

**AMENDMENT NUMBER 4**  
**GLAZING HEALTH AND WELFARE TRUST**  
**SUMMARY PLAN DESCRIPTION**  
**(Welfare Trust – Vision Benefit Change – Effective Date February 1, 2024)**

This Amendment No. 4 (“Amendment 4”) to the Glazing Health and Welfare Trust Summary Plan Description (defined therein as “Plan Document”) is approved and adopted as of the Effective Date, by the Board of Trustees of the Glazing Health and Welfare Trust (“Welfare Trust”).


**Vision Benefits**, shall be amended to add the underlined text as follows:


Glaziers Vision Benefits			
Plan Benefits	Member Doctor Benefit	Non-Member Provider Benefit	Frequency Allowed
<b>Copayments:</b> Benefits marked with an * are subject to a \$20 Copayment payable by the Covered Person to the Member Doctor at the time services are rendered. The \$20 Copayment is the total Copayment paid for exam, lenses and frames.			
<b>Exam</b>			
<b>Vision Examination</b> <i>Complete initial vision analysis, which includes an appropriate examination of visual functions, including the prescription of corrective eyewear where indicated.</i>	Covered in Full*	Up to \$46.00*	Once every 12 months
<b>Prescription Eyewear</b> – You may choose between glasses or contacts. Before selecting your eyewear, ask your Doctor what is covered by your VSP Plan.			
<b>Lenses</b> Single Vision Bifocal Trifocal Lenticular	Covered in Full* Covered in Full* Covered in Full* Covered in Full*	Up to \$47.00* Up to \$66.00* Up to \$85.00* Up to \$125.00*	Once every 12 months
<b>Frames</b>	Covered up to Plan Allowance of <del>\$200</del> <u>\$120</u> *	Up to \$45.00*	Once every 24 months

Glaziers Vision Benefits			
Plan Benefits	Member Doctor Benefit	Non-Member Provider Benefit	Frequency Allowed
<b>Contact Lenses</b>			
Visually Necessary	Covered in Full*	Up to \$210.00*	
Professional Fees and Materials			
Elective	Up to <del>\$150</del> \$120*	Up to \$105.00*	
Professional Fees and Materials			
	<i>The allowance is applied toward both the contact lens exam and the contact lenses. The Plan includes a 15% discount off the contact lens exam (fitting and evaluation), when obtained from a VSP Doctor. This exam is performed in addition to your routine eye exam. It is essential to check for eye health risks associated with improper wearing or fitting of contacts that, if left untreated, can affect the overall health of your eyes.</i>		

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

Dated this 30<sup>th</sup> day of January, 2024.

  
Chairman

  
Co-Chairman