Pursuant to the powers conferred upon them by Section 1(B) of Article V of the restated Agreement and Declaration of Trust (effective June 1, 2002) to adopt and from time to time amend, modify or otherwise change the Health and Welfare Plan, the Board of Trustees, meeting on the 7th day of November, 2018 amended the Bricklayers and Allied Craftworkers Local No. 3 Health and Welfare Plan as follows, to be effective as stated below, and authorized the Chairman and Secretary to authenticate the same by affixing their signatures hereto:

1. Effective immediately, Part 2, Section 13.02 is amended to read as follows:

**13.02 EXCLUSIONS**

No benefits will be paid for expenses or charges:

(1) for services or supplies for which a covered person is not required to pay or charges made only because coverage exists (subject to the right, if any, of the United States government to recover Reasonable and Customary Charges for care provided in a military or veterans' Hospital but not in excess of the amount the Plan would pay on behalf of a similarly situated active or retired Participant who was not receiving care in a military or veterans' facility). This will not apply if these charges are incurred in a non-governmental charitable research Hospital;

(2) for Sickness or Injury:
   (a) for which benefits are paid or payable under workers' compensation or any occupational disease or similar law whether such benefits are insured or self-insured; or
   (b) that is caused by, or connected in any way to, employment of the covered person. This includes self-employment or employment by others. It applies whether or not workers' compensation or any occupational disease or similar law covers the charges incurred. It applies whether the charges are covered on an insured or uninsured basis;

(3) for health exams that are not required for treatment of Sickness or Injury unless specifically provided under the Plan;

(4) for any act due to war, if declared or not, or arising out of service in the Armed Forces; or participation in a riot or insurrection; or participation in a felony, unless that Injury resulted from an act of domestic violence or a medical condition;

(5) for eye refractions, except as specifically provided under Covered Medical Charges; eyeglasses or the fitting of eyeglasses; radial keratotomy or other surgical procedure to correct myopia; visual training; and vision therapy;
(6) for speech therapy, unless Medically Necessary due to a covered Sickness or Injury incurred while covered under the Plan;

(7) for hearing aids or the fitting of hearing aids;

(8) for educational testing or training; behavior modification programs; services primarily oriented toward treating a social, developmental or learning problem, except as specifically provided under the Plan;

(9) for Developmental Care or Custodial Care, except as part of approved Home Health Care;

(10) for sleep disorders, except when coordinated through the Utilization Review Program;

(11) which are incurred as a donor of an organ when the donee is not insured under the Plan;

(12) for drugs and medicines that may be obtained without a written prescription (this will not apply to insulin);

(13) which are more than the Reasonable and Customary Charges for the services and supplies furnished;

(14) for Hospital services and supplies when confinement is solely for diagnostic testing purposes;

(15) for comprehensive preventive child care except as specifically provided for;

(16) for sex change operations; or any expense incurred to change the physical characteristics of the covered person to those of the opposite sex; or any charge for treatment of sexual dysfunction;

(17) for "stand-by" services of a Physician or surgeon whether in the Physician's or surgeon's office or a Hospital;

(18) for transportation, except as specifically provided under the Plan; or

(19) for care, treatment, services or supplies:
   (a) not prescribed by a Physician;
   (b) not Medically Necessary;
   (c) which are experimental as recognized in the United States or provided mainly for the purpose of medical or other research;
   (d) received from a Nurse which do not require the skill and training of a Nurse;
   (e) to the extent that benefits are payable under other provisions of the Plan;
(f) for which benefits are not paid due to the Deductible or Coinsurance provisions of the Plan;

(g) received in a Hospital or Institution owned or operated by the United States government or any of its agencies (subject to the right, if any, of the United States government to recover Reasonable and Customary Charges for care provided in a military or veterans' Hospital); or

(h) provided by or paid for by any governmental plan or law not restricted to the government's civilian employees and their dependents. (This will not apply to Medicaid or Medi-Cal.)

(20) which are incurred by a covered person while incarcerated in a jail, penitentiary, correctional facility or Hospital;

(21) for Cosmetic Surgery, unless specifically provided under the Plan;

(22) for appetite control, food addictions, eating disorders (except for documented cases of bulimia or anorexia that meet standard diagnostic criteria, and presents significant symptomatic medical problems) or any treatment of obesity (including surgery to treat morbid obesity, except as provided in Section 12.28);

(23) for sexual and gender identity disorders, including but not limited to sexual dysfunctions, paraphilias, or gender transformations;

(24) for services and supplies for the treatment of impotence/erectile dysfunction;

(25) for the diagnosis or treatment of the inability to conceive or become pregnant, or the promotion of fertility, including, but not limited to:

(a) fertility tests and procedures;

(b) reversal of surgical sterilization; or

(c) any similar method or treatment which attempts to cause conception or pregnancy by hormone therapy, artificial insemination, in vitro fertilization and/or embryo transfer; for medical procedures involving the in vitro fertilization process (unless otherwise specifically provided for in the Plan).

(26) for chelation therapy, except for acute arsenic, gold, mercury or lead poisoning;

(27) for services or supplies which are not provided in accordance with generally accepted professional standards and/or medical practice;

(28) for services or supplies which are primarily for the covered person's education, training or development of skills needed to cope with an Injury or Sickness;

(29) which are related to smoking cessation or treatment for nicotine addiction;

(30) for acupuncture treatment;

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(31) which are primarily for the covered person's convenience or comfort or that of the covered person's family, caregiver, companion, sitter, Physician or other person;

(32) for bills for telephone calls, mailings, faxes, e-mails or any other communications to or from a Physician, Hospital or other medical provider;

(33) for breast augmentation or reduction, whether or not Medically Necessary, except for breast reconstruction following a mastectomy as required under state and federal laws and regulations;

(34) for developmental disorders or delays, or conduct disorder, except as specifically provided under the Plan or for medications for attention deficit disorder that are covered with prior authorization under the Prescription Drug Benefits program;

(35) for educational testing or educational remediation;

(36) for therapies designed to promote personal growth or enhancement;

(37) for exercise equipment;

(38) for services or supplies which are provided or paid for by the federal government or its agencies, except for:
   (a) the Veterans Administration, when services are provided to a veteran for a disability which is not service-connected;
   (b) a military Hospital or facility, when services are provided to a retiree (or dependent of a retiree) from the armed services;
   (c) a group health plan established by a government or its agencies for its own civilian employees and their dependents; or
   (d) Medicaid, if required by a Medicaid assignment of benefits.

No benefit payment shall be made for charges incurred after the date the Plan is terminated, except as provided under any extended benefits provision of the Plan.

2. Effective January 1, 2019, a new PART 6 – HEARING AID BENEFIT is added, which states as follows:

PART 6 – HEARING AID BENEFIT

18. HEARING AID BENEFIT

18.01 The Plan will pay up to $1,000 towards one hearing aid device for each ear once every thirty-six (36) months as medically necessary. You will be responsible for any balance beyond this specified allowance. Deductibles, coinsurance or copays do not apply. Eligibility for a replacement aid or aids becomes effective thirty-six (36) months from the order date of the
previous aid obtained and reimbursed under the Plan.

18.02 Reimbursement of the $1,000 per hearing aid allowance may be obtained by submitting a reimbursement form with supporting documentation to the Trust Fund Office. Payment of claims will be subject to the regular claim time limits under the Plan.

3. Effective January 1, 2019, a new PART 7 — LASER EYE SURGERY BENEFIT is added, which states as follows:

PART 7 — LASER EYE SURGERY BENEFIT

19. LASER EYE SURGERY BENEFIT

19.01 The Plan will pay a lifetime maximum of up to $500 towards laser eye surgery (e.g., LASIK or PRK) for each eye as medically necessary. You will be responsible for any balance beyond this specified allowance. Deductibles, coinsurance or copays do not apply.

19.02 Reimbursement of the $500 allowance for each eye may be obtained by submitting a reimbursement form with supporting documentation to the Trust Fund Office. Payment of claims will be subject to the regular claim time limits under the Plan.

IN WITNESS of the adoption of this amendment, the Chairman and Secretary hereby subscribe their names, on the dates indicated.

[Signatures]

Chairman
Date: 5-16-19

Secretary
Date: 5-22-19