

**AMENDMENT #1
to the Plan Document of**

**I.B.E.W. HEALTH AND WELFARE TRUST OF SOUTHWEST WASHINGTON HEALTH CARE
BENEFITS PLAN**

The I.B.E.W. HEALTH AND WELFARE TRUST OF SOUTHWEST WASHINGTON HEALTH CARE BENEFITS PLAN (the "Plan"), last restated effective July 1, 2009, is hereby amended as follows:

Effective April 22, 2010 under **Medical Plan Limitations and Exclusions** on page 53, item number 8 is restated as follows:

8. Charges Incurred in connection with the care or treatment of, or surgery and its complications performed for a Cosmetic Procedure unless Medically Necessary:
 - a) Due to an Injury while covered under this Plan (unless otherwise required by applicable law).
 - b) For correction of congenital deformity in a child covered either from birth or the date of placement for adoption. The Plan will also cover correction of congenital deformities for Covered Persons who were not born while covered by this Plan after a period of two (2) years on the Plan (unless otherwise required by applicable law).
 - c) For reconstructive surgery as necessary for the prompt treatment of a diseased condition while covered under this Plan or the prior Trust-sponsored plan (unless otherwise required by applicable law).
 - d) By reconstructive breast surgery that is in connection with a mastectomy as provided under the Mastectomy and Breast Reconstruction Services benefit of this Plan.