

AMENDMENT NO. 1
ST. LOUIS GRAPHIC ARTS JOINT HEALTH & WELFARE FUND
PLAN AND SUMMARY PLAN DESCRIPTION OF JANUARY 1, 2016

Modification of Calculation of Prescription Drug Out-of-Pocket Maximum
And
Correction of Out-of-Pocket Maximum Amounts

WHEREAS, the Plan was amended effective July 1, 2016 to increase the Medical Out-of-Pocket Maximum but to leave the Prescription Drug Out-of-Pocket Maximums at \$3,000 for an individual and \$6,000 for a family but the January 1, 2016 SPD accidentally stated that maximums were being increased for both benefits; and

WHEREAS, the St. Louis Graphic Arts Joint Health & Welfare Fund is not a grandfathered plan under the Affordable Care Act; and

WHEREAS, for a Brand Name Prescription or refill with no Generic equivalent (also known as Single Source Brand) the Plan provides for a 35% co-insurance; and

WHEREAS, under the Affordable Care Act deductibles and co-payments count towards the out-of-pocket maximums; and

WHEREAS, pharmaceutical manufacturers provide money to individuals towards payments of their co-insurance for some Prescription Drugs through co-pay assistance and coupon programs for some drugs especially for Single Source Brand Drugs; and

WHEREAS, coupons, co-pay and other forms of financial assistance, and any other amounts not paid out of the participant or dependent's "pocket" are not Essential Health Benefits; and

WHEREAS, The DOL's Uniform Glossary of Health Coverage and Medical Terms issued in conjunction with the Summary of Benefits and Coverages (SBC) defines "Out-of-Pocket Limit (OOP)" in a way that allows a Plan to not count some as follows:

The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This does not include your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

Pursuant to the Trustees' authority under Section 3.02 and Section 6.01 of the St. Louis Graphic Arts Joint Health & Welfare Fund Trust Agreement of August 1, 1979, the Plan of Benefits is hereby

- (1) corrected to eliminate the mistaken language in section 5.4 indicating that the Prescription Drug Out-of-Pocket was increased, and
- (2) amended effective July 1, 2016, in conjunction with the Plan Year, to provide that the co-insurance paid by a Covered Individual for a Single Source Brand Drug will be applied to the individual's Prescription Drug Out of Pocket Maximum when the individual submits documentation to the Fund of the amount actually paid after application of any co-pay assistance or coupons from the the Pharmaceutical manufacturers or others and not at the point of sale.

Amendment

Section 5.4 Out-of-Pocket Limits is amended as follows effective July 1, 2016:

Maximum Out-of-Pocket Cost per Calendar Year

Per individual \$3,000 (~~\$3,850 as of July 1, 2016~~)

Per family \$6,000 (~~\$7,700 as of July 1, 2016~~)

The prescription drug out-of-pocket cost for Participants is limited to the maximums shown above per Individual and per Family each calendar year for covered prescriptions purchased with the PBM's prescription drug ID card at a participating pharmacy.

The Out-of-Pocket Limit for prescription drugs is separate from the medical Out-of-Pocket Limit. Amounts in excess of the participating pharmacy Co-insurance due to utilizing a non-network pharmacy, obtaining a brand name medication when a generic equivalent is available, or using a medication not on the Plan's formulary will not be applied towards the Out-of-Pocket Limit.

In determining whether an expense is an out-of-pocket expense in connection with Prescription Drugs for which there is no Generic equivalent (Single Source Brand Drugs), the Plan only includes expenses that are Essential Health Benefits. For purposes of this provision, out-of-pocket expenses are the co-insurance amounts paid after application of any third party payment in the form of coupons or co-pay assistance. Coupons, co-pay assistance and similar amounts not paid out of the Individual's "pocket" are not Essential Health Benefits. **To insure that the full amount you pay is applied to your out-of-pocket maximum the Plan will add the amount you pay for Single Source Brand Drugs to your out-of-pocket-maximum when you send in proof of the amount you paid at the pharmacy. The Prescription Benefit Administrator will not send the Plan the amounts you pay for Single Source Brand Drugs but will continue to send that information for Generic Drugs and for Brand Drugs with Generic equivalents.**

There is no Out-of-Pocket Limit for prescriptions obtained from non-participating pharmacies and the additional Co-insurance amount you must pay for such prescriptions will not be included in the Out-of-Pocket Limit calculation.

In all other respects the Plan of Benefits is not changed.

Approved by the Trustees at their meeting on May 12, 2016 and signed on the ____ day of _____, 2016.

For the Trustees of the St. Louis Graphic Arts Joint Health & Welfare Fund

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