

Amendment No. 2 to the 2020 Summary Plan Description and Plan Document of the NECA-IBEW Welfare Trust Fund

WHEREAS, the Board of Trustees of the NECA-IBEW Welfare Trust Fund (“Fund”) may, pursuant to the terms of the Summary Plan Description and Plan Document (“SPD”), amend to SPD;

WHEREAS, the Board of Trustees desires to amend the Plan as set forth below:

1. Effective September 30, 2021, with the exception of the section pertaining to the Right to Retroactively Elect Supplemental Retirement Benefits after Electing COBRA which is effective for Participants eligible for COBRA (*i.e.*, *paying a COBRA premium in the applicable thirty-six (36) month period*) as of January 1, 2021, the following sections of the SPD on pages 24-30 are amended to read as follows:

Retiree Eligibility

Initial Retiree Eligibility

If you retire from work under the NECA-IBEW Welfare Trust Fund and your regular Welfare Trust Fund benefits end in accordance with the Plan rules, you may elect COBRA Continuation Coverage or Supplemental Retirement Benefits for yourself and your Eligible Dependents. Please note that:

- If you elect COBRA Continuation Coverage under the Active Plan at the time of your retirement, you will lose any future right to receive Supplemental Retirement Benefits except as described below. COBRA Continuation Coverage is described in this SPD.
- If you elect Supplemental Retirement Benefits, you will lose any future right to elect COBRA Continuation Coverage. However, your Dependents may be Eligible to elect COBRA Continuation Coverage from the Supplemental Retirement Benefit Plan if they experience a qualifying event while they are covered by the Supplemental Retirement Benefit Plan. See the COBRA Continuation Coverage section starting on page 40.

You may be Eligible for retiree benefits under the Supplemental Retirement Benefit Plan if you meet all of the following criteria:

1. Submit a written application to the Fund Office within 90 days of one of the following events:
 - The last day you work;
 - The date of the award letter, as it appears on the award letter;
 - The date of your Social Security Disability Award; or
 - The expiration of your accumulated Hour Bank.

2. Are at least age 55 or Totally Disabled as defined by the Plan.
3. Submit proof of retirement acceptable to the Trustees. Proof of retirement means that you are Eligible or have been awarded a retirement or Disability pension from:
 - The National Electrical Benefit Fund;
 - Any other defined benefit pension fund in which Union Trustees are selected by one or more Local Unions affiliated with the IBEW; or
 - The Social Security Administration. Entitlement to a Social Security Disability Award is considered a form of retirement and your Social Security entitlement date will be considered your retirement date. If you work past your Social Security full retirement age and are receiving Social Security benefits, you will be required to provide other proof of retirement other than Social Security benefits to establish your date of entry into the Supplemental Retirement Benefit Plan.
 - In the event you have not been awarded a retirement under any of the above entities, a “Certification of Retirement” may be executed by two trustees in the wage area which is common to your historical work and/or IBEW membership. This “Certification of Retirement” will also qualify as proof of retirement acceptable to the Trustees.
4. Are Eligible for active benefits under the NECA-IBEW Welfare Trust Fund during the month in which you retire or the month immediately before you retire.
5. Except as specified below, you have been Eligible for benefits under the NECA-IBEW Welfare Trust Fund (or working toward Eligibility reinstatement at the rate of at least 80 hours per month) for at least 45 of the last 60 months immediately before:
 - The Fund Office receives your retirement application; or
 - Your entitlement to a Social Security Disability Award (a closed Social Security Disability Award with a specific starting and ending date does not qualify as a Disability pension for these purposes) if you are retiring because of a Total Disability.

Proof of retirement requires proof that a Participant retired from a defined benefit pension plan and/or is receiving Social Security benefits. Retirement from a defined contribution retirement plan (such as an annuity fund, 401(k) plan, profit sharing plan, money purchase plan, etc.) is not acceptable proof of retirement.

For bargaining unit Employees, the 60-month period noted above may be extended by up to 30 months (to a maximum of 90 months). This period may be extended by one month for every month that no hours were reported on your behalf, but during which you were seeking employment with a Participating Local Union. Your Participating Local Union must verify, in writing, that you were seeking employment. This may help you meet the 45-month Eligibility rule.

For example, if you only had 40 months of Eligibility in the last 60 months before retiring, but your Participating Local Union verified, in writing, that you were unemployed and seeking employment for six of those last 60 months, the Fund will look at your last 66 months before retiring (adding one month for each month you were seeking employment). In this instance, since you were Eligible for coverage for 46 of the last 66 months before retiring, you will meet this retiree Eligibility requirement.

If you are an Employee who comes from a fund that merged with this Fund, and there was not sufficient time for you to accumulate the required 45 of the last 60 months of Eligibility under the NECA-IBEW Welfare Trust Fund, you may be Eligible for the Supplemental Retirement Benefit Plan if:

- The trustees of the merged fund verify that you were Eligible under that fund for at least 45 of the last 60 months before the effective date of your retirement; or
- You were Eligible under the NECA-IBEW Welfare Trust Fund and the merged fund for a combined total of at least 45 of the last 60 months before the effective date of your retirement.

Late submission of an initial application for benefits under the Supplemental Retirement Benefit Plan will not be accepted. You will not be entitled to apply at any other time for these benefits.

If you elect coverage under the Supplemental Retirement Benefit Plan, your Eligibility and self-contribution payment obligation for Supplemental Retirement Benefits will commence as of the later of (i) the date of your first retirement award or entitlement to Social Security benefits; or (ii) exhaustion of active coverage Hour Bank.

If a Medicare-Eligible retired Employee or the Medicare-Eligible Dependent of a retired Employee elects Medicare Prescription Drug Coverage (Medicare Part D), the individual will not be entitled to Prescription Drug Benefits under the Fund. Additionally, your monthly premium for coverage under the Welfare Trust Fund will not be reduced as a result of not receiving Prescription Drug Benefits under the Fund. If you enroll for Medicare Prescription Drug Coverage and your Prescription Drug Benefits end, you will have one opportunity to re-enroll for Prescription Drug Benefits if you subsequently drop Medicare Prescription Drug Coverage.

Retirees with 45,000 Hours of Service

You may also be Eligible for retiree benefits under the Supplemental Retirement Benefit Plan if you have 45,000 Hours of Service as described in this section and you meet all of the following criteria:

1. You submit a written application to the Fund Office within ninety (90) days of the last day you worked in employment covered by a collective bargaining agreement;
2. You are at least age 55 or Totally Disabled As defined by the Plan;
3. You submit proof of retirement acceptable to the Trustees. Proof of retirement means that you are Eligible or have been awarded a retirement from:

- The National Electrical Benefit Fund;

Any other defined benefit pension fund in which Union Trustees are selected by one or more Local Unions affiliated with the IBEW; or

The Social Security Administration. Entitlement to a Social Security Disability Award is considered a form of retirement and your Social Security entitlement date will be considered your retirement date. If you work past your Social Security full retirement age and are receiving Social Security benefits, you may provide other proof of retirement other than Social Security benefits to establish your date of entry into the Supplemental Retirement Benefit Plan.

- In the event you have not been awarded a retirement under any of the above entities, a “Certification of Retirement” may be executed by two trustees in the wage area which is common to your historical work and/or IBEW membership. This “Certification of Retirement” will also qualify as proof of retirement acceptable to the Trustees.

4. You provide the Fund proof that you have at least 45,000 hours in employment requiring contributions to the Plan;
5. You are Eligible for active benefits under the NECA-IBEW Welfare Trust Fund during the month immediately before you retire from work covered by a collective bargaining agreement, the month in which you retire from work covered by a collective bargaining agreement, or the month after you retire from work covered by a collective bargaining agreement. Eligibility earned as a result of non-bargaining participation will not count for purposes of this section.

If you qualify for retiree benefits because you have the required amount of hours of service, then you must pay the applicable retiree contribution rate.

For purposes of the 45,000 hour requirement, hours contributed to a welfare fund that merged into this Fund and hours received through reciprocity will be considered and counted.

To be eligible for retiree coverage under these rules, a participant must not have engaged in Prohibited Employment at any time prior to applying for retiree coverage and may not engage in Prohibited Employment after becoming eligible for retiree coverage.

Right to Retroactively Elect Supplemental Retirement Benefits after Electing COBRA

If you elect COBRA at the time of your retirement, you may retroactively elect Supplemental Retirement Benefits as long as you have continuously maintained COBRA coverage, submit the appropriate election form, and pay any difference between the COBRA rate and the rate for Supplemental Retirement Benefits. If the COBRA rate you paid was more than the applicable retiree self-contribution amount, then the Fund will refund you the difference by applying the amount owed against future months' retiree

self-contributions. If you elected COBRA and lost coverage, you may not elect Supplemental Retirement Benefits.

The following example illustrates this election option:

Bob retired effective August 1, 2022. At the time of his retirement, he received a retiree application packet from the Fund Office. The retiree application packet explained that Bob had the option to elect COBRA or Supplemental Retirement Benefits as a Retiree. Bob elected COBRA effective August 1, 2022. On December 1, 2023, Bob seeks to elect Supplemental Retirement Benefits. Bob is permitted to retroactively elect Supplemental Retirement Benefits if he (i) has maintained continuous COBRA coverage since his initial election effective August 1, 2022; (ii) completes the appropriate election form and (iii) pays the difference between the COBRA rate and the rate for Supplemental Retirement Benefits. If Bob paid more in COBRA, then he would have otherwise paid in retiree self-contribution amounts for the applicable time period, the Fund will refund him the difference by applying the amount owed against future months' retiree self-contributions. If Bob loses COBRA eligibility (i.e., failing to timely pay the premium or exhausting the time to stay on COBRA), Bob loses the option to retroactively elect Supplemental Retirement Benefits and Bob's only option under the Fund is to requalify for active coverage.

Retiree Opt-In/Opt-Out Option

New retirees who become Eligible for the Supplemental Retirement Benefit Plan can opt out at the time of retirement and then opt back in at a later date, after providing proof of continuous coverage from their Dependent spouse's employer's plan. Only the retired Employee may make the decision to opt in or opt out of coverage under the Opt-In/Opt-Out Program. However, a Dependent surviving spouse may opt back into retiree coverage only as explained on page 32.

Retirees cannot opt out of Supplemental Retirement Benefit Plan coverage at the time of retirement for ANY other coverage besides their spouse's employer's plan.

Opting Out of Retiree Coverage When Initially Eligible

When you are initially Eligible and apply for retiree coverage, you will have the opportunity to postpone or suspend retiree coverage for yourself if you have other medical coverage available through your spouse's employer. ***This is a one-time-only option.*** You are given the opportunity only once to postpone or suspend coverage and remain Eligible for later coverage. To be Eligible to postpone or suspend coverage until a future date, you must:

- Be a retiree who is Eligible for coverage under the NECA-IBEW Welfare Trust Fund; and
- Be covered under your Dependent spouse's employer's plan (and provide proof of this other coverage); and

- Complete and file a form electing to postpone or suspend coverage.

If you want to postpone retiree coverage when you are initially Eligible, you must make this election within 30 days of becoming Eligible for retiree coverage. The application for retiree coverage will include a section about postponing or suspending coverage. If you elect to postpone or suspend retiree coverage for yourself, you must return the application to the Fund Office by the deadline provided. If you do not file your election within the required time, you will not be permitted to postpone or suspend coverage.

Opting Out of Retiree Coverage After Eligibility

After you are receiving retiree coverage, you have the opportunity to postpone or suspend retiree coverage in the event your spouse returns to work and earns medical coverage through your spouse's employer. To be eligible to postpone or suspend coverage until a future date, you must:

- Be a retiree who is receiving coverage under the NECA-IBEW Welfare Trust Fund; and
- Be eligible for coverage under your spouse's employer's plan (and provide proof of this other coverage); and
- Complete and file an application electing to postpone or suspend coverage.

Note, in the application, you will be required to specify an "opt out" effective date. However, your coverage must end on the last day of a coverage month. Please also note that you may not retroactively opt out of or terminate coverage with the Fund.

Please be advised that you if previously opted out of coverage when you were initially eligible for retiree coverage, then you are not eligible to opt out under this provision. Also, please be aware that you may only opt out of retiree coverage once.

Resuming Retiree Coverage

To resume retiree coverage for yourself after opting out, you must:

- Have made a valid election to postpone or suspend coverage;
- File an application with the Fund Office within 30 days following the date the other coverage ends;
- Provide proof of continuous coverage by your Dependent spouse's employer's plan since the date coverage under this Plan was postponed or suspended (if proof is not provided, you will not be Eligible for coverage); and
- Make the required self-payment contributions for coverage at the rate in effect at the time coverage begins or resumes.

Coverage will begin or resume as of the first day of the month after your application for coverage is approved, provided the required self-payment contribution is made.

In the event that you die during a period of postponement or suspension of coverage, your surviving spouse may exercise the right to opt back in under the terms set forth on page 32.

Inspector Opt Out Option to Enroll in Retiree Coverage

You may also be Eligible for retiree benefits under the Supplemental Retirement Benefit Plan if you leave employment that requires contributions to this Plan to become employed by a federal, state, or local government as an inspector and you meet all of the following criteria:

- You must be eligible for coverage under the NECA-IBEW Welfare Trust Fund immediately before you become an inspector and must have continuous coverage until you become eligible for insurance as an inspector.
- An inspector position only includes electrical and building-code inspectors who are directly employed by federal, state or local governments (e.g., counties or municipalities).
- Within ninety (90) days of ceasing employment that requires contributions to this Plan, you must submit an Inspector Opt Out form. You are given the opportunity only once to timely opt of coverage and maintain the right to apply for retiree benefits at a later date. If you do not timely submit your Inspector Opt Out Form, you will not be permitted to enroll in the retiree benefit plan.
- You must maintain continuous health insurance coverage while you are employed as an inspector through your employment and continue coverage until you apply and are approved to enroll in the Supplemental Retirement Benefit Plan.
- Within thirty (30) days of ceasing employment as an inspector, you must you submit a written application to enroll in the Supplemental Retirement Benefit Plan to the Fund Office.

You will be required to provide **proof of continuous health coverage** through your employment as an inspector from the date coverage under this Plan was terminated to the date you seek to enroll in the Supplemental Retirement Benefit Plan.

If you fulfill the requirements under this Inspector Opt Out Option, your coverage will be effective the earliest of the following dates: (1) the first day of the month after your prior coverage terminates, or (2) the first day of the month in which you submit your application to enroll in the Supplemental Retirement Benefit Plan; provided the required self-payment contribution is made.

Maintaining insurance through COBRA shall be considered continuous coverage for purposes of this provision.

To be Eligible for Retiree Coverage After Your Employment Ends

To be eligible to enroll in retiree coverage under the Supplemental Retirement Benefit Plan after your employment as an inspector ends, you must:

- Be at least age 55;
- Submit proof of retirement acceptable to the Trustees. Proof of retirement means that you are Eligible or have been awarded a retirement from:
 - The National Electrical Benefit Fund;

- Any other defined benefit pension fund in which Union Trustees are selected by one or more Local Unions affiliated with the IBEW; or
- The Social Security Administration. Entitlement to a Social Security Disability Award is considered a form of retirement and your Social Security entitlement date will be considered your retirement date. If you work past your Social Security full retirement age and are receiving Social Security benefits, you may provide other proof of retirement other than Social Security benefits to establish your date of entry into the Supplemental Retirement Benefit Plan.
- In the event you have not been awarded a retirement under any of the above entities, a “Certification of Retirement” may be executed by two trustees in the wage area which is common to your historical work and/or IBEW membership. This “Certification of Retirement” will also qualify as proof of retirement acceptable to the Trustees.

Enrolling in Retiree Coverage

To enroll in retiree coverage after opting out, you must:

- Have timely submitted the Inspector Opt Out form;
- File an application for retiree benefits with the Fund Office within 30 days of ceasing employment as an inspector;
- Fulfill the requirements set forth above; and
- Make the required self-payment contributions for coverage at the rate in effect at the time coverage begins or resumes.

To be eligible for retiree coverage under the Inspector Opt Out option, a participant must not have engaged in Prohibited Employment at any time prior to applying for retiree coverage and may not engage in Prohibited Employment after becoming eligible for retiree coverage.

The following example illustrates the Inspector Opt Out option:

Bob is employed as a journeyman wireman and is eligible for coverage with the Fund through August 31, 2022. Effective September 1, 2022, Bob accepts a position as an electrical inspector for the Conduit County. Bob’s insurance through Conduit County commences September 1st. On October 15, 2022, Bob completes the Inspector Opt Out Form and submits it to the Fund. Bob is employed by Conduit County until November 25, 2029. On December 1, 2029, Bob files his application for retiree benefits under the Supplemental Retirement Benefit Plan. At the time Bob submits his application, he is age 62, he provides his award letter from the NEBF with an effective date of December 1, 2029, he provides proof of continuous health insurance from the date he ceased coverage with the Fund (August 31, 2022) through the date he ceased coverage through his employment as an inspector (November 30, 2029), and Bob pays the required self-payment contribution. Because Bob fulfilled the requirements set forth in the Plan, Bob is eligible to enroll in the Supplemental Retirement Benefit Plan, effective December 1, 2029.

Continuing Retiree Eligibility

Your Plan Eligibility will continue for each month that your account linked to the automatic electronic fund transfer program has sufficient funds to cover your monthly self-contribution.

Before you and/or your Dependents become Eligible for Medicare, the Fund Office will send you an enrollment package. Once you enroll, you will receive detailed information about your coverage. The Plan will be responsible for answering questions, paying claims, and handling any appeals relating to its coverage for Medicare-Eligible Participants.

Termination of Retiree Eligibility/Return to Active Work

Coverage will terminate on the last day of the second month after the month in which the retired Employee's bank account from which the required self-contributions are paid does not have sufficient funds to make the required withdrawal. Once such coverage terminates, it will not be reinstated. For example, if you do not have sufficient funds in the designated bank account in the month of May, then your coverage will end on July 31.

If a retired Employee returns to active work, the Employee must meet the initial Eligibility rules to become Eligible for the benefits provided as an active Employee. Withdrawals for retiree self-contribution amounts will continue, and refunds will be provided, for any months the Employee has active Employee Eligibility.

Retiree Self-Contribution Amounts

Base Plan Coverage

When you elect coverage under the Supplemental Retirement Benefit Plan, you must pay for your coverage yourself through the electronic fund transfer program. The Supplemental Retirement Benefit Plan is funded by self-contributions. The Trustees reserve the right to modify the self-contribution rates at any time. For the Base Plan, if the effective date of your retirement was:

- **Before January 1, 2002, the monthly self-contribution rate for single or family coverage is equal to:**
 - 100% of the active Employee contribution rate minus \$0.20 multiplied by 160 hours for:
 - Retirees or surviving spouses who are younger than age 62; and
 - Surviving spouses of early retirees who are not yet Eligible for Medicare.
 - 75% of the active Employee contribution rate minus \$0.20 multiplied by 160 hours for:
 - Disabled retirees who are younger than age 65 and not yet Eligible for Medicare; and
 - Surviving spouses of deceased Medicare-Eligible retirees who are not yet Eligible for Medicare.
 - 50% of the active Employee contribution rate minus \$0.20 multiplied by 160 hours for:

- Retirees or surviving spouses who are Eligible for Medicare; and
 - Early retirees who are between ages 62 and 65.
- **On or after January 1, 2002, the monthly self-contribution rate is:**
 - 100% of the active Employee contribution rate minus \$0.20 multiplied by 160 hours for:
 - Retirees between ages 55 and 61; and
 - Surviving spouses of early retirees who are younger than age 62 and not yet Eligible for Medicare.
 - 75% of the active Employee contribution rate minus \$0.20 multiplied by 160 hours for:
 - Retirees between ages 62 and 64;
 - Surviving spouses of retirees who are between ages 62 and 64 and not yet Eligible for Medicare;
 - Surviving spouses of deceased Medicare-Eligible retirees who are not yet Eligible for Medicare; and
 - Disabled retirees who are younger than age 65 and not yet Eligible for Medicare.
 - 65% of the active Employee contribution rate minus \$0.20 multiplied by 160 hours for:
 - Retirees age 65 and over;
 - Surviving spouses who are Eligible for Medicare;
 - Disabled retirees who are under age 65 and Eligible for Medicare; and
 - Disabled surviving spouses who are under age 65 and Eligible for Medicare.

Alternative Plan Coverage

You may elect coverage under the Alternative Plan when you are initially Eligible for retiree coverage. Retirees who are Eligible for coverage may also, at any time, elect to change coverage from the Base Plan to the Alternative Plan. The Alternative Plan provides a lower level of coverage at a reduced cost to retirees.

If you were last covered under the Alternative Plan as an active Participant, you cannot elect Base Plan coverage when you retire.

If you elect coverage under the Alternative Plan, your monthly self-contribution rate is determined by the Trustees. The rate is based on the same formula as that used for the Base Plan but is adjusted to be based on the full Alternative Plan contribution rate (without the \$0.20 reduction). Retirees who select the Alternative Plan will not have the option of re-enrolling in the higher level of coverage (i.e., the Base Plan).

Monthly Payments

You must make your monthly self-contributions for coverage using the automatic electronic fund transfer program. You will be required to submit the proper authorization forms to the Fund Office. Payments are withdrawn a month in advance, directly from the account you designate.

Bank hours remaining in your account on the effective date of your retirement will be used in determining the initial self-contribution amount. Any hours worked before the

effective date of your retirement, but reported to the Fund Office after the effective date of retirement, will also be used to determine your future monthly retiree self-contribution rate. The first required self-contribution must be received in the month preceding the month for which coverage is desired.

If you are a Disabled Employee and you are Eligible for Supplemental Retirement Benefit Plan coverage, you must retire at the time you receive your Social Security Disability award, and you may not run out the balance of your 21-month Disability period before beginning your self-payments for retiree benefits. Your coverage will begin on the effective date of your retirement, which is based on the Disability date established in the Social Security Disability award letter.

2. Effective October 1, 2021, the following sections of the SPD on page 64 thereof are amended to read as follows:

Covered Medical Expense

44. Applied behavior analysis (ABA) therapy for autism spectrum disorder, including related education, when Medically Necessary (effective October 1, 2020).

3. Effective October 1, 2021, the following sections of the SPD on page 119 thereof are amended to read as follows:

Exclusions:

22. Any charge incurred for special education, regardless of the type of education, recommendation of the attending Physician, or the qualifications of the individual rendering the special education, except for (i) approved educational programs for treating diabetic and cardiac patients, or (ii) education listed as a specific Covered Medical Expense.

4. Effective September 30, 2021, a new section entitled “Voluntary Hours Donation Program for Catastrophic Illness or Injury” is added to the “Other Plan Features” section of the SPD and shall follow the subsection entitled “Women’s Health and Cancer Act,” and such new section shall read as follows:

Voluntary Hours Donation Program Catastrophic Illness or Injury

Participants may voluntarily donate up to 25% of the number of accumulated hours in the donating Participant's bank as of the date of donation. The program is to give Participants the opportunity to help fellow Participants keep their health insurance in force if they are unable to work because of a catastrophic Illness or injury to the Participant or the Participant’s Immediate Family. For purposes of this provision, “Immediate Family” includes a spouse, child, step child, adopted child, or parent. There is no limitation on the number of times per year the Participant may donate hours.

The program is as follows:

- A donating Participant is limited to 25% of the number of accumulated hours in the donating Participant's hour bank as of the date of the donation;

- Donation must be in full hours;
- The donating Participant must sign the Hours Transfer Form provided by the Fund Administrator. The form will indicate the number of hours to be donated and to whom;
- No Participant may withdraw time donated;
- The catastrophic Illness or Injury of the Participant or a member of the receiving Participant's Immediate Family will be verified by the Fund Administrator;
- Time not used by the receiving Participant will remain in the receiving Participant's hours bank upon his or her return to work;
- Retirees may donate hours contributions by completing the Hours Transfer Form and submitting the form to the Fund Office;
- A beneficiary of hours may only be a person who is currently separated from active employment because of the Participant's or Participant's Immediate Family member's catastrophic Illness or Injury and not actively accumulating contributing hours of employment to the Fund; and
- The aggregate sum of hours donated to a beneficiary is limited to one year of coverage once in the beneficiary's lifetime.

5. Effective for dates of service on or after January 1, 2022, the following sections of the SPD on page 56 thereof are amended to read as follows:

Covered Medical Expense

4. Charges made by an emergency professional ambulance service for transportation to the nearest Hospital or Physician's office equipped to provide the required treatment for a life-threatening Injury or Sickness. In the case of a terminal Illness, routine ground ambulance service to and from a Physician's office will also be covered. Any other transportation services are not covered.

Covered professional ambulance services (ground only), shall be covered at the in-network level of coinsurance.

6. Effective September 30, 2021, the following sections of the SPD on page 64 thereof are amended to read as follows:

Telehealth and Virtual Visits:

With the emergence of COVID-19, there is an urgency to expand the use of technology to help patients who need routine care and keep vulnerable patients and patients with mild symptoms in their homes while maintaining access to the care they need.

The Plan will cover telehealth services and Virtual Visits related to COVID-19 testing at no cost to you as long as a Public Health Emergency exists as determined by applicable federal authorities.

The Plan will also cover other telehealth services not related to COVID-19 testing according to standard Plan rules (*i.e. deductible, copayments, and coinsurance*). These additional benefits supplement the Plan's Virtual Visits through MDLIVE.

7. Effective for hours worked on and after January 1, 2022, the following sections of the SPD on page 46 thereof are amended to read as follows:

Reciprocity

The NECA-IBEW Welfare Trust Fund is a party to the IBEW/NECA Electronic Reciprocal Transfer System (ERTS).

In the electrical industry, many Employees are at times employed by employers under contract to contribute to one welfare fund and at other times employed by an employer under contract to contribute to another fund. You are able to maintain Eligibility for benefits from this Fund if you work for an employer who contributes to another fund. You must register in person with ERTS at the Local Union hall. You will be issued a User ID and Password. If an Employer contributes to a different fund on your behalf, the money will be electronically transferred to this Fund. You will be able to change your registration or stop transfers at any time. This system will allow you to continue your welfare benefits with minimal interruption.

Earning and maintaining Eligibility with the NECA-IBEW Welfare Trust Fund is based on the Fund receiving the required amount of hours reported on your behalf for the specific plan type in which you are participating (for example, the "Base Plan," "Alternative Plan," or the "Alternative Plan for the Employee and Dependent Children Only" coverage tier).

Prior to January 1, 2022, the NECA-IBEW Welfare Trust Fund credited the contributions received on your behalf through reciprocity on a pro rata basis based on the NECA-IBEW Welfare Trust Fund's contribution rate for the specific plan type in which you are participating (as explained above) in effect when reciprocal contributions were received. As a result, if you work in an area where the welfare contribution rate is lower than the NECA-IBEW Welfare Trust Fund's contribution rate for the specific plan type in which you are participating (as explained above), it will take you more hours of work to maintain your Eligibility.

Effective January 1, 2022, contributions received through reciprocity will no longer be credited on a pro rata basis and you will receive "hour for hour" credit for the hours that are transferred to the Fund through reciprocity commencing with hours worked on and after January 1, 2022.

8. Effective April 8, 2022, the section entitled Qualifying Events on page 40-41 of the SPD is amended to read as follows:

Qualifying Events

If you are an Employee, you become a "qualified beneficiary" if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your employment is terminated for any reason other than your gross misconduct
- You have a reduction in hours of work or not having sufficient hours in your Hour Bank for a reason other than working in Prohibited Employment
- You become entitled to Medicare benefits (under Part A, Part B, or both).

If you are the spouse of an Employee, you become a “qualified beneficiary” if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse’s hours of employment are reduced for a reason other than your spouse working in Prohibited Employment;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both). Your spouse’s becoming entitled to Medicare means that your spouse:
 - Was Eligible for Medicare benefits; and
 - Enrolled in Medicare and the entitlement date is the date of enrollment; or
- You become divorced or legally separated from your spouse.

Your Dependent children become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-Employee dies;
- The parent-Employee’s hours of employment are reduced for a reason other than your parent-Employee working in Prohibited Employment;
- The parent-Employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-Employee becomes entitled to Medicare benefits (under Part A, Part B, or both). The parent-Employee becoming entitled to Medicare means that the parent-Employee:
 - Was Eligible for Medicare benefits; and
 - Enrolled in Medicare and the entitlement date is the date of enrollment; or
- The parents become divorced or legally separated; or
- The child stops being Eligible for coverage under the Fund as a Dependent child.

9. Effective July 1, 2021, a new section entitled “Retirees of New Employers” is added after the section entitled “Retirees with 45,000 Hours of Service” and such new section shall read as follows:

Retirees of New Employers

If you are an Employee working for an Employer that entered into a collective bargaining agreement requiring contributions to the NECA-IBEW Welfare Trust Fund, but there was not sufficient time for you to accumulate the required 45 of the last 60 months of Eligibility under the NECA-IBEW Welfare Trust Fund by the time you intend to retire, you may be Eligible for the Supplemental Retirement Benefit Plan if:


- You were employed by the Employer at the time the Employer began participating in the NECA-IBEW Welfare Trust Fund;

- You provide documentation that you worked for the Employer on a full-time basis for at least twenty-four (24) months prior to the date that the Employer began participating in the NECA-IBEW Welfare Trust Fund; and
- You were Eligible with the NECA-IBEW Welfare Trust Fund for at least twenty-four (24) consecutive months before the effective date of your retirement.

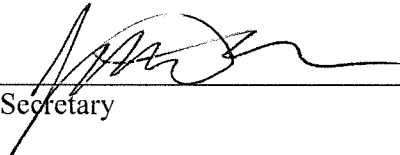
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IN WITNESS WHEREOF, as authorized by the Board of Trustees, this Amendment No. 2 to the Fund's Summary Plan Description and Plan Document, 2020 Edition, is adopted on the 8th day of April, 2022.

The Board of Trustees, by:



Chairman



Secretary