

AMENDMENT NO. 2
ST. LOUIS GRAPHIC ARTS JOINT HEALTH & WELFARE FUND
PLAN AND SUMMARY PLAN DESCRIPTION OF JANUARY 1, 2016

Correction of Medicare Retiree Prescription Drug Benefits
And Vision Benefits

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

WHEREAS, a separate Retiree Only Plan is maintained by the Trustees; and

WHEREAS, the Trustees amended the Retiree Only Plan effective January 1, 2016 to increase the Medicare Retiree annual Prescription Drug Out of Pocket Maximum from \$2,000 to \$3,000 as set out on Pages J4904 – J4909 of the Trustee Meeting Book; and

WHEREAS, the Trustees amended the Retiree Only Plan effective January 1, 2016 to increase the the Plan's maximum co-payment for certain costly drugs (including specialty drugs) from \$50 to \$100 for a thirty day supply (and from \$100 to \$200 for a 60 day supply, and \$150 to \$300 for a 90 day supply) as set out on Pages J4904 – J4909 of the Trustee Meeting Book (minutes reflecting Trustee action are at J5122 of the Trustee Meeting Book); and

WHEREAS, the changes in the Medicare Retiree Prescription Drug Benefit were communicated to the Participants in the *Benefits Overview* distributed by Express Scripts (a copy of pages 6-8 of which are attached hereto) which was sent on September 30, 2015; and

WHEREAS, the Trustees amended the Vision Benefit effective January 1, 2016 to increase the co-pay from \$20 to \$30 as set out on Pages J4890 - J4894 of the Trustee Meeting Book (minutes reflecting Trustee action are at J5127 of the Trustee Meeting Book); and

WHEREAS, the changes in the Vision Benefit were communicated to the Participants in the *Your Vision Benefits Summary* distributed by VSP (a copy of which is attached hereto) which was sent December 3, 2015; and

WHEREAS, these approved changes which were communicated to the Participants and implemented by the Plan were inadvertently not reflected in the January 1, 2016 Summary Plan Description.

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 January 1, 2016 Summary Plan Description is hereby corrected to reflect the previously approved changes as set out in sections 7.2 and 13.2.

Corrective Amendment

Section 7.2 “Prescription Drug Benefits for Medicare Retirees and Dependents” is corrected as follows:

Prescription drug benefits for Medicare Retirees and Dependents are provided by the Plan through an insured arrangement with a Medicare D Prescription Drug Plan (PDP). The benefits provided under that arrangement are controlled by the insurance contract. Information about the Medicare PDP Provider can be obtained by contacting the Fund Office. A summary of the benefits follows:

You are responsible for the percentage of the cost of covered drugs as shown below and the Medicare PDP will pay the balance. Out of network claims will be paid the same as network claims, but you will need to pay for your prescription at the pharmacy and submit a claim for reimbursement to the PDP. For your convenience, you should check to see if your pharmacy is in network.

Each Generic prescription or refill	
Co-insurance	20%
Minimum Co-insurance	\$5 for up to and including a 30-day supply; \$10 for 31-60 day supply; or \$15 for over a 61-90 day supply
Each Brand Name prescription or refill	
Co-insurance	35%
Maximum Co-payment (Applies to certain selected costly medications that treat conditions where limited or no alternative treatments are available – <u>including some speciality medications</u>).	\$5 100 for up to and including a 30-day supply; \$1 200 for 31-60 day supply or \$15 300 for over a 61-90 day supply
Occasionally, manufacturers may assist with the member's costs for some limited medications that treat rare conditions.	Member share will vary depending on the manufacturer's assistance program but will not exceed the maximum Co-payment

If the pharmacy's negotiated rate is less than the applicable Co-insurance amount described above, the Participant will pay the negotiated amount as the Co-insurance

If you are a Medicare Retiree, you will not be covered under this Fund's Medicare PDP if you are enrolled in another Medicare PDP.

If you have any questions about your prescription drug coverage, you should contact the Fund Office or the Medicare PDP Provider. Contact information for the Medicare PDP can be found on your prescription drug ID card and in the material sent to you by the Medicare PDP.

Section 7.2.1 "Out-of-Pocket Limit" is corrected as follows:

The Out-of-Pocket Limit for prescription drugs for Participants covered under the Medicare PDP Drug Benefit for Medicare Retirees and Dependents is ~~\$2,000~~ \$3,000 per individual for each calendar year. There is no family Out-of-Pocket Limit.

Article XIII "Vision Benefits," Sections 13.2.1, 13.2.2, 13.2.3 and 13.3 are corrected as follows:

13.2.1 WellVision Exam

WellVision Exam[®] ~~once every 12 months~~ calendar year

- ~~\$20.00~~ \$30.00 Co-pay

Includes appropriate examination of visual functions and prescription of corrective eyewear where indicated.

13.2.2 Prescription Glasses

Prescription Glasses

- ~~\$20.00~~ \$30.00 Co-pay

Lenses ~~once every 12 months~~ calendar year

- *Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children*

Frame ~~once every 24 months~~ other calendar year

- *\$130.00 allowance for frame of your choice
(\$150 allowance for featured frames)*
- *20% off the amount over your allowance*

13.2.3 Contact Lens Care

- No Co-pay*
\$130.00 contact lens allowance ~~12 months~~ calendar year

Allowance applies to contacts in lieu of all other lens and frame benefits during that 12-month period. If you choose contact lenses you will be eligible for a frame one calendar year from the date the contact lenses were obtained.

Current soft contact lens wearers may be eligible for a special program that includes an initial contact lens evaluation and initial supply of replacement lenses.

*Contact lens exam (fitting and evaluation) is subject to a co-pay that will not exceed \$60.00.

Section 13.3 Non-Network Provider Benefits

If you see a Non-Network Provider, you'll receive a lesser benefit. Before seeing a Non-Network vision Provider, call the Vision Insurance Company for more details.

Non-Network Reimbursement Amounts:

Exam	<i>Up to \$45.00</i>
Single vision lenses	<i>Up to \$30.00</i>
Lined bifocal lenses	<i>Up to \$50.00</i>
Lined trifocal lenses	<i>Up to \$65.00</i>
Frame	<i>Up to \$70.00</i>
Elective Contacts (including exam, fitting and evaluation)	<i>Up to \$105.00</i>
Necessary Contacts (including exam, fitting and evaluation)	<i>Up to \$210.00</i>

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

Approved by the Trustees and signed on the ___ day of _____, 2016.

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