

AMENDMENT NO. 16 - 4  
TO THE  
RULES AND REGULATIONS  
OF THE  
MEBA MEDICAL AND BENEFITS PLAN

At their June 2016 meeting, the Trustees of the MEBA Medical and Benefits Plan (the "Plan") approved the following changes to the Plan's Rules and Regulations to cover 100% of expenses for members and their dependents age 19 and older for standard immunizations recommended by the Centers for Disease Control for adults (Td/Tdap, Shingles, Pneumococcal, Meningococcal, MMR, HPV, Chickenpox, and Hepatitis A and B) and, provided such services are obtained from the Plan's Preferred Provider Organization, to cover 100% of expenses for preventive care office visit coverage for members and their dependents under age 19. Such changes are effective July 1, 2016:

1. Article VI, Section 1(a) shall be amended to read as follows (*new language shown in bold italics*):
  - (a) Except as provided in Sections 3(e)(1), 3(f), (g)(ii) and (h) of this Article VI, if an Eligible Employee or his Dependent incurs a Covered Medical Expense (as defined herein) other than a Hospital Expense (as defined herein), as a result of an accidental bodily injury or disease, a benefit shall be payable to the Eligible Employee in an amount equal to 60% of such Expense. Notwithstanding the preceding sentence, Covered Medical Expenses described in Sections 3(e)(14) - (17), Section 3(e)(24) **and Sections 3(e)(28) - (34)** shall be payable in an amount equal to 100% of such Expense up to the specified dollar limit.
2. Article VI, Section 3(e) shall be amended to add the following at the end thereof:
  - (33) coverage of the following immunizations for Eligible Employees and their Dependents age 19 and over payable at 100%: Td/Tdap, Shingles, Pneumococcal, Meningococcal, MMR, HPV, Chickenpox, and Hepatitis A and B.
  - (34) coverage of preventive care office visits with a PPO provider for Eligible Employees and their Dependents under age 19 payable at 100%.
3. Article VI, Section 8 shall be amended to read as follows (*new language shown in bold italics*):
  8. Preferred Provider Organization. The Plan will contract for an optional form of coverage with a Preferred Provider Organization ("PPO") through which the Plan will be billed at reduced rates for certain charges received from participating hospitals and physicians. Effective January 1, 2006: a) all PPO co-pays shall be \$20; b) When participating PPO providers are used, the Plan's payment will be 90% for hospital charges and 80% for medical charges, after applicable co-pays, except as provided under Article VI, Sections 3(e)(14), (15), (16), (17) and (28) - **(34)**; and Article VI, Sections 3(g)(ii) and (h). Effective October 25, 2007, even when a non-PPO provider is used, the Plan's payment

will be 80% of Reasonable and Customary medical charges where a good faith effort is made by the Eligible Employee or Dependent to use a PPO provider.

4. Article VIII, Section 2(a)(1) shall be amended to read as follows (*new language shown in bold italics*):

1. If a Pensioner or his Dependent incurs a Covered Medical Expenses, as defined in Article VI, except for the benefits provided in Sections 3(e)(14), (15), (17), (24) and (28) – **(34)**, and Sections 3(f), (g) and (h) of Article VI and Section 2(a)(2)(ii) of this Article VIII, as a result of accidental bodily injury or disease, a benefit shall be payable to the Pensioner in an amount equal to 60% of the medical benefits similar to those provided under the Federal Medicare Program on behalf of himself and his Dependent spouse, provided the individual incurring such medical expenses is not eligible to receive benefits under the Federal Medicare Program. All medical benefits provided hereunder are subject to an Annual Deductible as set forth in Schedule J. The applicable Deductible Amount may be satisfied by the Pensioner and his Dependent(s) only by incurring, within the calendar year, Covered Medical Expenses of the kind or kinds which are subject to said Deductible Amount, in an amount equal to said Deductible Amount. Notwithstanding the foregoing, a Pensioner or Dependent who is otherwise covered under this Section 2(a) of Article VIII shall not be covered with respect to prescription drug and over-the-counter medication benefits. Except as otherwise noted, the benefits payable hereunder shall be subject to the provisions of Article VI. The benefits set forth in Sections 3(e)(1), (13) and (16) and Sections 3(g), (h) and (j) of Article VI are not provided. Notwithstanding the preceding sentence, the benefits set forth in Sections 3(e) (14), (15), and (28) – **(34)** of Article VI are provided for non-Medicare Eligible Pensioners and their Eligible Dependents and shall be payable at 100%.

5. Article VIII, Section 2(b)(1) shall be amended to read as follows (*new language shown in bold italics*):

1. If a Pensioner or his Dependent incurs a Covered Medical Expense, as defined in Article VI, except for the benefits provided in Sections 3(e)(1), (14), (15), (17), (24) and (28) – **(34)**, and Sections 3(f), (g) and (h) of Article VI and Section 2(b)(2)(ii) of this Article VIII, as a result of accidental bodily injury or disease, a benefit shall be payable to the Pensioner in the amount equal to 60% of such expense subject to an Annual Deductible in accordance with Schedule J hereof. All medical benefits provided hereunder (other than prescription drug and over-the-counter medication benefits) are subject to an Annual Deductible as set forth in Schedule J. The applicable Deductible Amount may be satisfied by the Pensioner and his Dependent(s) only by incurring, within the calendar year, Covered Medical Expenses of the kind or kinds which are subject to said Deductible Amount, in an amount equal to said Deductible Amount. Except as otherwise noted, the benefits payable hereunder shall be subject to the provisions of Article VI. Pensioners who qualify for benefits under this subsection (b) who reside in the geographic areas referred to in Section 1

of Article VII may elect to be covered under any of the Alternate Medical Plans referred to in Article VII in lieu of the coverage under this Article VIII. In the event such an election is made, the provisions of Article VII shall apply to the Pensioner and his Dependents. No Pensioner or his Dependents electing such coverage under an Alternate Medical Plan will be entitled to Diagnostic Center benefits as provided under Article XIV of these Regulations. The benefits set forth in Sections 3(e)(13) and (16) and Sections 3(g), (h) and (j) of Article VI are not provided. Notwithstanding the preceding sentence, the benefits set forth in Sections 3(e)(14), (15) and (28) – **(34)** of Article VI are provided for non-Medicare Eligible Pensioners and their Eligible Dependents and shall be payable at 100%.

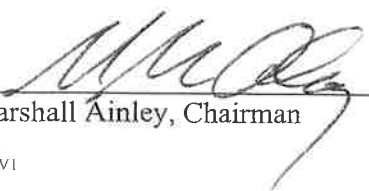
6. Article VIII, Section 2(d) shall be amended to read as follows (*new language shown in bold italics*):

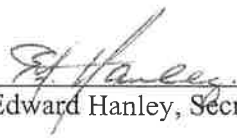
(d) Preferred Provider Organization

The Plan will contract for an optional form of coverage with a Preferred Provider Organization (“PPO”) through which the Plan will be billed at reduced rates for certain charges received from participating hospitals and physicians. This coverage will not be available to Pensioners and their Dependents who are eligible for coverage under the Federal Medicare Program. Effective January 1, 2006, eligible Pensioners with 20 or more years of pension credit and their Dependents who select health care providers participating in the PPO shall receive benefits as follows: a) all PPO co-pays shall be increased from \$10 to \$20; b) The Plan’s payment will be 90% for hospital charges and 80% for medical charges, after applicable co-pays, except as provided under Article VI, Sections 3(e)(28) – **(34)** and Article VIII, Section 2(b)(2)(ii). Eligible Pensioners with less than 20 years of pension credit (exclusive of credit for “Prior Maritime Service” pursuant to Section 3.04 of the MEBA Pension Trust Regulations) and their Dependents will be covered under Section 2(a)(1) of Article VIII, but will be billed at reduced rates if they select health care providers participating in the PPO. Effective October 25, 2007, even when a non-PPO provider is used, the Plan’s payment will be 80% of Reasonable and Customary medical charges where a good faith effort is made by the eligible Pensioner or Dependent to use a PPO provider.

Effective Date: July 1, 2016

Language Approved: June 23, 2016

  
H. Marshall Ainley, Chairman

  
Edward Hanley, Secretary