AMENDMENT NO. 17 TO THE PLAN DOCUMENT
OF THE
SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST

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

In accordance with the requirements of the Affordable Care Act the Plan A Trust Medical Benefits PPO Plan is hereby amended as follows:

1. The annual maximum of $2,000,000 is hereby removed and replaced with "Unlimited".

2. The maximum out of pocket maximum per calendar year shall be limited to $6,350.00 for a single person and $12,700.00 for all **Covered Persons** in the same family. The term "out-of-pocket" expenses includes deductibles, coinsurance, and co-payments including drugs, office visits, and all other expenses covered under the **Plan**. However, not included in the out-of-pocket maximum are Direct Payment amounts, amounts paid for services rendered by out-of-network providers or expenses for non-covered services.

   To the extent the calendar year maximum out-of-pocket amount applicable to single or family coverage changes under ACA the then current amounts under this **Plan** will automatically change accordingly to be effective as soon as may be legally required. Further, should any criteria applicable to determining which expenses are included or excluded from the calendar year maximum amount change under ACA then all such changes will be recognized by this **Plan** as soon as may be legally required.

3. There shall no longer be application of a Pre-existing Condition exclusion; and

4. Routine patient costs incurred by a qualified **Covered Person** when participating in only approved clinical trials relating to cancer or other life-threatening disease or conditions will now be covered by the **Plan**. Routine patient costs include only those related to the clinical trial which would normally be paid for a **Covered Person** who is not in a clinical trial. However, excluded from routine patient costs are expenses of the investigational item, device or service as well as expenses related to data collection and analysis needs or services that are clearly inconsistent with widely accepted standards of care for a particular diagnosis.

Pursuant to Section 10103(c) of the Patient Protection and Affordable Care Act of 2010 and Section 2709 of the Public Health Service Act, effective January 1, 2014, Routine Patient Cost incurred by a Qualified Individual for items or services furnished in connection with participation in an Approved Clinical Trial are eligible as a Loss under this Policy. Routine Patient Cost will not be subject to the Experimental and/or Investigational analysis (Section Seven: Claims, Item 5) or exclusion (Section Six: Exclusions, Item 1(f)) under this Policy. Routine Patient Costs are subject to all other terms and conditions of this Policy.

For purposes of this endorsement, the following definitions are applicable:

Routine Patient Cost are those cost of items and services consistent with the coverage provided under the Plan for a Qualified Individual who is not enrolled in a clinical trial. The following associated costs are excluded from the definition of Routine Patient Cost:

1. The cost of the investigational item, device or service;

2. The cost of items and services provided solely to satisfy data collection and analysis needs and that are not used in direct clinical management; or

3. The cost for a service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis. Qualified Individual is a Person (Section One: Definitions, Item 15) who is eligible to participate in an Approved Clinical Trial according to trial protocol with respect to treatment of cancer or another life-threatening disease or condition. A determination that the Qualified Individual's participation in the Approved Clinical Trial is appropriate to treat the disease or condition must be evidenced by either documentation from the referring health care professional or based on the provision of medical and scientific information from the Administrator or individual.

Approved Clinical Trial is a phase I, phase II, phase III, or phase IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition and is one of the following:

1. A federally funded or approved trial;
2. A clinical trial conducted under an FDA investigational new drug application; or
3. A drug trial that is exempt from the requirement of an FDA investigational new drug application.

IN WITNESS THEREOF, the Board of Trustees has caused this Amendment to the Plan Document to be signed this 30th day of January 2014 and will become effective January 1, 2014.

UNION TRUSTEES:

EMPLOYER TRUSTEES: