

**SUMMARY OF MATERIAL MODIFICATIONS
TO THE
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
OF THE
I.B.E.W. 292 HEALTH CARE PLAN
(2015 Restatement)**

IMPORTANT NOTICE TO PLAN PARTICIPANTS AND BENEFICIARIES

The Board of Trustees has amended the Plan. This notice summarizes the change and its effective date.

Amendment No. 6, Effective Date January 17, 2017.

The Plan Document was amended to revoke Amendment No. 5 to the Plan Document. Amendment No. 6 reinstates the exclusions related to operations or treatment in connection with sex transformations, consistent with the injunction imposed on the Health and Human Services final rule under Section 1557 of the Affordable Care Act titled "Nondiscrimination in Health Programs and Activities."

Please retain this notice with your current copy of the Plan Document and Summary Plan Description and insert the attached slip page 90 to replace the current page of the same number. If you have any questions about the Plan, contact the Fund Office at (763) 493-8830 or 1-800-368-9045.

- the Plan. (Children under age 26 are not required to have been covered under the Plan when the accident occurred.);
- b. Correction of congenital defects;
 - c. Surgery to reconstruct a breast following a mastectomy procedure on the affected breast and: (1) any surgical procedure on the non-affected breast which is intended to provide a symmetrical appearance; (2) any costs for prostheses related to the mastectomy procedure (i.e. implants, special bras); and (3) the treatment of any physical complications associated with the mastectomy procedure;
 - d. Corrective surgical procedures on body organs which perform or function improperly; or
 - e. Voluntary vasectomies, tubal ligations, and other sterilization procedures for Employees, Retirees and Dependent Spouses.
10. Charges for gastric bypass or any surgical treatment for an overweight condition or a condition of obesity or morbid obesity or, except as specifically stated in the "Covered Medical Expenses" section of this Summary Plan Description, any other services or treatment (including diet plans and related physician visits) connected with such a condition.
 11. Any treatment, care, services or supplies which are not recommended or approved by the attending Physician.
 12. Services or supplies received from a Physician or Hospital that does not meet this Plan's definition of a Physician or a Hospital.
 13. Any service, supply, treatment or procedure which is not given for the treatment or correction of, or in connection with, a specific non-occupational Injury or Sickness, including for a condition based on family history unless specifically Covered under the Plan.
 14. Reversal of, or attempts to reverse, a previous elective sterilization.
 15. Charges incurred for hormone therapy, artificial insemination, or any other direct attempt to induce or facilitate fertility or conception. Nonetheless, the Plan will cover up to the dollar limit specified in the Schedule of Benefits for both Spouses per pregnancy for the treatment of infertility. This benefit will be limited to associated office visits, outpatient hospital services, laboratory tests, inpatient services and artificial and intrauterine insemination procedures but in no event will the benefit extend to prescription drugs.
 16. Any operation or treatment in connection with sex transformations or any type of sexual dysfunction, including any complications arising from this care, except for claims for the restoration of sexual function lost due to organic or psychogenic causes.
 17. Charges incurred in connection with voluntary abortion. (This exclusion does not apply to an abortion performed on an Eligible Individual whose pregnancy is the result of rape as evidenced by a police report, an abortion where the life of the mother is at imminent

