AMENDMENT TO THE WELFARE PLAN
OF THE CENTRAL LABORERS' WELFARE FUND

WHEREAS, the right to further amend the Summary Plan Description has been reserved by the Board of Trustees, which right the Board of Trustees now desires to exercise.

WHEREAS, we the undersigned, being all of the Trustees and all of the persons entitled to notice of, to attend and to vote at meetings do hereby authorize, consent and agree that the following action may be taken and adopted for the benefit of the Participants covered under the Plan.

NOW, THEREFORE, the Board of Trustees amend the Welfare Plan as follows subject to the conditions specified above:

1. The Summary Plan Description Definition, specifically a definition titled, "**Nutritional Counseling"**, is created and will read as follows:

Nutritional Counseling means:

Any charge, expense, service, supply or device that is ordered by a licensed physician, or his or her designated and licensed Physician's Assistant or Advanced Practice Nurse, and is provided by a registered dietician, licensed nutritionist or other qualified licensed health professional who has been formally trained in nutrition, is determined to be medical necessary and involves the direct assessment of a patient with the development of an individualized plan involving diet, counseling and/or other related nutritional therapies necessary to treat an acute or chronic condition.

2. The Summary Plan Description, under the Medical Expense Benefit, Covered Charges (pages 30-39) is amended to include "**Nutritional Counseling",** which will read as follows:

Nutritional Counseling

Nutritional counseling includes the direct assessment by a registered dietician, licensed nutritionist or other qualified licensed health professional who has been formally trained in nutrition and whose assessment has been ordered by a licensed physician, or his or her designated and licensed Physician's Assistant or Advanced Practice Nurse, is medically necessary, involves the development of an individualized plan of care involving diet, counseling and/or other related nutritional therapies necessary to treat identifiable symptoms that are directly related to one or more of the following chronic conditions:

- Cardiovascular disease
- Diabetes Mellitus
- Hypertension
- Kidney disease
- Eating disorders
- Gastrointestinal disorders
- Seizures
- Childhood Obesity
- Growth delay
- Underweight

- Other conditions where diet and nutrition are determined to be having an effect on the disease state and that are considered medically necessary, are not provided for as a specific benefit under this Plan (i.e. – Services, supplies or surgical procedures for obesity – age 16-70) and are not otherwise excluded from benefits.

3. The Summary Plan Description, under the Medical benefit Exclusions (pages 40-43), specifically Exclusion #11 (page 40) is amended to read as follows:

11. Expenses for educational services (except for Nutritional Counseling as specifically provided for under Covered Charges – beginning page 30), supplies or equipment, including, but not limited to computers, software, printers, books, tutoring, visual aids, auditory aids, speech aids, etc., even if they are required because of your Injury, Illness or disability.

4. This benefit will be paid as follows:

BlueCross/BlueShield of Illinois Network – Active Coverage

	PPO LEVEL PROVIDER	OUT OF NETWORK PROVIDER
Nutritional Counseling (Criteria must be met.)	$25 co-payment (No Deductible) For the counseling visit	Out of network deductible and then Plan pays 50%; You pay 50% - applicable to all services
Testing and other services	Network deductible and then Plan pays 80%; You pay 20%	

HealthLink Network – Active and Retiree Coverage

	HMO LEVEL PROVIDER	PPO LEVEL PROVIDER	OUT OF NETWORK PROVIDER
Nutritional Counseling (Criteria must be met.)	$25 co-payment (No Deductible) For the counseling visit	$25 co-payment (No Deductible) For the counseling visit	Out of network deductible and then Plan pays 50%; You Pay 50% - applicable to all services
Testing and other services	Plan pays 80%; You pay 20%	Network deductible and then Plan pays 80%; You pay 20%	

BlueCross/BlueShield of Illinois Network – Retiree Coverage

	PPO LEVEL PROVIDER	OUT OF NETWORK PROVIDER
Nutritional Counseling (Criteria must be met.)	$25 co-payment (No Deductible) For the counseling visit	No Benefits
Testing and other services	Network deductible and then Plan pays 80%; You pay 20%	

The Plan Administrator or its designee shall have the discretion and authority to determine if an expense, service, supply or device falls under the Nutritional Counseling benefit and if that expense meets the criteria set forth above.

The Board of Trustees hereby adopts this amendment to the Central Laborers' Summary Plan Description, with an effective date of October 15, 2018, as of this _24th_ day of March, 2020.

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Chairman Secretary