

**AMENDMENT NUMBER 3
TO THE JANUARY 1, 2020, RESTATEMENT OF THE
RULES AND REGULATIONS
OF THE
CEMENT MASONS AND PLASTERERS
HEALTH AND WELFARE TRUST FOR
SOUTHERN NEVADA**

The Rules and Regulations of the Cement Masons and Plasterers Health and Welfare Trust for Southern Nevada, (restated January 1, 2020), are hereby amended effective July 1, 2023, as follows:

PART 8, VISION BENEFITS, is amended to delete the lined-out text and add the underlined text shown below.

- B. Lenses:** The Panel Doctor will order the proper lenses (only if needed). The program provides the finest quality lenses fabricated to exacting standards. The Panel Doctor also verifies the accuracy of the finished lenses. Available every 12 months only if needed. Single vision, lined bifocal and lined trifocal lenses are covered in full. Charges will apply for other lens options.
- a. Frames: The Plan offers a wide selection of frames and pays up to ~~\$130~~ \$200. However, if you select a frame that costs more than the amount allowed by the Plan (or a large frame that requires oversized lenses), there will be an additional charge. Available every 24 months only if needed. A 20% discount applies to more expensive frames.
 - b. Medically Necessary Contact Lenses: Contact lenses are furnished under the Plan when the Vision Benefits provider Panel Doctor secures Prior Authorization for the following conditions: (a) following cataract surgery, (b) to correct extreme visual acuity problems that cannot be corrected with spectacle lenses, (c) certain conditions of Anisometropia, (d) Keratoconus. When Panel Doctors receive approval of such cases, costs are fully covered in full by the Vision benefits Provider.
 - c. Elective Contact Lenses: You receive up to a ~~\$125~~ \$150 allowance towards elective contact lenses and your contact lens exam. You receive a 15% discount on the contact lens exam if you use a Panel Provider.
- C. Contact Lens Allowance.** When patients choose contact lenses for other reasons, the Vision Benefits Provider will make allowance of ~~\$125~~ \$150 toward their costs in lieu of all other benefits for that eligibility period.

All other terms and conditions of the Plan shall remain unchanged and in full force and effect.

Dated this 22 day of FEBRUARY, 2023.



Chairman



Co-Chairman