

**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 coverage exclusion for gender reassignment surgery and related hormone therapy.

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 remove the coverage exclusion for expenses related to gender reassignment surgery and related hormone therapy.

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


- Page 30 of the Benefits Booklet for the Journeymen, Apprentices, and their Dependents;
- Page 28 of the Benefits Booklet for Pre-Medicare Retirees and their Dependents; and
- Page 25 of the Benefits Booklet for Support Workers and their Dependents, Helpers and Pre-Apprentices.

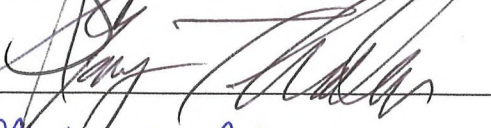
Effective Date of Amendment: September 24, 2020

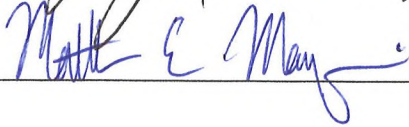
Resolution Date: September 24, 2020

Execution Date: September 24, 2020


EMPLOYER TRUSTEES

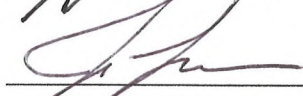


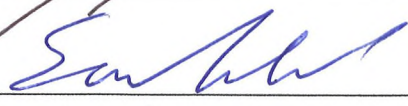


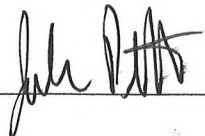


UNION TRUSTEES









30. 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.
31. 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.
32. [RESERVED].
33. An expense related to participation in a program specializing in the treatment of chronic pain.
34. An expense related to radial keratotomy surgery, eximer laser surgery, lasik, or any other refractive surgery.
35. An expense related to artificial heart surgery.
36. An expense related to a thermogram or thermography.
37. An expense related to laboratory work performed by or ordered by a chiropractor.
38. An expense for a telephone visit.
39. An expense for early intensive intervention services as defined under Minn.Stat. 62A.3094.
40. 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.
41. 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.
42. 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.
43. 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.
44. An expense related to the diagnosis and treatment of a learning disability.
45. An expense for services rendered by a massage therapist.

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.
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