

**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 remove the prior authorization requirements for certain non-generic drugs from the Pipe Trades Services MN Health Plan.

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 as provided below:

1. **Generic Antiviral Medication**. The prior authorization requirement for generic antiviral drugs has been removed.
2. **Generic Erectile Dysfunction Medication**. The prior authorization requirement for generic erectile dysfunction medication has been removed.

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

- Page 29 of the Benefits Booklet for the Journeymen, Apprentices, and their Dependents;
- Page 27 of the Benefits Booklet for Pre-Medicare Retirees and their Dependents; and
- Page 24 of the Benefits Booklet for Support Workers and their Dependents, Helpers and Pre-Apprentices.

Effective Date of Amendment: February 27, 2020

Resolution Date: February 27, 2020

Execution Date: March 26, 2020

[SIGNATURE PAGE FOLLOWS]

EMPLOYER TRUSTEES

Wayne T. Clark
[Signature]
[Signature]
Michael J. Tierna

UNION TRUSTEES

[Signature]
[Signature]
Shirley Seward
[Signature]

22. An expense for nutritional support taken orally, except an expense for special medical foods for the treatment of phenylketonuria or maple syrup urine disease and except to the extent this exclusion is prohibited by law.
23. An expense for a regular food product, including, without limitation: a food thickener; a regular grocery product that can be used with an enteral system (whether taken orally or parenterally); a special infant formula; a food supplement; and, a vitamin or mineral taken orally.
24. An expense for biomedical feedback treatment, except if the treatment is for migraine headaches or fecal incontinence.
25. An expense for Retin-A, except if the Retin-A was prescribed by a physician for the treatment of acne.
26. An expense for a non-generic antiviral drug (e.g., Tamiflu and Relenza), except if the non-generic antiviral medication was prescribed for the prevention or treatment of influenza and you are a high-risk patient as defined by the Center for Disease Control.
27. An expense for a drug that is available over-the-counter (i.e., a drug that may be legally obtained without a prescription) except for certain classes of medications such as omeprazole. Contact the Fund Office for a list of those medications.
28. An expense for Auvi-Q epinephrine injectors.
29. An expense for a non-generic drug that is prescribed for treatment of erectile dysfunction, except if Medically Necessary.
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.

14. An expense for an item or service furnished to or rendered to you by a person who is your relative.
15. Post-partum in-home visits.
16. An expense related to complications resulting from, or reversal of, any treatment, procedure, or surgery, the expenses of which do not qualify as Covered Expenses.
17. An expense for an item or service that is for personal comfort or convenience, including, without limitation: air conditioners, air purifiers, humidifiers, de-humidifiers, allergy-free pillows, blankets, mattress covers, orthopedic mattresses, articles of clothing, shoes, whirlpools, swimming pools, elevators, or stair lifts.
18. An expense for non-durable medical equipment, including, without limitation, cervical pillows and blood pressure monitors. See the current PPO's website for a listing of non-durable medical equipment.
19. An expense for treatment of an Injury or Illness that is connected to your commission, or attempted commission, of an act that the Board of Trustees determines in its sole discretion to be illegal.
20. An expense for educational, recreational, or milieu services.
21. An expense for diagnostic, radiology, or laboratory services that are not applicable to your diagnosis, except as specifically provided by the Plan.
22. An expense for nutritional support taken orally, except an expense for special medical foods for the treatment of phenylketonuria or maple syrup urine disease and except to the extent this exclusion is prohibited by law.
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