NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000
(a capital stock company, herein referred to as the Company)

Administrative Office:
AIG Benefit Solutions
7330 Woodland Drive, Suite 250
Indianapolis, Indiana 46278
(888) 449-2377

Specified Disease Renewal Endorsement
Organ & Tissue Transplant

This Endorsement is attached to and made a part of your Certificate issued in relation to the following Specified Disease Policy:

Policyholder:	**North Central States Regional Council of Carpenters Health Fund**
Original Policy Number:	**947-5412**
Original Policy Effective Date:	**September 1, 2017**

It is agreed that the above referenced Specified Disease Policy is renewed for the **Policy Year** stated in the attached Renewal Schedule of Benefits. The Policy Number and all terms and conditions set forth in the attached Renewal Schedule of Benefits replace and supersede all previously issued Schedules of Benefits.

This Endorsement is subject to all the provisions of the Policy. Payment of the premium for the insurance provided by the Policy as endorsed constitutes acceptance by the Policyholder of the terms of this Endorsement.

This Policy is signed for the **Company** by its President and Secretary.

President

Secretary

RENEWAL SCHEDULE OF BENEFITS

POLICY YEAR: September 1, 2018 through August 31, 2019

RENEWAL POLICY NUMBER: 947-6844

CURRENT ENROLLMENT: 4393

MINIMUM ENROLLMENT: 50

- ☒ Heart
- ☒ Lung/Double Lung
- ☒ Kidney (living/deceased donor)
- ☒ Pancreas
- ☒ Liver (living/deceased donor)
- ☒ Intestine
- ☒ Heart/ Lung
- ☒ Kidney/ Pancreas
- ☒ Kidney/Liver
- ☒ Liver/Intestine
- ☒ Pancreas/Intestine
- ☒ Liver/Pancreas/Intestine
- ☐ Other (specify): _____
- ☒ Autologous Bone Marrow/Peripheral Stem Cell Including High Dose Chemo
- ☒ Allogeneic Bone Marrow/Peripheral Stem Cell Including High Dose Chemo (related)
- ☒ Allogeneic Bone Marrow/Peripheral Stem Cell Including High Dose Chemo (unrelated)
- ☒ Cord Blood Including High Dose Chemo

TRANSPLANT BENEFIT PERIOD:

The Transplant Benefit Period begins on the date of **Transplant Evaluation** for a **Covered Transplant Procedure**.

The Transplant Benefit Period ends on the earliest of the following dates:

1. The end of the 365th day following the **Covered Transplant Procedure**;
2. The date the **Participant's** Lifetime Limit has been reached under the Policy, if applicable;
3. The date the Policy terminates, but only if:
   a. The **Policyholder** cancels the Policy prior to the last day of the current **Policy Year**; or
   b. The **Participant's** Transplant Benefit Period has begun, but such **Participant** has not received a **Covered Transplant Procedure** as of the date of termination of the Policy; or
4. The date the **Participant's** COBRA benefits terminate, if applicable.
5. The date established by the Non-Performance of Covered Transplant Procedures provision.

If there is no **Transplant Evaluation**, the Transplant Benefit Period begins on the date of a **Covered Transplant Procedure**.

For a Bone Marrow/Peripheral Stem Cell Tissue Transplant, the date the tissue is re-infused is deemed to be the date of the **Covered Transplant Procedure**.

All benefits provided during a Transplant Benefit Period that extend beyond the **Policy Year** will be based on the Policy terms in effect at the start of the Transplant Benefit Period.

A Transplant Benefit Period cannot begin prior to the date the **Participant** first becomes covered under the Policy.

RENEWAL SCHEDULE OF BENEFITS
(Continued)

LIFETIME LIMIT: Unlimited for each **Participant**

The following charges are included within and reduce each **Participant's** Lifetime Limit:
1. All benefits paid on behalf of the **Participant** (including covered donor charges) under the Policy and any preceding or succeeding Organ & Tissue Transplant Policy between **us** and the **Policyholder**; and
2. All benefits paid by **us** under the "Travel, Lodging, and Meals Benefit" provision.

REIMBURSEMENT AMOUNTS:

A. PARTICIPATING PROVIDER: ……. 100% of **Covered Charges** for **Covered Transplant Services** provided through a **Participating Transplant Provider**.

B. NONPARTICIPATING PROVIDER: …… 100% of **Covered Charges** for **Covered Transplant Services** provided through a **Nonparticipating Transplant Provider** with respect to the type of **Covered Transplant Procedure** performed. Benefits for **Covered Transplant Services** provided through a **Nonparticipating Transplant Provider** will not exceed the Maximum Amounts stated below:

COVERED TRANSPLANT PROCEDURE	MAXIMUM BENEFIT FOR ALL COVERED TRANSPLANT SERVICES PROVIDED BY A NONPARTICIPATING TRANSPLANT PROVIDER
Heart	$437,000
Lung (Single)	$261,000
Lung (Double)	$363,000
Kidney (living or deceased donor)	$156,000
Pancreas	$163,000
Liver (living or deceased donor)	$196,000
Intestine	$626,000
Heart/Lung	$495,000
Kidney/Pancreas	$200,000
Kidney/Liver	$419,000
Liver/Intestine	$700,000
Pancreas/Intestine	$668,000
Liver/Pancreas/Intestine	$716,000
Autologous Bone Marrow/Peripheral Stem Cell Including **High Dose Chemotherapy**	$175,000
Allogeneic Bone Marrow/Peripheral Stem Cell Including **High Dose Chemotherapy** - related	$297,000
Allogeneic Bone Marrow/Peripheral Stem Cell Including **High Dose Chemotherapy**- unrelated	$380,000

C. SECONDARY PAYOR: …..……. When benefits under the Policy are considered secondary, as determined by the Coordination of Benefits provisions, benefit payments will be based on the lesser of: a) **Covered Charges**; or b) the negotiated amount established between the primary payor and the **Provider**.

RENEWAL SCHEDULE OF BENEFITS
(Continued)

ENDORSEMENTS: Yes ☒ No ☐

If yes, please specify:
Indemnity Endorsement

POLICYHOLDER'S MEDICAL PLAN ADMINISTRATOR:

North Central States Regional Council of Carpenters Health Fund

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(212) 458-5000
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INDEMNITY ENDORSEMENT

TO BE ATTACHED TO AND MADE A PART OF POLICY NO. 947-6844
EFFECTIVE September 1, 2018 ISSUED TO North Central States Regional Council of Carpenters Health Fund
BY NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

It is agreed that the above Policy is endorsed, effective September 1, 2018, as stated below.

The following provision has been added to the Policy/Certificate.

TRANSPLANT INDEMNITY PROVISION

In the event **you** obtain a **Covered Transplant Procedure**, **we** will pay $5,000 directly to **you** within 60 days after receiving required proof that the Covered Transplant Procedure has occurred. **We** may pay benefits directly to any relative **we** deem appropriate if a benefit is payable and **you** are: 1) a minor; 2) legally incapable of giving valid receipt and discharge of payment; or 3) deceased.

This Endorsement ends at the same time as the Policy, and is subject to all of the terms, limitations and conditions of the Policy, except as stated above.

IN WITNESS WHEREOF, the Company has caused this Endorsement to be executed as of the Effective Date shown above.

President Secretary