

**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 restated effective January 1, 2024 (“Welfare Fund”) to increase the Copayment amounts for both primary and specialty care.

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

WHEREAS, Article V, Section 2 of the Trust Agreement, which terms govern the operation of the Welfare Fund, authorizes the Trustees to amend the Welfare Fund;

WHEREAS, the Trustees believe it is in the best interests of the Welfare Fund to increase Copayment amounts for both primary and specialty care to keep pace with medical inflation and improve the financial well-being of the Welfare Fund.

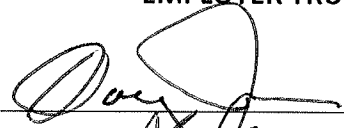
NOW, THEREFORE, the Welfare Fund is amended to increase the amount of Copayments payable under the Welfare Fund’s coverage by replacing pages 3, 4, 5, 43, 45, 108 and 109 of the Welfare Fund with the attached replacement pages.

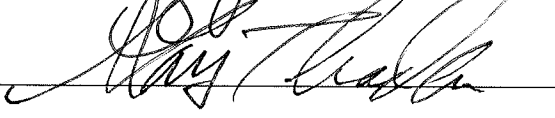
Effective Date of Amendment: January 1, 2025

Resolution Date: October 31, 2024

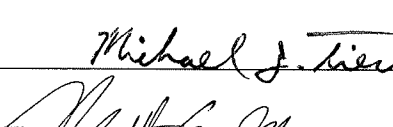
Execution Date: October 31, 2024

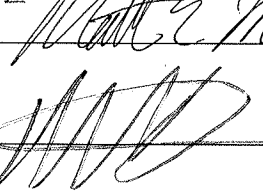
EMPLOYER TRUSTEES



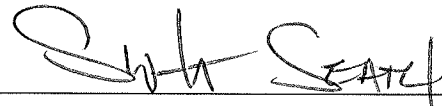


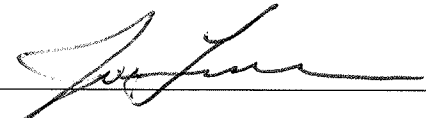
Michael J. Tieva

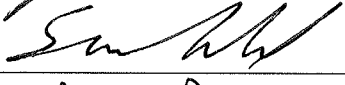


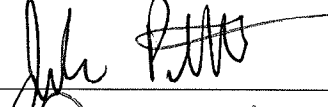


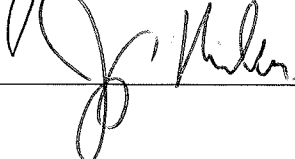
UNION TRUSTEES











Section 2 Summary of Coverage

The following summarizes the various coverages made available to you through the Welfare Fund's Plans. Each Plan is described in greater detail in Sections 7-15 of this SPD. A list of the Welfare Fund's benefits available to you is provided in Section 5 ("Benefits").

You have \$0 Copayment for the services you receive at the Wellness Centers.
See Section 8 ("Pipe Trades Services MN Family Health & Wellness Centers") for more information.

Summary of Medical Benefits Pipe Trades Services MN Health Plan (Section 7)

Journeyman, Pre-Medicare Retirees, Support Workers, and NBU Employees
(Dependent coverage)

Maximum OOP: \$2,000/individual; \$6,000/family (excludes Deductible)
Deductible: See your *Annual Coverage Update* or the *Deductible Election Form* (if applicable)
Annual Limit: None

Helpers and Pre-Apprentices (no Dependent coverage)

Maximum OOP: \$2,850 (excludes Deductible)
Deductible: See your *Annual Coverage Update* or the *Deductible Election Form* (if applicable)
Annual Limit: None

Type of Benefit	In-Network	Out-of-Network
Covered Expenses (this general rule applies to any Covered Expense that is not subject to one of the specific rules below) Examples of Covered Expenses subject to specific rules include: hospital expenses, durable medical equipment, Prescription Drugs, etc.	10% Coinsurance Deductible applies	20% Coinsurance, Deductible applies
Emergency Services	10% Coinsurance Deductible applies	
Urgent Care at a Hospital	10% Coinsurance Deductible applies	20% Coinsurance Deductible applies
Urgent Care at an Office	\$35 Copayment Deductible does not apply	20% Coinsurance Deductible applies

Type of Benefit	In-Network	Out-of-Network
Office Visits (this rule applies to items and services provided during an Office Visit except durable medical equipment)	\$35/\$50 Copayment (Primary/Specialty Care Provider) Deductible does not apply	20% Coinsurance Deductible applies
Laboratory Services (preventive)	You pay \$0 (0% Coinsurance) Deductible does not apply	20% Coinsurance Deductible applies
Laboratory Services (non-preventive) in conjunction with an Office Visit or outpatient services	You pay \$0 (0% Coinsurance) Deductible does not apply	20% Coinsurance Deductible applies
Laboratory Services (non-preventive) in conjunction with a hospital or emergency room visit	10% Coinsurance Deductible applies	20% Coinsurance Deductible applies
Diagnostic imaging in conjunction with an Office Visit	You pay \$0 (0% Coinsurance) Deductible does not apply	20% Coinsurance Deductible applies
Diagnostic imaging in conjunction with a non-Office Visit	10% Coinsurance Deductible applies	20% Coinsurance Deductible applies
Preventive Care	You pay \$0 (0% Coinsurance) Deductible does not apply	20% Coinsurance Deductible applies
Prescription Drugs ¹	20% Coinsurance Deductible does not apply Helpers and Pre-Apprentices: 30% Coinsurance Deductible does not apply	Not covered
Treatment at Minute Clinics	You pay \$0 (0% Coinsurance) Deductible does not apply	20% Coinsurance Deductible applies
Treatment via Virtuwell (online clinic) ²	You pay \$0 (0% Coinsurance) Deductible does not apply	Not applicable

¹ Certain Prescription Drugs are available to you at no cost from the Wellness Centers. For a list of the Prescription Drugs available from the Wellness Centers, contact your local Wellness Center. See Section 3 ("Important Contact Information").

² Virtual Primary Care services are also available to you at no cost from the Wellness Centers. Get started by calling (888) 535-4980.

Type of Benefit	In-Network	Out-of-Network
Chiropractic Services ³	20% Coinsurance Deductible applies	20% Coinsurance up to Annual Limit of 20 visits Deductible applies
Acupuncture	20% Coinsurance up to Annual Limit of \$300 Deductible applies	
Hearing Aids	10% Coinsurance up to one hearing aid for each ear every three years Deductible applies	20% Coinsurance up to one hearing aid for each ear every three years Deductible applies
Telephone visits (this coverage does not apply to virtual visits through Virtuwell or the Wellness Centers)	\$35 Copayment Deductible does not apply	20% Coinsurance Deductible applies
In-home sleep studies	You pay \$0 (0% Coinsurance) Deductible does not apply	20% Coinsurance Deductible applies

**Summary of Wellness Center Services
Pipe Trades Services MN Family Health & Wellness Centers (Section 8)**

The Wellness Centers operated by Premise Health offer the primary care services you would expect from a family physician or general practitioner/Provider at no cost to you. There is no Copayment or Coinsurance for a visit to the Wellness Center and your Deductible does not apply.

The primary care services offered at the Wellness Centers include:

- Primary care for common conditions such as colds, flu, asthma, diabetes, etc.;
- Care for acute conditions, chronic disease, and cardiovascular care;
- Preventive care including immunizations, physicals, etc.;
- Physical therapy and chiropractic care;
- Behavioral and mental health care;
- Women’s healthcare services;
- Provider dispensing of 200+ Prescription Drugs at no cost to you;
- Patient education;
- Full-service vision center (White Bear Lake Wellness Center only); and
- Certain lab tests can also be completed at the Wellness Centers.

The Wellness Centers are located in Eagan, Maple Grove, Rochester, and White Bear Lake.

You also have 24/7 access to **Virtual Primary Care** services. Get started by calling (888) 535-4980.

³ Chiropractic services are available to you at no cost from the Wellness Centers. See Section 8 (“PTSMN Family Health & Wellness Centers”).

8. Payment Schedule.

Journeyman, Pre-Medicare Retirees, Support Workers, and NBU Employees (Dependent coverage)		
Maximum OOP: \$2,000/individual; \$6,000/family (excludes Deductible)		
Deductible: See your <i>Annual Coverage Update</i> or the <i>Deductible Election Form</i> (if applicable)		
Annual Limit: None		
Helpers and Pre-Apprentices (no Dependent coverage)		
Maximum OOP: \$2,850 (excludes Deductible)		
Deductible: See your <i>Annual Coverage Update</i> or the <i>Deductible Election Form</i> (if applicable)		
Annual Limit: None		
Type of Benefit	In-Network	Out-of-Network
Covered Expenses (this general rule applies to any Covered Expense that is not subject to one of the specific rules below) Examples of Covered Expenses subject to specific rules include: hospital expenses, durable medical equipment, Prescription Drugs, etc.	10% Coinsurance Deductible applies	20% Coinsurance, Deductible applies
Emergency Services	10% Coinsurance Deductible applies	
Urgent Care at a Hospital	10% Coinsurance Deductible applies	20% Coinsurance Deductible applies
Urgent Care at an Office	\$35 Copayment Deductible does not apply	20% Coinsurance Deductible applies
Office Visits (this rule applies to items and services provided during an Office Visit except durable medical equipment)	\$35/\$50 Copayment (Primary/Specialty Care Provider) Deductible does not apply	20% Coinsurance Deductible applies
Laboratory Services (preventive)	You pay \$0 (0% Coinsurance) Deductible does not apply	20% Coinsurance Deductible applies
Laboratory Services (non-preventive) in conjunction with an Office Visit or outpatient services	You pay \$0 (0% Coinsurance) Deductible does not apply	20% Coinsurance Deductible applies

Type of Benefit	In-Network	Out-of-Network
Telephone visits (this coverage does not apply to virtual visits through Virtuwel or the Wellness Centers)	\$35 Copayment Deductible does not apply	20% Coinsurance Deductible applies
In-home sleep studies	You pay \$0 (0% Coinsurance) Deductible does not apply	20% Coinsurance Deductible applies

C. What the Health Plan Covers

1. In General. The Health Plan provides benefits for Covered Expenses, which generally include physician, hospital, outpatient services, skilled nursing facility, behavioral and mental healthcare, 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 the Health Plan.

2. Limitations. Coverage of certain Covered Expenses is limited and conditioned as described below (i.e., the **Limitations**). 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, including any Prior Authorization requirements, to the extent that such criteria are not inconsistent with this Health Plan. To review coverage criteria, see the website that is identified under the applicable PPO in Section 3 (“Important Contact Information”) of this SPD or contact the Fund Office.
- b) Covered Expenses for Out-of-Network chiropractic services are limited to 20 visits total per individual per calendar year. This Limitation does not apply to In-Network chiropractic services, chiropractic services rendered at a Wellness Center, or from a Provider contracted by a Wellness Center.
- c) Covered Expenses for acupuncture services are limited to \$300 in total per calendar year.
- d) Covered Expenses to treat and restore damage done to sound, natural, unrestored teeth must be incurred within two years of the date of the causative Injury or Illness, and you must have been a Participant in the Health Plan when the Injury or Illness occurred. See the applicable PPO’s coverage criteria for additional coverage information and Prior Authorization requirements for accidental dental services. This Limitation does not apply to certain expenses for dental work or oral surgery.
- e) When applicable, Covered Expenses for durable medical equipment are limited to rental unless the cost of rental equals or exceeds the purchase price.

obtain Prior Authorization when it is required, the Welfare Fund will not pay benefits for the items and services you received without Prior Authorization. You only need Prior Authorization when it is expressly stated in a Plan's SPD or in the PPO's coverage criteria. Prior Authorization is not available for any item or service for which Prior Authorization is not required. You or your Provider may be required to obtain Prior Authorization for certain services. Your Provider will coordinate the authorization process for any services which must first be authorized. See [Section 3 \("Important Contact Information"\)](#) for information about who to contact for Prior Authorization. A PPO may have a procedure that is called "prior authorization" but that is not required as a condition of coverage under the applicable Plan. In such cases, this definition is not applicable and a Claim in such a case will not be considered a pre-service Claim.

Provider

A person or entity that is licensed under applicable law to treat Illnesses and Injuries. A Provider may either be a **Primary Care Provider** or a **Specialty Care Provider**, but no distinction is made for certain types of services (e.g., mental health and substance use disorder services).

Primary Care Providers are the main health care providers for non-emergencies and provide a broad range of services that include: diagnosing and treating common Illnesses and minor Injuries; Preventive Care; teaching healthy lifestyle choices; assessing the urgency of medical problems; and, making referrals to Specialty Care Providers when needed.

Specialty Care Providers focus on specific areas of medicine and provide in-depth knowledge for treating particular conditions. Specialty Care Providers work with patients to manage complex medical conditions and provide ongoing treatment and monitoring. Examples of service areas for Specialty Care Providers include: chiropractic; cardiology; endocrinology; gastroenterology; nephrology; oncology; orthopedics; and, psychiatry.

QMCSO

A qualified medical child support order ("QMCSO") is a judgment, decree or order (including approval of a settlement agreement) issued by a court of competent jurisdiction requiring the Welfare Fund to recognize an Employee's or Spouse's Child as an alternate recipient as defined by ERISA § 609(a). Such order must be approved in accordance with any procedures adopted by the Board of Trustees.

Retiree

An individual who has submitted a completed *Retirement Application* to the Welfare Fund and whose *Retirement Application* has been approved by the Trustees or the person the Trustees have delegated such authority.

Specialty Drug

A Prescription Drug that may require special handling or ongoing monitoring and assessment by a healthcare Provider, or is relatively difficult to expense. Specialty Drugs are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis. For a list of Specialty Drugs, contact Optum Specialty Pharmacy. See [Section 3 \("Important Contact Information"\)](#).

Spouse

An individual with whom you validly entered a formal legal relationship, denominated under the law of the state or foreign jurisdiction where the relationship was entered as a "marriage", that has not been legally dissolved, annulled, subject to separation, or otherwise terminated by the law of any state or foreign jurisdiction. The Welfare Fund may require proof of a valid marriage before recognizing an individual as a Spouse. An individual will not be treated as your Spouse if you and the individual reside apart for a period of six months or more.

Standard Beneficiary Designation

Your Spouse; or if none, your child or children in equal shares, and the share of any child who does not survive you to his or her children living at your death in equal shares; or if none, to your parents in equal shares; or if none, to your brothers and sisters in equal shares; or if none, to your estate. The term "child" as used for this purpose includes both natural-born and adopted children, but not stepchildren.

Support Worker

An Employee of a Contributing Employer who meets specific qualification criteria as set forth in a CBA and with respect to whom the Contributing Employer is required by a CBA to contribute to the Welfare Fund at the rate specific for Employees classified as support workers in the CBA.

Union or Local Union

Pipe Fitters Local No. 539, Plumbers Local Union No. 15, Pipe Fitters Local No. 455, Plumbers Local Union No. 34, Plumbers and Pipe Fitters Local No. 6, and any other Local Union chartered by the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada or other union representing Employees working in a capacity related to the Pipe Trades Industry whose bargaining unit is accepted for participation in the Welfare Fund by the Trustees.

Urgent Care Claim

A Claim under circumstances where application of the Welfare Fund's normal claims procedure would result in a delay in administering an item or service that could seriously jeopardize your life, health, or ability to regain maximum function, or where the delay would subject you to severe and unmanageable pain.

USERRA

The Uniformed Services Employment and Reemployment Rights Act of 1994, as amended, and any regulations promulgated thereunder.

Welfare Fund

The Pipe Trades Services MN Welfare Fund