

**AMENDMENT NO. 29 TO THE PLAN DOCUMENT
OF THE
SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST**

The Plan Document of the San Diego Electrical Health & Welfare Trust is hereby amended by replacing the “PRESCRIPTION DRUGS” section in the SCHEDULE OF BENEFITS FOR PLAN A with the following:

PRESCRIPTION DRUGS - For qualified new and refill prescriptions filled at a Navitus pharmacy the **Plan** will pay as **Eligible Expense** up to a maximum of a 30-day supply, without application of a deductible. However, an 84-90 day supply will be permitted for any prescription designated by Navitus to be a maintenance drug. All maintenance drugs must be purchased via mail order through MedVantx Pharmacy Services in order to be covered by the **Plan** with the exception of any 84-90 day supply purchased at local pharmacies designated by Navitus to be participating in its “Navitus 90-Day Retail Program.”

In accordance with the Navitus Select 3-Tier Program the schedule of co-insurance payments will be as follows:

- Tier 1 – 80% paid by the Plan; 20% by the participant
- Tier 2 – 60% paid by the Plan, 40% by the participant
- Tier 3 – 40% paid by the Plan; 60% by the participant (“DAW” penalty may apply)

For the purposes of this Section “DAW” shall mean “Dispense as Written”. The penalty for a participant or physician requesting a Tier 3 DAW when a Tier 1 alternate medication is available shall be the cost differential between the lowest Tier 1 alternative and the Tier 3 medication with the participant to pay 60% of the cost for the lowest Tier 1 alternative not utilized in addition to 100% of the cost difference between that cost and the actual dispensed medication.

The actual amount to be paid by the **Plan** will be determined at the time of purchase in accordance with a negotiated discount through Navitus.

Maintenance Drugs - The **Plan** also requires that prescriptions for all maintenance medications, as determined by Navitus, must be purchased via mail order directly from MedVantx Pharmacy Services or at local pharmacies participating in the Navitus 90-Day Retail Program.

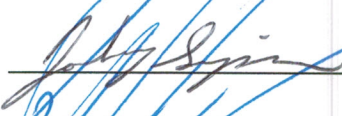
Specialty Drugs - All specialty medications to be administered on an out-patient basis must be purchased directly through the Lumicera Health Services program of Navitus in order for the cost of the medication to be covered by the **Plan**. The limit for each prescription is up to a 30-day supply. Specialty drugs procured through a retail or hospital pharmacy will not be covered by the **Plan** unless they are required for treatment of urgent or emergency care. The above co-insurance criteria shall apply to specialty drugs.

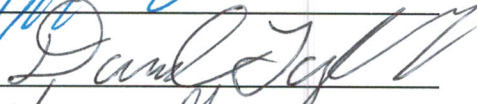
In the event a **Covered Person** does not utilize a Navitus pharmacy, MedVantx Pharmacy Services for mail order, or Lumicera Health Services for specialty medications to fill a prescription, the above co-insurance pricing criteria will be applied to the extent the **Plan** will not pay more than it would have if the prescription(s) had been properly filled through Navitus, MedVantx Pharmacy Services, or Lumicera Health Services, with the actual cost for pricing purposes to be determined in accordance with the negotiated discount through Navitus.

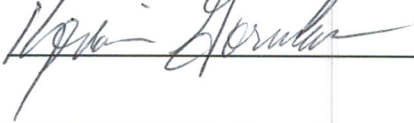
EXCEPT AS HEREIN AMENDED, THE PLAN DOCUMENT OF THE SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST SHALL REMAIN IN FULL FORCE AND EFFECT.

IN WITNESS THEREOF, the Board of Trustees has caused this Amendment to the Plan Document to be signed this 19th day of November, 2015 to be effective January 1, 2016.

UNION TRUSTEES:







EMPLOYER TRUSTEES:

