Amendment No. 6 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 88 thereof is amended to read as follows:

Covered Dental Expenses, Type III Dental Services:

- Charges for Occlusal (night) Guards provided by a dentist or Physician. Occlusal Guards may be replaced once every three years.

2. Effective November 1, 2021, the following section of the SPD on page 69 thereof is amended to read as follows:

Medical Exclusions and Limitations

Comprehensive Major Medical Benefits under this section do not cover:

12. Complications that directly result from acting against medical advice, non- compliance with specific Physician's orders or leaving an inpatient facility against medical advice, as determined by Utilization Review.

3. Effective January 1, 2023, the following section of the SPD on page 8 thereof is amended to read as follows:

Plan Definitions

Experimental and/or Investigational: The Plan Administrator or its designee has the discretion and authority to determine if a service or supply is or should be classified as "Experimental and/or Investigational." If your procedure is Experimental or Investigational, it may not be covered. If you are not sure if your procedure is Experimental or Investigational or if it is covered, you should call the Fund Office before you have the procedure to make sure that it will be covered.

A service or supply will be deemed to be Experimental and/or Investigational if, in the opinion of the Plan Administrator or its designee, based on the information and resources available at the time the service was performed or the supply was provided, or the service or supply was considered for Pre-certification under the Plan, any of the following

conditions were present with respect to one or more essential provisions of the service or supply:

1. The service or supply is described as an alternative to more conventional therapies in the protocols (the plan for the course of medical treatment that is under investigation) or consent document (the consent form signed by or on behalf of the patient) of the health care provider that performs the service or prescribes the supply;

2. The prescribed service or supply may be given only with the approval of an institutional Review Board as defined by federal law;

3. In the opinion of the Plan Administrator or its designee, there is either an absence of authoritative medical, dental, or scientific literature on the subject, or a preponderance of such literature published in the United States; and written by experts in the field; that shows that recognized medical, dental, or scientific experts: classify the service or supply as Experimental and/or Investigational; or indicate that more research is required before the service or supply could be classified as equally or more effective than conventional therapies;

4. With respect to services or supplies regulated by the Food and Drug administration (FDA), FDA approval is required in order for the service and supply to be lawfully marketed; and it has not been granted at the time the service or supply is prescribed or provided; or a current investigational new drug or new device application has been submitted and filed with the FDA. However, a drug will not be considered Experimental and/or Investigational if it is:

    a. Approved by the FDA as an "investigational new drug for treatment use"; or

    b. Classified by the National Cancer Institute as a Group C cancer drug when used for treatment of a "life threatening disease" as that term is defined in FDA regulations; or

    c. Approved by the FDA for the treatment of cancer and has been prescribed for the treatment of a type of cancer for which the drug was not approved for general use, and the FDA has not determined that such drug should not be prescribed for a given type of cancer.

5. The prescribed service or supply is available to the Covered Person only through participation in Phase I or Phase II clinical trials; or Phase III experimental or research clinical trials or corresponding trials sponsored by the FDA, the National Cancer Institute, the National Institutes of Health, or a pharmaceutical or biotechnology manufacturer (collectively referred to as clinical trials).

However, provided your participation in a clinical trial is for the prevention, detection, or treatment of cancer or other life-threatening condition or disease that is covered by the Plan then routine patient costs related to participation in a clinical trial will not be considered experimental or investigational. Routine patient costs include all services and supplies that are typically covered by the Plan for individuals not enrolled in clinical trials. Routine patient costs do not include: (i) the investigational item, device or service itself that is the subject of the clinical trial; (ii) items or services that are provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the Participant or Dependent; and (iii) a service that is clearly inconsistent with the widely accepted and established standards of care for a particular diagnosis.

In determining if a service or supply is or should be classified as Experimental and/or Investigational, the Plan Administrator or its designee will rely only on the following specific information and resources that are available at the time the service or supply was performed, provided, or considered for Pre-certification under the Plan:

1. Medical or dental records of the Covered Person;

2. The consent document signed, or required to be signed, in order to receive the prescribed service or supply;

3. Protocols of the health care provider that renders the prescribed service or prescribes or dispenses the supply;

4. Authoritative peer-reviewed medical or scientific writings that are published in the United States regarding the prescribed service or supply for the treatment of the Covered Person's diagnosis, including, but not limited to "United States Pharmacopeia Dispensing Information" and "American Hospital Formulary Service";

5. The published opinions of the American Medical Association (AMA), such as "The AMA Drug Evaluations" and "The Diagnostic and Therapeutic Technology Assessment (DATTA) Program," etc.; or specialty organizations recognized by the AMA; or the National Institutes of Health (NIH); or the Center for Disease Control (CDC); or the Office of Technology Assessment; or the published screening criteria of national insurance companies such as Aetna and Cigna, or the American Dental Association (ADA), with respect to dental services or supplies;

6. Federal laws or final regulations that are issued by or applied to the FDA or Department of Health and Human Services regarding the prescribed service or supply; and

7. The latest edition of "The Medicare Coverage Issues Manual."

IN WITNESS WHEREOF, as authorized by the Board of Trustees, this Amendment No. 6 to the Fund's Summary Plan Description and Plan Document, 2020 Edition, is adopted on the 29th day of April 2023.

The Board of Trustees, by:

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Billy Serbousek
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Chairman

DocuSigned by:
Jarrett Chm
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Secretary