

**AMENDMENT NO. 12 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 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. 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.

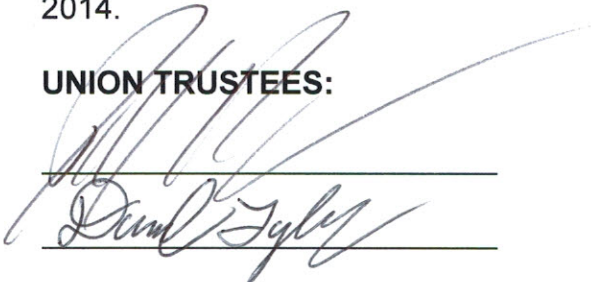
Specialty Drugs: All injectable medications to be administered on an out-patient basis must be purchased directly through the SpecialtyRx program of CVS/Caremark in order for the cost of the medication to be covered by the Plan. The limit for each prescription is up to a 30-day supply. Specialty drugs 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 pricing criteria shall apply to specialty drugs.

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.

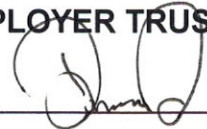
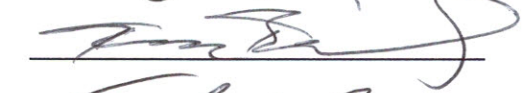
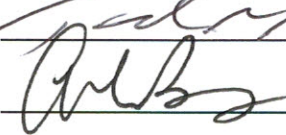
EXCEPT AS HEREIN AMENDED, THE PLAN DOCUMENT OF THE SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST SHALL REMAIN IN FULL FORCE AND EFFECT.

IN WITNESS THEREOF, the Board of Trustees has caused this Amendment to the Plan Document to be signed this 26<sup>rd</sup> day of November, 2013 to be effective January 1, 2014.

**UNION TRUSTEES:**

  
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**EMPLOYER TRUSTEES:**

  
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