

**AMENDMENT NO. 36 TO THE PLAN DOCUMENT**  
**OF THE**  
**SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST**

The contact lens allowance under Basic Services in SECTION XIX., “VISION BENEFITS”, of the Plan Document of the San Diego Electrical Health & Welfare Trust is hereby amended as follows:

4. **Contact Lenses.** Allowance of \$200.00 for contact lenses purchased through a VSP **Physician**, chosen in lieu of lenses and a frame, each calendar year inclusive of any fitting and evaluation charge by the VSP **Physician**. Contact lenses are covered in full if considered **Medically Necessary** and prescribed to correct extreme vision acuity that cannot be corrected with spectacle lenses, following cataract surgery or for treatment of certain conditions of Anisometropia or Keratoconus.

The Manipulative Services language under the SCHEDULE OF BENEFITS FOR PLAN A is hereby amended as follows:

**Services Obtained From PPO and NON-PPO Providers**

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”.

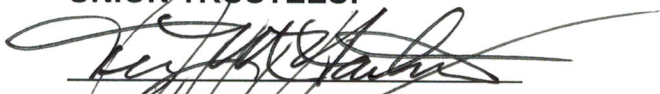
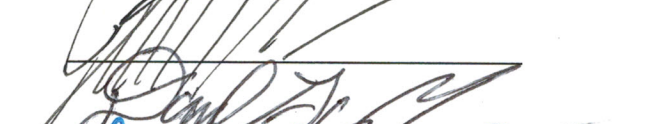
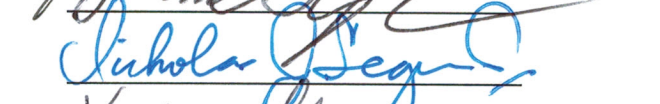
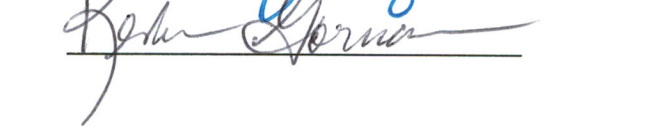
Item (21) under “Eligible Expenses” is hereby replaced with the following:

- (21) Charges for all chiropractic, acupuncture, manipulative services and/or related modalities, excluding laboratory and x-ray, up to a maximum of \$60 per visit for up to 12 visits in a Calendar Year and subject to a limitation of one visit per day;




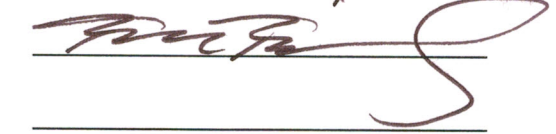
EXCEPT AS HEREIN AMENDED, THE PLAN DOCUMENT OF THE SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST SHALL REMAIN IN FULL FORCE AND EFFECT.

IN WITNESS THEREOF, the Board of Trustees has caused this Amendment to the Plan Document to be signed this 17<sup>th</sup> day of January, 2017 to be effective January 1, 2017.

**UNION TRUSTEES:**

  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

**EMPLOYER TRUSTEES:**

  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_