

**AMENDMENT #16
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 July 1, 2011 under the **Outpatient Prescription Drugs** section on page 51 and 52, is amended as follows:

XII. Outpatient Prescription Drugs

Benefits for Outpatient prescription drugs are provided in three ways:

1. Employees and their eligible dependents may purchase prescription drugs at Sav-Rx member pharmacies by showing their ID card. Covered Persons will be required to pay the applicable Copayment (as stated in the Medical Summary of Benefits) at the time of purchase for covered prescriptions, subject to the Limitations and Exclusions set forth below. Purchases are limited to a 90-day supply. A separate Copayment will apply for each 30-day supply purchased.
2. Employees and their eligible dependents that purchase prescription drugs from non-member pharmacies or that fail to use their ID Card must pay the cost of the prescription in full and file a claim for reimbursement directly with Sav-Rx (less the applicable Copayment stated in the Medical Summary of Benefits). Purchases are limited to a 90-day supply.
3. Employees and their eligible dependents may purchase prescription drugs through the Sav-Rx mail order pharmacy, subject to the applicable Copayment (as stated in the Medical Summary of Benefits) for covered prescriptions. Eligible prescriptions will be mailed directly to the Covered Person's home with an invoice for the Copayment. Mail order prescriptions are limited to a 90-day supply.

The Outpatient prescription drug benefit includes, but is not limited to:

- A. Drugs requiring a prescription, subject to the Medical Plan Limitations and Exclusions.
- B. **EFFECTIVE MAY 1, 2007:** Certain drugs are subject to required prior authorization from Sav-Rx. These medications have a high abuse potential and are FDA-approved for specific conditions. After the first fill of any drug subject to prior authorization, the Covered Person will be notified by Sav-Rx of this requirement.
- C. Insulin and other diabetic needs.
- D. Retin-A and Differin to age 26.
- E. Adderall.
- F. Ritalin to age 19.
- G. Injectables (except growth hormones and Lupron).
- H. Migraine therapy drugs. Injectable Imitrex requires prior authorization from Sav-Rx.
- I. Interferons.
- J. Contraceptives requiring a prescription.
- K. Smoking cessation products, limited to \$250 per Calendar Year.
- L. Vitamins requiring a prescription.
- M. COX-2 Inhibitors.

**AMENDMENT #16
to the Plan Document of**

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

- N. All compound medications will be processed by Sav-Rx and will be processed using the brand name copay.
- O. Enbrel requires prior authorization from Sav-Rx.