

## Amendment No. 17 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 the SPD.

NOW, THEREFORE, the Trustees amend the 2020 SPD as follows subject to the conditions specified above. Page numbers refer to the numbering of the 2020 SPD:

1. Effective August 1, 2025, Covered Medical Expenses provision No. 26 on page 61 of the SPD covering weight control or treatment of obesity is revised to read as follows:

26. Physician, laboratory, and/or medication expenses for weight control or treatment of obesity, when the condition is acute, as measured by generally accepted medical standards, except GLP-1 medications which are subject to the limitations set forth in the Covered Medications section of this Plan on page 78 hereof.

2. Effective August 1, 2025, a new coverage provision is added to the “Covered Medications” section on page 78 of the SPD and such new coverage provision shall read as follows:

**Anti-Obesity Medications.** Effective August 1, 2025, the Plan covers glucagon-like peptide-1 (GLP-1) medications (*e.g.*, *Wegovy*, *Saxenda*, *Zepbound*), when prescribed for Medically Necessary treatment of obesity.

Coverage for GLP-1 medications for obesity shall be limited to a duration not to exceed eighteen (18) months per Covered Person during the Covered Person’s lifetime. Following the expiration of the 18-month coverage period, no further benefits shall be payable for GLP-1 medications under the Plan, unless such medication is prescribed for (i) a non-weight-related FDA-approved indication (such as type 2 diabetes) or (ii) an FDA-approved indication for the treatment of a mental health/substance abuse disorder, in which case coverage shall be subject to the Plan’s applicable prescription drug provisions.

Covered GLP-1 drugs for obesity shall be subject to a fifty percent (50%) coinsurance, payable by the Covered Person and shall not be subject to the Plan’s annual Prescription Drug (i) Deductible and (ii) Out of Pocket Maximum. The coinsurance shall apply uniformly, regardless of the clinical indication for which the medication is prescribed.

Coverage of GLP-1 drugs for obesity shall be contingent upon the Covered Person obtaining prior authorization from the Plan’s designated Pharmacy Benefit Manager (“PBM”). Prior authorization shall be granted only upon demonstration of Medical Necessity, clinical appropriateness of the prescribed therapy, and compliance with applicable PBM guidelines, criteria, and protocols, as amended from time to time.

IN WITNESS WHEREOF, as authorized by the Board of Trustees, this Amendment No. 17 to the Fund's Summary Plan Description and Plan Document, 2020 Edition, is adopted on the 2<sup>nd</sup> day of October, 2025.

The Board of Trustees, by:

DocuSigned by:  
*Billy Serbousek*  
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Chairman

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*Steve Hughart*  
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Secretary