

**AMENDMENT NO. 5 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 as follows:

The "PRESCRIPTION DRUGS" section of the Schedule of Benefits for Plan A will be replaced by:

PRESCRIPTION DRUGS

For qualified new and refill prescriptions filled at a CVS/Caremark pharmacy the **Plan** will pay as **Eligible Expense**, without application of a deductible, up to a maximum of a 30-day supply. However, an 84-90 day supply will be permitted for any prescription designated by CVS/Caremark to be a maintenance drug. All maintenance drugs must be purchased through a Caremark Mail Pharmacy or at a CVS Pharmacy pursuant to the Maintenance Choice Program in order to be covered by the **Plan** with the exception of any 84-90 day supply refill purchased at local pharmacies designated by CVS/Caremark as participating in its "Maintenance Choice" Program. The **Plan** will pay 80% for generic drugs, which shall be required for all prescriptions unless there is no generic substitution for a brand name, or for the most cost effective preferred brand name within a comparable class of drugs as determined by CVS/Caremark. However, if a generic alternative or a more cost effective preferred brand name drug is available, but a non-preferred brand name drug is purchased instead, the **Plan** will pay 40% of the cost.

Effective January 1, 2013, for **Covered Persons** who are actively enrolled in the disease management program at the time a prescription is filled or refilled, and it is certified by the **Plan's** disease management service provider that they are in full compliance with all facets of the program, the co-payment for only maintenance medication(s) applicable to one of the chronic disease states being managed under the program will be the lesser of \$5 or 5%. If a **Covered Person** is selected by the disease management service provider to receive a home diagnostic monitor then "full compliance with the disease management program" shall mean that the **Covered Person** consents to receiving the monitor and the disease management service provider confirms they are providing all requested information on a daily basis.

The actual amount to be paid by the Plan will be determined at the time of purchase in accordance with the negotiated discount through Caremark. The **Plan** also requires that refills of all maintenance medications, as determined by CVS/Caremark, must be purchased via mail order directly from Caremark Mail Pharmacy pursuant to the above mandatory generic/preferred brand name requirement and co-payment criteria. Further, all injectable medications must be purchased directly through the SpecialtyRx program of CVS/Caremark in order for the cost of the medication to be covered by the **Plan**. In the event a **Covered Person** does not utilize a CVS/Caremark pharmacy or SpecialtyRX to fill a prescription, pursuant to the mandatory generic/preferred brand requirement, the above 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 at the CVS/Caremark pharmacy or SpecialtyRx, with the actual cost for pricing purposes to be determined in accordance with the negotiated discount through Caremark.

The language under "Trust Medical Benefits" pertaining to the Calendar Year Deductible is hereby modified as follows:

Calendar Year Deductible (The deductible must be satisfied prior to any benefit 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.

The "following provisions under SECTION XVII., "VISION BENEFITS", are hereby amended as follows:

Basic Services

The basic vision services provided by VSP are as follows:

1. **Vision Examination.** Complete analysis of the eyes and related structures to determine the presence of vision problems, or other abnormalities, once each calendar year. As of January 1, 2013, a retinal scan will be included as part of this exam if the **Physician's** office has the equipment to do so. However, if a **Covered Person** has been diagnosed with Type I diabetes they shall be entitled to a second examination each calendar year provided it is separated by at least six (6) months from their last examination.

Co-Pays (formerly Deductibles) - The following schedule is effective January 1, 2013:

The following co-pays are applicable to certain Basic Services:

1. Vision Examination - \$20.00 per **Covered Person** for each examination performed by a VSP panel **Physician**.
2. Lenses/Frames - \$20.00 per **Covered Person**. This co-pay shall not be applicable to the purchase of elective contact lenses.
3. Lens Options - If a **Covered Person** selects the following lens options:
 - a. Anti-reflective coating - \$20.00
 - b. Polycarbonate lenses - \$20.00

The above co-pays are payable at the time services are rendered and/or lenses/frames are ordered.

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 29th day of November, 2012 to be effective January 1, 2013.

UNION TRUSTEES:











EMPLOYER TRUSTEES:





