

Amendment No. 4 to the 2020 Summary Plan Description and Plan Document of the NECA-IBEW Welfare Trust Fund

WHEREAS, the Board of Trustees of the NECA-IBEW Welfare Trust Fund (“Fund”) may, pursuant to the terms of the Summary Plan Description and Plan Document (“SPD”), amend the SPD;

WHEREAS, the Board of Trustees desires to amend the Plan as set forth below:

1. Effective January 1, 2022, the following section of the SPD on page 64 thereof is amended to read as follows:

Covered Medical Expense

Speech Therapy: The Plan covers up to 48 visits for speech therapy for patients age six or older. The Plan will cover unlimited speech therapy visits for a patient under age six if the patient continues to make ongoing progress. Effective January 1, 2022, the Plan will cover unlimited speech therapy in conjunction with applied behavior analysis (ABA) therapy for autism spectrum disorder when Medically Necessary.

2. Effective January 1, 2022, the following section of the SPD on page 64 thereof is amended to read as follows:

Covered Medical Expense

Occupational Therapy: The Plan covers up to 48 visits for occupational therapy for patients age six or older. The Plan will cover unlimited physical occupational therapy visits for a patient under age six if the patient continues to make ongoing progress. Effective January 1, 2022, the Plan will cover unlimited occupational therapy in conjunction with applied behavior analysis (ABA) therapy for autism spectrum disorder when Medically Necessary.

3. Effective July 1, 2022, the following section of the SPD on page 61 thereof is amended to read as follows:

Covered Medical Expense

29. Infertility Treatment; but, not for any means of artificial treatment, including, but not limited, to in-vitro fertilization, low tubule transfer, artificial insemination, embryo transfer, gamete transfer, zygote transfer, surrogacy or surrogate fees for a surrogate who carries and delivers a child on behalf of a Participant or Dependent covered under this Plan or a Participant or Dependent covered under this Plan who serves as a surrogate, donor semen, sperm washing, reversal sterilization procedures, and any testing done to monitor

these artificial means of stimulating pregnancy. In addition, charges for physician office visits and lab work are covered up to and just before any of the treatments described in the preceding sentence.

4. Effective July 1, 2022, the following section of the SPD on page 69 thereof is amended to read as follows:

Medical Exclusions and Limitations

20. Surrogacy or surrogate fees, including but not limited to medical or other expenses for: a surrogate who carries and delivers a child on behalf of a Participant or Dependent covered under this Plan or a Participant or Dependent covered under this Plan who serves as a surrogate

5. Effective June 1, 2022, the “Schedule of Benefits for Active Employees and Their Eligible Dependents with Base Plan Coverage” are superseded by the revised “Schedule of Benefits for Active Employees and Their Eligible Dependents with Base Plan Coverage” attached hereto as *Exhibit A*.

6. Effective March 18, 2020, the following section of the SPD on page 64 thereof is amended to read as follows:

Coverage for COVID-19 Diagnostic Testing

In accordance with the Families First Coronavirus Response Act (“FFCRA”) and the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”), the Fund is being amended to provide first dollar coverage (without cost sharing) for the following:

- (1) Testing for the detection of SARS-CoV-2 or the virus that causes COVID-19 that (a) is approved, cleared or authorized by the FDA; (b) the developer has requested, or intends to request, emergency use authorization from the FDA unless and until the emergency use authorization request has been denied or the developer does not submit a request within a reasonable timeframe; (c) is developed in and authorized by a State that has notified HHS of its intention to review tests intended to diagnose COVID-19; or (d) other tests that HHS determines appropriate in guidance.
- (2) Items and services furnished to the participant during the health care provider office visit, urgent care center visits, and emergency room visits that result in an order for or administration of diagnostic testing as described above, but only to the extent such items and services relate to the furnishing or administration of the diagnostic testing for COVID-19.

NOTE: Charges incurred in connection with the actual treatment of COVID-19 will be paid in accordance with the Plan’s normal benefit provisions.

7. Effective January 15, 2022, the following section of the SPD on page 64 thereof is amended to read as follows:

Coverage for Over-the-Counter COVID-19 Testing

The Plan covers the costs of over-the-counter (OTC) COVID-19 tests without an order or clinical assessment by a Physician as long as a Public Health Emergency exists as determined by applicable federal authorities.

You and each your Eligible Dependents under the Plan are eligible to receive coverage for up to eight (8) tests per 30-day period.

There are two ways to obtain coverage:

- 1.) You must visit a Network Pharmacy to obtain the OTC COVID-19 test at no cost; or
- 2.) Pay out-of-pocket for an OTC COVID-19 test somewhere other than a Network Pharmacy. Please note you will only be reimbursed for up to \$12 per test if you choose this option. To obtain a reimbursement either:
 - Sign into your CVS Caremark account via website or mobile app, select “submit claims” and complete the information requested (including submitting a paid receipt) or
 - Request an OTC COVID Test Paper Claim Form by contacting the Fund Office or visiting www.neca-ibew.org/OTC-COVID-19-Tests.

IN WITNESS WHEREOF, as authorized by the Board of Trustees, this Amendment No. 4 to the Fund’s Summary Plan Description and Plan Document, 2020 Edition, is adopted on the 29th day of September, 2022.

The Board of Trustees, by:



Chairman



Secretary