

**AMENDMENT #2  
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 November 1, 2010 under **Outpatient Prescription Drug Limitations and Exclusions** on page 52, is amended as follows:

Outpatient Prescription Drug Limitations and Exclusions

- Benefits for Outpatient prescription drugs are provided at a constant benefit amount and do not increase to 100% and do not apply to the Out-of-Pocket Maximum.
- If the Physician authorizes a Generic Drug and the Covered Person elects to receive a Brand Name Drug, the Covered Person will be responsible for the applicable Brand Name Copayment, plus the difference in cost between the Generic Drug and Brand Name Drug.
- For secondary coverage on prescription drugs, claims should be submitted to the Claims Administrator (TPSC).
- For any Participant who, prior to November 1, 2010, was prescribed by his or her physician a Specialty Drug for the treatment of cancer as part of the Sav-Rx Specialty Drug Program and who, on and after November 1, 2010, continued or continues to take the Specialty Drug for treatment of such cancer, the Plan will continue to pay for the Specialty Drug as prescribed for the treatment of that cancer as long as the Specialty Drug is noted as a cancer treatment medication. Coverage for such Participant will be continued even if the Specialty Drug is not FDA approved for the cancer diagnosis of the Participant.
- The following are excluded from the Outpatient prescription drug benefit:
  1. Experimental and/or investigational drugs, including compounded medications for non-FDA approved use.
  2. Drugs intended for use in a Physician's office or another setting other than home use.
  3. Therapeutic devices or appliances, support garments and other non-medical substances, Rogaine, anorexients (weight loss medications), contraceptives not requiring a prescription, non-prescription vitamins, fertility medications, impotence medications, drugs with cosmetic indications, steroids for body building, fluoride, growth hormones, Lupron, Peridex, over the counter medications, and replacement of lost or stolen prescriptions. . Please note that insulin doesn't require a prescription from your Physician.