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 the benefit titled, "**Recovery Incentive Program (For All Participants)"**, page 53 & 54, is amended to read as follows:

Recovery Incentive Program (For All Participants)

Recovery Incentive Program. If you discover an overcharge for medical services and you arrange for a corrected bill, *you may receive 25% of the overcharged amount* from the Plan for your efforts.

This program provides a cash incentive to you and your Dependents if you discover and arrange for recovery of overcharges made on Hospital, Physician and outpatient clinic bills that in turn result in benefit dollars saved for the Welfare Fund. The program rules follow:

- The Welfare Fund will pay you a cash incentive of 25% of the actual amount of an overcharge when the Hospital, Physician or outpatient clinic that made the overcharge agrees that the overcharge is present on your bill and, after direct negotiations have taken place between you and the Hospital, Physician or outpatient clinic, that the overcharge will be removed from your bill.

- The maximum paid by the Welfare Fund in any calendar year under this program will not exceed $500 per person. Overcharges totaling less than $25 are not eligible for the Recovery Incentive Program.

- The Welfare Fund will consider only those expenses that the Plan covers in determining the amount payable under this program. Claims involving coordination of benefits will be eligible only if this Plan is primary.

- You must submit proof of eligibility for a cash incentive. That proof must include the following:

    - A copy of the initial itemized Hospital, Physician or outpatient clinic bill with the overcharge(s) circled.
    - A copy of all documentation that supports your claim that the Hospital, Physician or outpatient clinic overcharged for services rendered or charged for services not rendered.
    - A copy of the amended claim or corrected/adjusted billing invoice may service as proof of the overcharge(s).
    - You must submit this proof to the Welfare Fund within 12 months following the date of discharge or the date the charges were incurred from the Hospital, Physician or outpatient clinic.

- You are solely responsible for identifying any overcharges and collecting the supporting documentation substantiating your claim. The Trustees and Welfare Fund staff will not be involved in resolving any conflict between you and the Hospital, Physician or outpatient clinic with respect to disputed charges unless and until it becomes necessary to process refunds, process corrected claims or must otherwise perform activities required to facilitate a successful recovery on overpaid benefits.

- The Trustees have the sole right at any time to amend or modify these rules or terminate the Recovery Incentive Program.

- Following are specific suggestions for a careful and complete review of a bill:

    - List everything that happens while you are at the Hospital, Physician or outpatient clinic by reconstructing events daily or immediately upon discharge.
    - Before leaving the Hospital, clinic or Physician's office, make sure to have an itemized bill sent to you.
    - Match your list against bills to detect any discrepancies.
    - Check the bill carefully for any charges that represent any treatments, services or supplies that were not received. Use the following or similar checklist:

        - Were you billed for the correct number of days that you occupied the room?
        - If intensive care was required, were you billed for the correct number of days that you were confined to an intensive care unit?
        - Were you charged for the day that you were discharged, even though you left before the day's charges began?
        - Were you charged for the correct type of room that you occupied (private, semiprivate, ward, etc.)?
        - Were you billed only for tests or X-rays that you actually received?
        - Were you billed for medication, injections, dressings, supplies, etc. that you did not receive? For quantities in excess of what you received?
        - Do you recognize medication, injections, dressings, supplies, etc. that you did not receive that may have belonged to a roommate or other patient?
        - Were medications that your Physician ordered billed throughout your entire stay even though you took them only for a limited period of time?
        - If you received physical, radiation, inhalation and/or occupational therapy, were you charged for the correct type and number of hours of treatment?
        - If you received a blood transfusion, were you charged for blood that a donor, blood bank or a Red Cross family or community assurance program replaced?
        - If admitted to the maternity wing, were you billed for a labor room that may not have been used because of a swift delivery?
        - If permitted to keep your newborn child in your room, were you billed for improper nursery charges?
        - Were you billed for miscellaneous charges? Did you ask the Hospital to explain them in specific terms?
        - Did a Physician who did not visit you bill you for a visit?

- Circle any overcharges. Report all overcharges to the Hospital, Physician or outpatient clinic billing department and request a corrected bill. If you properly identify the specific discrepancies in the Hospital, Physician or outpatient clinic bill, the Hospital, Physician or outpatient clinic must drop unsubstantiated charges unless there is evidence in the medical

file to the contrary. A copy of the adjusted bill will be used as proof that the Hospital, Physician or outpatient clinic removed the overcharge(s).

- ❖ You may receive payment of your cash incentive by sending the Welfare Fund a copy of the original bill with the overcharge(s) circled and a copy of the correct bill that the Hospital, Physician or outpatient clinic reissues; or

- ❖ If payment of benefits has already been made to the Hospital, Physician or outpatient clinic, a check will be issued to you for your assistance in the recovery of funds only after the overcharge amount(s) has been received as a refund from the Hospital, Physician or outpatient clinic.

- ❖ Within 30 days after receipt of proof and verification that the overcharge(s) has been removed and the refund has been received by the Fund, if payment of benefits has already been made to the Hospital, Physician or outpatient clinic, the Welfare Fund will disburse a check to you in the amount of the cash incentive.

  You should note that these reimbursements are considered income to you and should be reported to the Internal Revenue Service.

The Board of Trustees hereby adopts this amendment to the Central Laborers' Summary Plan Description, with an effective date of January 9, 2020, as of this _24th_ day of March, 2020.

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Chairman Secretary