11)

First \$80 covered at 100% for  
Office visit only; Balance subject  
to Plan co-payment requirements.  
Other services subject to Plan  
Deductible and co-insurance excluding

Not Covered



ACA required preventative services.

2. The heading entitled "Services Obtained From PPO and Non-PPO Providers" shall be retitled "Services Obtained From PPO Providers Only."
3. The current subheading entitled "MANIPULATIVE SERVICES" shall be moved.
4. The following sentence shall be deleted from the subsection identified by "\*\*\*" in the schedule of Benefits section.

"However, the total of Eligible Expenses to be payable relative to an admission into a non-PPO Hospital for other than emergency or urgent care shall be reduced by 25% prior to determining the amount payable by the Plan in accordance with the Schedule of Benefits."

5. A new section entitled "**Services Obtained From PPO and Non-PPO providers**" shall be added as follows:

Manipulative Services

Covered at 80% of Allowable Charges up to \$60 per visit subject to a maximum of 12 visits per calendar year, including services such as chiropractic, acupuncture and other manipulative services/modalities subject to a daily limit as provided in item 21 under "Eligible Expenses"

Services from Midwives, Naturopaths, In-patient Hospitalist, Ambulance Services, Dental Appliance Provider (subject to CPAP failure), and Dental Emergency after accident) will be covered at 80% of Allowable Charges.

EXCEPT AS HEREIN AMENDED, THE PLAN DOCUMENT OF THE SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST SHALL REMAIN IN FULL FORCE AND EFFECT.

IN WITNESS THEREOF, the Board of Trustees has caused this Amendment to the Plan Document to be signed this 21st day of May 2019 to be effective October 1, 2019.


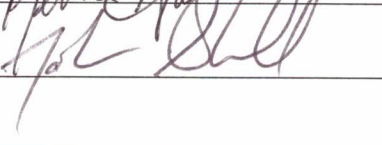
UNION TRUSTEES:

EMPLOYER TRUSTEES:





The image shows two sets of handwritten signatures in blue ink. On the left, under the 'UNION TRUSTEES' label, there are two overlapping signatures. On the right, under the 'EMPLOYER TRUSTEES' label, there are two overlapping signatures. Each set of signatures is written over a horizontal line.

UNION TRUSTEES:

  
  
\_\_\_\_\_

EMPLOYER TRUSTEES:

  
  
\_\_\_\_\_