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CONSENT RESOLUTION

**OF THE BOARD OF TRUSTEES OF THE CEDAR RAPIDS ELECTRICAL WORKERS
LOCAL #405 HEALTH AND WELFARE FUND**

**ADOPTION OF SUMMARY OF MATERIAL MODIFICATIONS NO. 1
TO APPENDIX A OF THE
CEDAR RAPIDS ELECTRICAL WORKERS LOCAL #405
HEALTH AND WELFARE FUND
PLAN DOCUMENT**

Pursuant to the provisions of section 3.12 of the Cedar Rapids Electrical Workers Local #405 Health and Welfare Fund Substituted and Amended Agreement and Declaration of Trust (the "Trust Agreement"), the undersigned, being all regular members of the Board of Trustees ("Trustees") of the Cedar Rapids Electrical Workers Local #405 Health and Welfare Fund (the "Plan"), do hereby consent to the adoption of the following recitals and resolutions:

WHEREAS, pursuant to Plan section 7.8 of the Plan document, the Trustees are authorized to amend the Plan;


WHEREAS, the Trustees desire to amend the Plan to add benefits for telehealth services and modify the benefit for urgent care; and

WHEREAS, on November 9, 2017, the Trustees unanimously agreed to the resolution set forth below.

NOW, THEREFORE, BE IT RESOLVED, that effective January 1, 2018, the Summary of Material Modifications ("SMM") is adopted in the form attached hereto.

This Consent Resolution may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Consent Resolution. Signature pages of this Consent Resolution may be transmitted by facsimile, e-mail or other electronic means. Upon delivery via facsimile, e-mail or other electronic means, a signature shall be deemed an original and shall be admissible in evidence.

IN WITNESS WHEREOF, the undersigned attest that the Trustees took action by resolution at their November 9, 2017 meeting, as reflected in the minutes for that meeting, to adopt and approve this Consent Resolution.



Bill Hanes, Chairman



Ray Brown, Secretary

CEDAR RAPIDS ELECTRICAL WORKERS LOCAL #405
HEALTH AND WELFARE FUND
Summary of Material Modifications No. 1
Effective January 1, 2018

Changes to Schedule of Medical Benefits

Telehealth Services are added and Urgent Care is modified as follows:

Brown Plan		
	PPO Providers	Non-PPO Providers
Copayments		
Telehealth Services - you pay:	\$15 per visit	None
Urgent Care - you pay:	\$15 per visit (copayment waived for chemical dependency treatment and mental health services)	None
Coinsurance		
Telehealth Services - you pay:	0% (deductible waived)	Not Covered
Urgent Care - you pay:	0% (deductible waived)	30% after deductible
Orange Plan (Default Plan)		
	PPO Providers	Non-PPO Providers
Deductibles and Out-of-Pocket Maximums		
Copayments		
Telehealth Services - you pay:	\$20 per visit	None
Urgent Care - you pay:	\$20 per visit (copayment waived for chemical dependency treatment and mental health services)	None

CEDAR RAPIDS ELECTRICAL WORKERS LOCAL #405
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Coinsurance		
Telehealth Services - you pay:	0% (deductible waived)	Not covered
Urgent Care - you pay:	0% (deductible waived)	30% after deductible
Yellow Plan		
	PPO Providers	Non-PPO Providers
Copayments		
Telehealth Services - you pay:	\$30 per visit	None
Urgent Care - you pay:	\$30 per visit (copayment waived for chemical dependency treatment and mental health services)	None
Coinsurance		
Telehealth Services - you pay:	0% (deductible waived)	Not covered
Urgent Care - you pay:	0% (deductible waived)	40% after deductible

Changes to Medical Benefit Payment Structure

Telehealth Services Copayment (provision added)

The telehealth services copayment:

- Applies to covered telehealth services received from practitioners contracting through Doctor on Demand.
- Is taken once per provider per date of service.

Urgent Care Copayment (added sentence)

Copayment amount(s) are waived for chemical dependency treatment and mental health services.

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Out-of-Pocket Maximum (modified to read as follows)

The out-of-pocket maximum is the maximum amount you pay, out of your pocket, for most covered services in a Plan Year. Many amounts you pay for covered services during a Plan Year accumulate toward the out-of-pocket maximum. These amounts include:

- Deductible
- Coinsurance
- Copayments

The family out-of-pocket maximum is reached from applicable amounts paid on behalf of any combination of covered family members.

There is an out-of-pocket maximum for services you receive from PPO providers, participating providers, and BlueCard providers. There is also an out-of-pocket maximum for services you receive from nonparticipating providers. These out-of-pocket maximums accumulate to one another.

However, amounts as shown in the Medical Schedule of Benefits do not apply to your out-of-pocket maximum. These amounts continue even after you have met your out-of-pocket maximum.

Changes to Medical Benefit Description
Covered and Not Covered

The section regarding Mental Health Services is revised to clarify that Telehealth Services are Not Covered.

The following section is added to describe Telehealth Services in general:

Telehealth Services
Covered: Covered medical services delivered to you by a provider contracting through Doctor on Demand via interactive audio-visual technology or web-based mobile device or similar electronic-based communication network. Doctor on Demand is available at https://www.doctorondemand.com .
Not Covered: Telehealth services delivered by a provider who is not a contracting provider through Doctor on Demand. You are also not covered for telehealth mental health services.