Amendment No. 01 to the 2024 Summary Plan Description and Plan Document of the Lake County Indiana, NECA-IBEW Health and Benefit Plan.

August 12, 2024

WHEREAS, the Board of Trustees of the Lake County Indiana, NECA-IBEW Health and Benefit Plan ("the Plan" or "Fund") may, pursuant to the terms of the Summary Plan Description and Plan Document ("SPD"), amend the SPD.

NOW, THEREFORE, the Trustees amend the August 1, 2024, SPD as follows subject to the conditions specified above. Page numbers refer to the numbering of the August 1, 2024, SPD:

1. Effective October 1, 2024, the new benefit description for Transplants (page 363 of the August 1, 2024 SPD) is revised to read as follows:

TRANSPLANTS

In order to receive benefits,

1. Prior approval is required.
2. Treatment must be coordinated with the Plan's case management provider; and
3. All transplants must be performed at a center of excellence as designated by the Plan or its third party-administrator. A center of excellence is a hospital or facility that has been specifically approved and designated by the Plan or its third-party administrator to perform these procedures and to whom the Plan has obtained a case or event rate agreement prior to services being rendered.

Warning #1: The Plan will cover only those transplants that it determines to be non-experimental and non-investigational.

Warning #2: Benefits will only be paid if the services for the transplant are provided by or arranged by the Designated Provider chosen by the Plan or its designated third-party administrator. Consequently, either you, your physician or surgeon must notify the third-party administrator of the possible need for a transplant as soon as it is known.

If alternative remedies are not available, benefits will be provided for the following transplant surgeries for the following body organs:

Bone marrow transplants
Cornea
Heart
Heart & Lung
Kidney
Kidney/Pancreas
Liver
Lung
Pancreas

Donor benefits:

If the transplant involves a living donor, covered expenses include the medical services required to remove the organ or tissue from the donor's body, preserving it, and transporting it to the site where the transplant is performed. Donor benefits are also payable for these services if the person covered under this Plan is a live organ or tissue donor to a recipient who is not covered under this Plan. In such case, no payment will be made under this Plan for the recipient.

Whether the covered person is the recipient or donor, the maximum benefit payable by the Plan is $10,000.00 for all donor-related costs per transplant procedure.

Limitations of Donor benefits:

The aforementioned donor benefit is only payable if the expenses are not covered by another source, including, but not limited to, another healthcare plan. Further, payment will be made up to the $10,000 allowance and in accordance with the in-network and out-of-network provisions of this Plan.

Additionally, the Plan does not cover:

Travel expenses, lodging, meals or other accommodations for donors or guests.

Donor search fees.

The purchase of an organ or tissue.

Recipient:

Participating provider charges will be subject to the deductible, and annual out-of-pocket maximums and payable at 90% of the Plan's contracted rate with the center of excellence or designated provider.

Non-participating provider charges will be subject to the deductible and annual out-of-pocket maximums and payment will be made at 70% of the Funds reasonable allowable amount (RAA)

2. Effective October 1, 2024, the definition of "**Center(s) of Excellence**" on page 156 is revised to read as follows"

"Center(s) of excellence" shall mean a hospital or facility that has been specifically approved and designated by the Plan or its third-party administrator to perform certain procedures, such as but not limited to, organ transplants, and to whom the Plan has obtained a case or event rate agreement prior to services being rendered.

3. Effective October 1, 2024, the following benefit description will be added to the SPD.

DIALYSIS

Benefits provided under this Plan for treatment received in connection with any type of dialysis include outpatient dialysis, inpatient dialysis (hemodialysis) and home dialysis (peritoneal dialysis) and are subject to the following provisions:

- Charges for hemodialysis and peritoneal dialysis charges, including but not limited to the cost of administration, drugs, and supply will be paid as a single charge (not unbundled.);

- The Reasonable and Allowed Amount for this benefit will be the lesser of (a) 175% of the rate published by Medicare for the dialysis base rate for the applicable calendar year, (b) the PPO allowable amount, or (c) the WellRithms allowed amount.