AMENDMENT No. ____ 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.

This amendment is effective _____.

NOW, THEREFORE, the Board of Trustees amend the Welfare Plan as follows subject to the conditions specified above:

1. The $2,500 annual dollar limit on Durable Medical Equipment is removed from the BlueCross/BlueShield PPO Plan for Active Participants Only as follows:

Medical Benefits	Network	Out-of-Network
Durable Medical Equipment Prosthetic Devices $25,000 MAXIMUM/YEAR	Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50%

2. The $2,500 annual dollar limit on Durable Medical Equipment is removed from the BlueCross/BlueShield PPO Plan for Retired Participants as follows:

Medical Benefits	Network	Out-of-Network
Durable Medical Equipment Prosthetic Devices $25,000 MAXIMUM/YEAR	Plan pays 80%; You pay 20%	No Benefits

3. The $2,500 annual dollar limit on Durable Medical Equipment is removed from the HealthLink Open Access Plan for Active and Retired Participants as follows:

Medical Benefits	Network (HMO Provider)	PPO	Out-of-Network
Durable Medical Equipment Prosthetic Devices $25,000 MAXIMUM/YEAR	Plan pays 80%; You pay 20%	Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50%

4. The $300 per person annual limit on vision services, except for vision exams, for individuals under 19 years old is revised and amended for all Plans to become a $300 per purchase limit on eyeglasses (lenses and frames) and/or contact lenses, as follows:

Vision Care Benefits – for Individuals under 19 years old	
Vision Exam	PAID UNDER THE WELL CHILD BENEFIT OF THE COMPREHENSIVE BENEFIT PLAN
All other Covered services	$300 per purchase for eyeglasses (lenses and frames) and/or contact lenses
Vision Care Benefits – for Individuals 19 years old and older	
Covered Services	$300 per person per Plan Year

5. The Vision Care Exclusions section of the SPD is revised and amended to add Replacement of lost or stolen items and Vision services or supplies that are not deemed Medically Necessary, and reads as follows:

Vision Care Exclusions

No benefits are payable under the Vision Care Benefit for any of the following:

1) Charges for services or supplies that are covered in whole or in part under any other portion of the Central Laborers' Welfare Fund.

2) Services and supplies that exceed the Calendar Year benefit maximum for individuals 19 years old and older.

3) Services and supplies that exceed the per purchase benefit maximum for individuals under 19 years old.

4) Expenses for which benefits are payable under any Workers' Compensation law, or for which the participant is arguably entitled to receive benefits under a Workers' Compensation or Occupational Disease Law.

5) Special procedures such as orthoptics or vision training and special supplies or non-prescription sunglasses and subnormal vision aids.

6) Visual analysis that does not include refraction.

7) Services or supplies not listed above as covered expenses above. Vision care expenses connected with Illness or Injury are covered under the Welfare Fund's Medical Expense Benefit.

8) Non-prescription safety glasses.

9) Replacement of lost or stolen items.

10) Vision services or supplies that are not deemed Medically Necessary.

The Board of Trustees hereby adopts this amendment to the Central Laborers' Summary Plan Description as of this _____ day of November, 2018.

_____	_____
Chairman	Secretary

5787916v7/00900.001