

**RESOLUTION TO AMEND
THE
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
OF THE
PIPE TRADES SERVICES MN WELFARE FUND**

On the date provided below, the Board of Trustees ("Trustees") of the Pipe Trades Services MN Welfare Trust ("Trust") resolved to amend the Pipe Trades Services MN Welfare Fund ("Fund") to provide cost-sharing provisions specific to coronavirus (COVID-19) testing.

WHEREAS, the Trustees are duly designated and appointed as the trustees of the Trust;

WHEREAS, Section I(11) of the Uniform Terms for Plans and Programs Maintained by the Pipe Trades Services MN Welfare Fund, which terms govern the operation of the Fund, authorizes the Trustees to amend the Fund; and

WHEREAS, the Trustees believe it is in the best interests of the Fund and the Participants and their Dependents covered by the Fund to amend the Fund as provided herein.


NOW, THEREFORE, the Fund is amended to provide for coronavirus (COVID-19) testing at no cost, no cost-sharing for in-network office and urgent care visits for such testing, and related telephone visits.

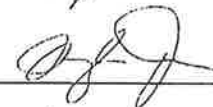
The changes described above are reflected on the following replacement pages:

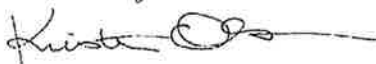
- Pages 13, 25A and 30 of the Benefits Booklet for the Journeymen, Apprentices, and their Dependents;
- Pages 12, 24, 24A and 28 of the Benefits Booklet for Pre-Medicare Retirees and their Dependents; and
- Pages 13, 21, 25 and 26 of the Benefits Booklet for Support Workers and their Dependents, Helpers and Pre-Apprentices.

Effective Date of Amendment:	<u>March 1, 2020</u>
Resolution Date:	<u>March 10, 2020</u>
Execution Date:	<u>March 26, 2020</u>

EMPLOYER TRUSTEES







UNION TRUSTEES







Michael J. Tiava

A handwritten signature in cursive script, appearing to read 'M. J. Tiava', written over a horizontal line.

Diagnostic imaging in conjunction with a non-Office Visit	10% Coinsurance, Deductible Applies	20% Coinsurance, Deductible applies For emergency services, 10% Coinsurance, Deductible applies
Preventive Care	You pay \$0 (0% Coinsurance), Deductible does not apply	20% Coinsurance, Deductible applies
Prescription Drugs	20% Coinsurance, Deductible does not apply	Not covered
Treatment at Pipe Trades Services MN Health & Wellness Centers	You pay \$0 (0% Coinsurance), Deductible does not apply	Not applicable
Treatment at CVS Minute Clinics	You pay \$0 (0% Coinsurance), Deductible does not apply	20% Coinsurance, Deductible applies
Treatment via virtuwell (online clinic)	You pay \$0 (0% Coinsurance), Deductible does not apply	Not applicable
Chiropractic Services	20% Coinsurance up to Annual Limit of \$1,100, Deductible applies	20% Coinsurance up to Annual Limit of \$1,100, Deductible applies
Acupuncture	20% Coinsurance up to Annual Limit of \$300, Deductible applies	20% Coinsurance up to Annual Limit of \$300, Deductible applies
Hearing Aids	10% Coinsurance up to \$2,000 limit every 4 years, Deductible applies	20% Coinsurance up to \$2,000 limit every 4 years, Deductible applies
Coverage for items and services furnished to an individual as required under the Families First Coronavirus Response Act	You pay \$0 (0% Coinsurance) Deductible does not apply	You pay \$0 (0% Coinsurance) Deductible does not apply
Telephone visits occurring during a declared state of emergency (e.g., coronavirus (COVID-19))	You pay \$0 (0% Coinsurance) Deductible does not apply	You pay \$0 (0% Coinsurance) Deductible does not apply

Coverage for items and services furnished to an individual as required under the Families First Coronavirus Response Act	You pay \$0 (0% Coinsurance) Deductible does not apply	You pay \$0 (0% Coinsurance) Deductible does not apply
Telephone visits occurring during a declared state of emergency (e.g., coronavirus (COVID-19))	You pay \$0 (0% Coinsurance) Deductible does not apply	You pay \$0 (0% Coinsurance) Deductible does not apply

36. An expense related to mammoplasty or breast reduction surgery, except if the mammoplasty or breast reduction surgery is Medically Necessary to treat an Illness or Injury.
37. An expense for an item or service that is primarily for cosmetic purposes such as an expense related to cosmetic surgery, except if the cosmetic surgery is for the treatment of an Injury and you incur the expense within two years of sustaining the Injury.
38. An expense related to gender reassignment surgery and related hormone therapy.
39. An expense related to participation in a program specializing in the treatment of chronic pain.
40. An expense related to radial keratotomy surgery, eximer laser surgery, lasik, or any other refractive surgery.
41. An expense related to artificial heart surgery.
42. An expense related to a thermogram or thermography.
43. An expense related to laboratory work performed by or ordered by a chiropractor.
44. An expense for a telephone visit, unless the telephone visit occurs during a declared state of emergency (e.g., coronavirus (COVID-19)).
45. An expense for early intensive intervention services as defined under Minn.Stat. 62A.3094.
46. Expenses for room and board and care provided in halfway houses, extended care facilities, or comparable facilities, and residential treatment services except for residential care for the treatment of eating disorders and chemical or mental health treatment in a licensed residential primary treatment center.
47. An expense, to the extent that it is covered by no-fault auto insurance or, if you were required by law to have no-fault auto insurance and did not, to the extent that the expense would have been covered by no-fault auto insurance if you had carried the statutory minimum coverage.
48. An expense for treatment of an Injury that resulted from the use of a Motorized Vehicle to the extent that it is covered by Motorized Vehicle insurance.
49. An expense for treatment of an Injury that resulted from the use of your Motorized Vehicle when you did not have personal injury coverage, except to the extent that a portion of the expense, when aggregated with all other personal injury expenses you incurred as a result of Injury, exceeds \$5,000 or the maximum personal injury coverage available in your state, if less.
50. An expense related to the diagnosis and treatment of a learning disability.
51. An expense for services rendered by a massage therapist.

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Preventive Care	You pay \$0 (0% Coinsurance), Deductible does not apply	20% Coinsurance, Deductible applies
Prescription Drugs	20% Coinsurance, Deductible does not apply	Not covered
Treatment at Pipe Trades Services MN Health & Wellness Centers	You pay \$0 (0% Coinsurance), Deductible does not apply	Not applicable
Treatment at CVS Minute Clinics	You pay \$0 (0% Coinsurance), Deductible does not apply	20% Coinsurance, Deductible applies
Treatment via virtuwell (online clinic)	You pay \$0 (0% Coinsurance), Deductible does not apply	Not applicable
Chiropractic Services	20% Coinsurance up to Annual Limit of \$1,100, Deductible applies	20% Coinsurance up to Annual Limit of \$1,100, Deductible applies
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Prescription Drugs	20% Coinsurance, Deductible does not apply	Not covered
Treatment at Pipe Trades Services MN Health & Wellness Centers	You pay \$0 (0% Coinsurance), Deductible does not apply	Not applicable
Treatment at CVS Minute Clinics	You pay \$0 (0% Coinsurance), Deductible does not apply	20% Coinsurance, Deductible applies
Treatment via virtuwell (online clinic)	You pay \$0 (0% Coinsurance), Deductible does not apply	Not applicable
Chiropractic Services	20% Coinsurance up to Annual Limit of \$1,100, Deductible applies	20% Coinsurance up to Annual Limit of \$1,100, Deductible applies
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D. What The Plan Covers

2. In General

The Plan provides benefits for Covered Expenses, which generally include physician, hospital, skilled nursing facility, prescription drug, and Preventive Care expenses. Specifically, an expense is a Covered Expense if:

- a. The expense is for Medically Necessary items or services for treatment of a non-occupational Illness or Injury or for Preventive Care, and,
- b. The expense is not expressly excluded by this Plan.

3. Limitations

Coverage of certain expenses is limited and conditioned as described below. To the extent that an expense exceeds a limitation or fails to meet a condition, it is not a Covered Expense.

- a. All Covered Expenses are limited as described in the applicable PPO's coverage criteria to the extent that such criteria are not inconsistent with this Plan. To review coverage

[CONTINUED ON NEXT PAGE]

30. An expense for a drug that is prescribed for off-label use (i.e., use in a manner that is inconsistent with the drug's FDA-approved labeling, such as treatment of a disease that the FDA has not approved the drug to treat).
31. An expense for a compounded drug, as defined by 21 U.S.C. 353a.
32. An expense for a specialty drug except if the drug is obtained from the Fund's designated specialty pharmacy. For a list of specialty drugs, contact the Fund Office. For contact information for the designated specialty pharmacy, see the Important Contact Information section of this Booklet.
33. Expenses for repetitive drug testing.
34. An expense related to an abortion or complications from an abortion, except if the abortion was Medically Necessary to treat an Illness or Injury.
35. An expense related to treatment for obesity (or a co-morbidity of obesity if there is also a diagnosis of obesity), except to the extent that the Plan is prohibited by law from excluding the expense from coverage. Examples of expenses excluded under this paragraph include gastric bypass surgery, bariatric surgery, weight loss clinics, appetite suppressants, etc.
36. An expense related to mammoplasty or breast reduction surgery, except if the mammoplasty or breast reduction surgery is Medically Necessary to treat an Illness or Injury.
37. An expense for an item or service that is primarily for cosmetic purposes such as an expense related to cosmetic surgery, except if the cosmetic surgery is for the treatment of an Injury and you incur the expense within two years of sustaining the Injury.
38. An expense related to gender reassignment surgery and related hormone therapy.
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41. An expense related to artificial heart surgery.
42. An expense related to a thermogram or thermography.
43. An expense related to laboratory work performed by or ordered by a chiropractor.
44. An expense for a telephone visit, unless the telephone visit occurs during a declared state of emergency (e.g., coronavirus (COVID-19)).
45. An expense for early intensive intervention services as defined under Minn.Stat. 62A.3094.

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Diagnostic imaging in a non-Office Visit	10% Coinsurance, Deductible Applies	20% Coinsurance, Deductible applies For emergency services, 10% Coinsurance, Deductible applies
Preventive Care	You pay \$0 (0% Coinsurance), Deductible does not apply	20% Coinsurance, Deductible applies
Prescription Drugs (Support Workers)	20% Coinsurance, Deductible does not apply	Not covered
Prescription Drugs (Helpers / Pre-Apprentice)	30% Coinsurance, Deductible does not apply	Not Covered
Treatment at Pipe Trades Services MN Health & Wellness Centers	You pay \$0 (0% Coinsurance), Deductible does not apply	Not applicable
Treatment at CVS Minute Clinics	You pay \$0 (0% Coinsurance), Deductible does not apply	20% Coinsurance, Deductible applies
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Pipe Trades Services MN Health Club Reimbursement Program

\$20 will be credited toward your health club membership fee for each Member and Spouse who visits a participating health club at least 8 times within a month. Your Spouse may participate in this program, but your Children may not.

8. ELIGIBILITY AND BENEFITS

A. Support Workers, Helpers and Pre-Apprentices Only

This Benefits Booklet applies only to Support Workers and their Dependents, and Helpers and Pre-Apprentices. If you are a Journeymen, Apprentice, pre-Medicare Retiree, Medicare Retiree, contact the Fund Office for the appropriate Benefits Booklet. In this section of this Booklet, the term “you” refers only to a Support Worker, Helper or Pre-Apprentice. Capitalized terms have the meaning given in the Definitions section of the Uniform Terms for Plans and Programs Maintained by the Pipe Trades Services MN Welfare Fund, which are included in this Booklet. You may find additional information about your eligibility and benefits at www.ptsmn.org.

B. Benefits

The Fund maintains many benefits Plans and Programs. When you become eligible for benefits from the Fund, you (and, in some cases, for Support Workers your Dependents) become a participant in the Pipe Trades Services MN Health Plan (which is described later in this Benefits Booklet) and Pipe Trades Services MN Health Club Reimbursement Program.

C. Support Worker, Helpers and Pre-Apprentice Eligibility, Termination of Eligibility

You first become eligible to receive benefits from the Fund under this Benefits Booklet on the first day of the second month following the month in which you perform work as a Support Worker, Helper or Pre-Apprentice that causes the balance of your Dollar Bank to equal or exceed the Fund’s Premium. This eligibility rule applies regardless of whether you were eligible for benefits from the Fund under another Benefits Booklet when you became a Support Worker, Helper or Pre-Apprentice. After you initially become eligible for benefits under this Booklet, you will remain eligible until your eligibility is terminated. Your eligibility will terminate on the earliest of the following:

1. The first day of the first month in which the balance of your Dollar Bank is less than the Fund’s monthly Premium¹³;
2. The day you become eligible for benefits from the Fund in any capacity other than as a Support Worker, Helper or Pre-Apprentice;
3. The day you enter active military service (subject to the provisions of USERRA);

¹³ If the amount in your Dollar Bank ever falls below the amount necessary to cover at least two months of Premiums, the Fund Office will generally send you a notice called a “Low Dollar Bank Notice”. However, you are responsible for ensuring that your Dollar Bank is sufficient to cover your Premium regardless of whether you receive a notice. You may also check your individual Dollar Bank information at www.ptsmn.org. Go to the members page and click on the Eligibility Information tab.

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- b. The expense is not expressly excluded by this Plan.

2. Limitations

Coverage of certain expenses is limited and conditioned as described below. To the extent that an expense exceeds a limitation or fails to meet a condition, it is not a Covered Expense.

- a. All Covered Expenses are limited as described in the applicable PPO’s coverage criteria to the extent that such criteria are not inconsistent with this Plan. To review coverage criteria, see the website that is identified under the applicable PPO in the Important Contact Information section at the beginning of this Booklet or contact the Fund Office.

31. An expense for a compounded drug, as defined by 21 U.S.C. 353a.
32. An expense for a specialty drug except if the drug is obtained from the Fund's designated specialty pharmacy. For a list of specialty drugs, contact the Fund Office. For contact information for the designated specialty pharmacy, see the Important Contact Information section of this Booklet.
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34. An expense related to an abortion or complications from an abortion, except if the abortion was Medically Necessary to treat an Illness or Injury.
35. An expense related to treatment for obesity (or a co-morbidity of obesity if there is also a diagnosis of obesity), except to the extent that the Plan is prohibited by law from excluding the expense from coverage. Examples of expenses excluded under this paragraph include gastric bypass surgery, bariatric surgery, weight loss clinics, appetite suppressants, etc.
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care for the treatment of eating disorders and chemical or mental health treatment in a licensed residential primary treatment center.

47. An expense, to the extent that it is covered by no-fault auto insurance or, if you were required by law to have no-fault auto insurance and did not, to the extent that the expense would have been covered by no-fault auto insurance if you had carried the statutory minimum coverage.
48. An expense for treatment of an Injury that resulted from the use of a Motorized Vehicle to the extent that it is covered by Motorized Vehicle insurance.
49. An expense for treatment of an Injury that resulted from the use of your Motorized Vehicle when you did not have personal injury coverage, except to the extent that a portion of the expense, when aggregated with all other personal injury expenses you incurred as a result of Injury, exceeds \$5,000 or the maximum personal injury coverage available in your state, if less.
50. An expense related to the diagnosis and treatment of a learning disability.
51. An expense for services rendered by a massage therapist.
52. An expense for long-term care including, without limitation, an expense for room and board and an expense for treatment that is not expected to result in an improvement in diagnosis or prognosis.
53. An expense related to surgery for temporomandibular joint dysfunction or any related condition.
54. An expense related to or for a wig.

F. Additional Plan Terms

The provisions of the section of this Booklet entitled “Uniform Terms For Plans And Programs Maintained By The Pipe Trades Services MN Welfare Fund” are incorporated into this Plan in their entirety.