

**AMENDMENT NO. 26  
TO THE  
SAN DIEGO ELECTRICAL HEALTH & WELFARE TRUST  
PLAN DOCUMENT  
(Revised & Restated January 1, 2012)**

Effective April 1, 2015

The San Diego Electrical Health & Welfare Trust Plan Document shall be amended as follows:

1. References to Plan A on Page 10 of Section II, Article V shall be changed to Plan B.

2. Subparagraph (f) of Section IV on page 20, shall be amended in its entirety as follows:

“(f) COBRA Continuation Coverage. Upon termination of coverage under these Rules of Eligibility there shall be no means by which the **Retiree** may maintain coverage under Continuation Coverage Following Termination under COBRA. The **Retiree’s Covered Dependent** may maintain coverage under Continuation Coverage Following Termination under COBRA if the **Covered Dependent** experiences a qualifying event.”

3. Subparagraph B(7) of Section V, Article I on page 20, shall be amended in its entirety as follows:

“(7) A **Covered Child** ceases to be eligible for coverage as a **Dependent Child**.”

4. The last sentence of Section V, Article IV(A) on page 21, shall be amended in its entirety as follows:

“The cost of coverage for all **Covered Persons**, during any extension period due to disability will be at 150% of the current Continuation

Coverage cost of coverage.”

5. The definition of “Covered Child” or “Covered Children” on page 27 shall be revised as follows:

**“Covered Child” or “Covered Children” means the Dependent Child of a Covered Employee, Covered Retiree or Domestic Partner who is under age 26.”**

6. The “Schedule of Benefits for Plan A” on pages 39 and 51 shall be revised to indicate that preventive care service, well-child care and immunizations will be covered at 100% without cost-sharing when using a PPO Provider.

7. The last sentence of Section VII, under Routine Physical Examination Benefit on page 50 shall be revised in its entirety as follows:

**“Each Covered Employee, Covered Spouse and Dependent Child ages 19-26 shall be entitled to a routine physical examination by any other PPO Physician payable at 100%, up to \$80, for an office visit, without application of a deductible, and at 80% of the maximum allowable charges with application of a deductible, if necessary, for all other scheduled services.”**

8. Item 1 of the Schedule of Benefits on page 69 shall be revised in its entirety as follows:

**“1. Usual, Customary and Reasonable Expense (UCR). Upon the maximum of \$2,000.00 per calendar year. However, pediatric dental services deemed as essential health benefits by the Department of Health and Human Services shall not be subject to the \$2,000.00 annual limit.”**


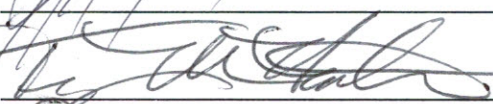

9. The Introduction to the Claims and Appeals Rules on page 84 shall be revised in its entirety as follows:

**“The Claim & Appeal Rules described in this section do not apply to the following plans:**



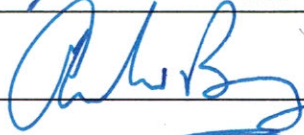
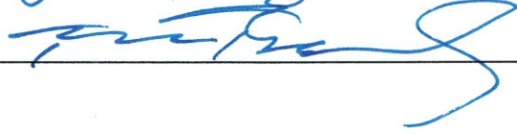
1. Kaiser HMO Medical Plan
2. Insured Delta Dental Plan
3. MHN
4. Prudential Life Insurance Company”

IN WITNESS THEREOF, the Board of Trustees has caused this Amendment to the Plan Document to be signed this 27 day of July, 2015.

UNION TRUSTEES

  
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EMPLOYER TRUSTEES

  
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