

**AMENDMENT NO. 14 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 following second paragraph will be added to the first footnote to the Schedule of Benefits for Plan A:

* Where other group insurance exists, the **Plan**, if primary payor, will pay all **Eligible Expenses** exceeding the deductible at 60%, unless the secondary payor is an HMO/ Managed Care Program for which there would be no benefits payable for the services rendered. If the plan or policy of a secondary payor provides coverage for medical expense benefits that does not make payment for the balance of **Eligible Expense** the **Plan** will make additional payment to cover up to the balance of **Eligible Expenses** due. However, **except for services rendered through an HMO/Managed Care Program for which there would be no benefits payable for services rendered**, the **Plan**, as primary payor, will not make total payments in excess of 80% of **Eligible Expense**. Further, if this **Plan** is in a secondary position, and the provisions of the primary plan would require payment by this **Plan** of greater than 20% of **Eligible Expense** to result in 100% of **Eligible Expense** being paid on behalf of the **Covered Person**, then payment under this **Plan** shall be limited to no more than 20% of said **Eligible Expense**.

In an instance where a **Covered Employee or Dependent** is also covered under applicable secondary coverage subject to a deductible limit that prevents accrual of sufficient benefit savings to cover the balance of **Eligible Expenses** following the initial payment by this **Plan**, this **Plan** will make payment on behalf of the **Covered Employee or Dependent** in a primary capacity at 60% of **Eligible Expenses**. Following a determination as to the final amount to be paid by the secondary plan(s), any remaining balance of **Eligible Expenses** will then be paid in accordance with the Schedule of Benefits up to the total amount to have been payable if this **Plan** had been the **Covered Employee's or Dependent's** only source of coverage.

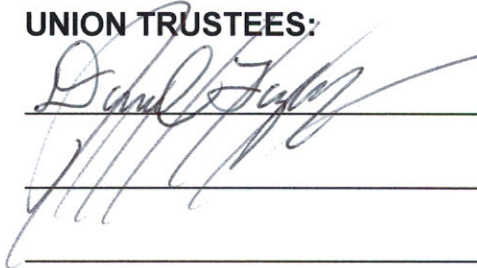
The following paragraph under "PRESCRIPTION DRUGS" in the Schedule of Benefits for Plan A PPO will be deleted as of November 1, 2013 due to the discontinuation of the disease management program as of said date:

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 lessor 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.

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 26th day of November, 2013 to be effective as noted above.

UNION TRUSTEES:



EMPLOYER TRUSTEES:

