

AMENDMENT NO. 16 - 1
TO THE
RULES AND REGULATIONS
OF THE
MEBA MEDICAL AND BENEFITS PLAN

At their February 2016 meeting, the Trustees of the MEBA Medical and Benefits Plan (the "Plan") approved the following changes to the Plan's Rules and Regulations with respect to coverage for (i) colonoscopies prior to age 50 for certain at-risk participants and dependents, and (ii) applicant physical exams performed at a MEBA Diagnostic Center prior to the individual's eligibility for Plan benefits.

The Trustees also approved technical amendments to the Plan to clarify that (i) coverage of vision therapy is provided under Article VI (Major Medical Coverage for Eligible Employees and Dependents) rather than under Article XI (Optical Benefit), and (ii) consistent with applicable law, permitted coverage for cosmetic surgery necessitated by accidental bodily injury, as well as coverage for eye examinations, the fitting or cost of eye glasses, or hearing aids necessitated by injury to the natural eye or ear, is not limited to accidental bodily injury or injury to the natural eye or ear, as applicable, that occurs during Plan coverage.

1. Effective October 21, 2015, Article I shall be amended to add a new Section 6 to read as follows:

Notwithstanding any other provision to the contrary, the Plan will provide one annual physical exam per lifetime conducted at a MEBA Diagnostic Center for an individual who is not an Eligible Employee or Dependent, but is a registered individual seeking employment with an Employer. This one-time annual physical exam at other than a MEBA Diagnostic Center and transportation costs associated with this exam are not covered.

2. Effective October 21, 2015, Article VI, Section 3(e)(18) shall be amended to read as follows (**new language in bold italics**):

(18) routine colonoscopies, once every five years, for participants age 50 and older and their *Dependents* age 50 and older; ***and once every five years, beginning at the earlier of age 40 or 10 years before the youngest case in the first-degree relative (i.e., a parent, sibling, or child) for participants and their Dependents with a family history of colorectal cancer or adenomatous polyps in any first-degree relative before age 60 or in two or more first-degree relatives at any age (if not a hereditary syndrome).***

3. The language at Article XI, Section 1(c) regarding coverage of vision therapy, added by Amendment No. 14-2 and effective February 26, 2014 shall be deleted from that Section and Article VI, Section 3(e) shall be amended effective February 26, 2014 to add the following new subsection (27), to read as follows:

(27) coverage of vision therapy when the condition can be corrected surgically and therapy is being performed in lieu of surgery.

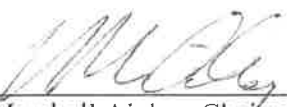
4. Effective as required by law, Article VI, Section 4(g) is amended in its entirety to read as follows:

(g) eye examinations, or the filling or cost of eye glasses or hearing aid, except when necessitated by injury to the natural eye or ear as a result of an accidental bodily injury;

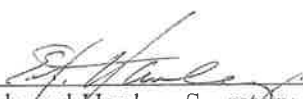
5. Effective as required by law, Article VI, Section 4(i) is amended in its entirety to read as follows:

(i) charges incurred in connection with cosmetic surgery or treatment of any kind, except when necessitated by an accidental bodily injury, and drugs used for cosmetic purposes.

Language Approved: February 25, 2016



H. Marshall Ainley, Chairman



Edward Hanley, Secretary

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