AMENDMENT NO. 4
ST. LOUIS GRAPHIC ARTS JOINT HEALTH & WELFARE FUND
PLAN AND SUMMARY PLAN DESCRIPTION OF JANUARY 1, 2016

Deductible and Prescription Drug Co-pay Changes

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

WHEREAS, the Plan has an individual deductible of $750 and a family deductible of $1,500; and

WHEREAS, the Plan does not have a prescription drug deductible and the minimum co-pays for prescriptions are $5 for up to and including a 30-day supply; $10 for 31-60 day supply; and $15 for over a 61-90 day supply; and

WHEREAS, effective January 1, 2017, the Plan is also being amended to replace the two tier (employee or family) coverage options with four tiers (employee, employee plus child(ren), employee plus spouse, and employee plus spouse plus child(ren)) where the three employee plus dependent tiers are Family Coverage for purposes of the deductible and co-payment; and

WHEREAS, the Plan′s claim costs have increased such that there has been a reduction in the assets of the Plan necessitating changes to the Plan;

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 amended to reflect a change effective January 1, 2017 an increase in the medical deductibles, the addition of a prescription drug deductible and an increase in the minimum co-pay for prescription drugs.

Amendment

Effective January 1, 2017, the medical deductible for an individual is increased from $750 to $1,000 and for "Family Coverage" from $1,500 to $2,000.

PART IV OPEN ACCESS PLUS MEDICAL BENEFITS FOR EMPLOYEES AND DEPENDENTS
- Section 4.1 "Open Access Plus Schedule of Benefits for Employees and Dependents" is amended as follows, other portions of Part IV and Section 4.1 are unchanged:

Medical Deductible Amounts

	Network
Individual	~~$750~~ 1,000
All tiers of Family Coverage	~~$1,500~~ 2,000

Medical Out-of-Pocket Limits

	Network
Individual	$3,000 ($3,850 as of July 1, 2016)
All tiers of Family Coverage	$6,000 ($7,700 as of July 1, 2016)

Effective January 1, 2017, a prescription drug deductible is added of $200 for an individual and $400 for all tiers of Family Coverage and the minimum co-pay for a prescription is increased from $5/$10/$15 to $15/$30/$45 for 30/60/90 days of medication.

PART V OPEN ACCESS PLUS PRESCRIPTION DRUG BENEFITS FOR EMPLOYEES AND DEPENDENTS - Section 5.3 "Participating Pharmacy Co-insurance Amount" is amended as follows, other portions of Part IV are unchanged:

Section 5.3 Participating Pharmacy Co-insurance Amount

Effective January 1, 2017 prescription drug benefits as set out in this section 5.3 are subject to a $200 deductible per individual and $400 deductible for the three tiers of Family Coverage. This means that an individual is responsible for the first $200 of prescription drug claims after which prescription drug coverage is as set out in the following chart. If an Employee has coverage for dependents, the deductible is met for the whole group when they have reached a combined $400 in prescription drug deductibles, for example a family of 4 will meet the deductible if they have the following claims applied to the deductible; $150, $125, $75, $50.

Each Generic Prescription or Refill	
Co-insurance	20%
Minimum Co-insurance amount	$15 for up to and including a 30-day supply; $~~1~~30 for 31-60 day supply; or $~~1~~45 for ~~over~~ a 61-90 day supply
Each Brand Name Prescription or Refill with No Generic Equivalent	
Co-insurance	35%
Each Brand Name Prescription or Refill with Generic Equivalent Available	
Co-insurance	20% plus the difference in cost between the brand name and the generic prescription
Minimum Co-insurance amount	$15 for up to and including a 30-day supply; $~~1~~30 for 31-60 day supply; or $~~1~~45 for ~~over~~ a 61-90 day supply

Maximum Co-insurance amount (Applies to certain selected costly medications that treat conditions where limited or no alternative treatments are available) and where manufacturers' assistance is not available.	$100 for up to and including a 30-day supply These medications are limited to a maximum 30-day supply for each filling.
Occasionally, manufacturers may assist with the member's costs for medications that treat rare conditions.	Member share will vary depending on the manufacturer's assistance program but will not exceed the maximum Co-payment. Contact the Claims Administrator for more information.

If the pharmacy's negotiated rate is less than the minimum Co-insurance amount described in this section, the Participant's cost will be limited to the negotiated rate amount.

Each covered prescription for a new medication is limited to a maximum 30-day supply. A medication is considered new if the dose form or strength changes or if the medication has not been filled in the past 6 months. After the initial prescription for ongoing or maintenance medications prescriptions may be filled up to a maximum 90-day supply (see Section 5.5).

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