

OPERATING ENGINEERS LOCAL 101 HEALTH & WELFARE FUND
FOURTH AMENDMENT TO THE PLAN DOCUMENT

WHEREAS, the Operating Engineers Local 101 Health and Welfare Fund Combination Plan Document and Summary Plan Description dated January 1, 2012, provides that the Plan may be amended by the Board of Trustees from time to time;

WHEREAS, it is the desire of the Trustees to amend the Plan;

NOW, THEREFORE, BE IT RESOLVED that the Plan document and Summary Plan Description shall be amended as follows, effective as stated below:

Section One – Schedule of Benefits

Section One shall be amended by adding a new benefit as “AA.” as follows:

AA. Motorized Wheelchair or Scooter Benefit

The Plan will pay benefits if deemed medically necessary at:

Coinsurance

In-Network80%

Out-of-Network.....70%

Any out-of-pocket Expense incurred under this benefit shall NOT be included in or accrue towards the Out-of-Pocket Limit.

Section Four – Medical Benefits

Section Four shall be amended by adding a new subsection T. as follows:

T. Motorized Wheelchair or Scooter Benefit

The Plan shall pay for expenses according to the Schedule of Benefits for the rental (up to the purchase price) or purchase of a motorized wheelchair or scooter or like equipment for a disabled individual when deemed medically necessary. If rented, benefits will only be paid up to the purchase price.

A motorized/power or manual assist wheelchair is considered medical necessary when ALL the following criteria are met:

- Without use of a wheelchair the patient would be confined to bed or chair and be unable to move around in their residence; AND
- A wheelchair is considered medically necessary; AND
- The patient is physically unable to operate a manual wheelchair; AND
- The patient can safely operate and control a power wheelchair; AND
- The patient can safely transfer in or out of a motorized/power wheelchair.

If documentation does not support the medical necessity of a power wheelchair but does support the medical necessity of a manual wheelchair, payment is based on the allowance for the least costly medically appropriate alternative.

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If the length of need for a power wheelchair is 6 months or less, rental only will be covered. In this situation, purchase would not be medically necessary.

Only one wheelchair may be rented, or if less costly, purchased at a time. The type of wheelchair is based on the patient's physical condition and should be able to be used primarily inside, but also outside the home. The Plan follows Medicare guidelines when determining what type of wheelchair is covered for the individual.

A replacement wheelchair is considered medically necessary only when there is a change in the patient's physical condition or when the wheelchair is inoperative and cannot be repaired at a cost less than rental or replacement.

A one month rental of a wheelchair is covered if a patient owned wheelchair is being repaired.

Any out-of-pocket Expense incurred under this benefit shall NOT be included in or accrue towards the Out-of-Pocket Limit.

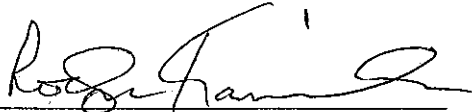
Section Eleven – Benefit Exclusions and Limitations

Section Eleven shall be amended at exclusion 16 by deleting the phrase "motor driven wheelchairs or scooters,"

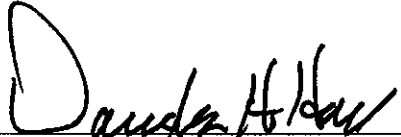
The foregoing amendment shall be effective as stated above:

IN WITNESS WHEREOF, we have approved this amendment Fourth Amendment this ____ day of _____ 2013,

APPROVED:



Rodger Kaminska, Co-Chairman



Douglas H. Hall, Co-Chairman