TWENTY-FIRST AMENDMENT

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 15th day of April, 2020 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. Amended Part 4, Section 16.01 effective May 1, 2017, for the purpose of restoring language that was inadvertently deleted from the Plan by the Fifth Amendment adopted May 1, 2017, to read in its entirety as follows:

16.01 Benefits Payable

The Plan's prescription drug benefits for persons covered under the self-funded PPO Plan are administered by Sav-Rx. To receive these benefits, you must use your Sav-Rx card at a participating pharmacy, and pay the required co-payment as advised by your pharmacy. All prescription drug benefits are for generic drugs, unless a physician specifies the use of a formulary brand name or other non-generic drug.

The Plan utilizes Sav-Rx's Step Therapy Program for new prescriptions written on or after March 1, 2016. The Step Therapy Program identifies certain prescribed drugs for which there is a less expensive therapeutically equivalent drug. The Step Therapy Program requires that before the more expensive drug be authorized, the less expensive drug be tried.

(1) Retail pharmacy
The following co-payments apply at the retail level:
- No charge for generic drug
- $10 for formulary brand drug
- $40 for all other drugs

(2) Mail Order
You may also use the Sav-Rx Mail Order system, and pay one co-payment for a 90-day supply, instead of the 30-day supply available from your pharmacist. The mail order co-payments are as follows:
- No charge for generic drug
- $20 for formulary brand drug
- $80 for all other drugs
(3) Specialty Drugs Subject to Sav-Rx High Impact Advocacy ("HIA") Program

Specialty drugs identified by Sav-Rx as being eligible for a manufacturer-sponsored coupon program are subject to the HIA program. If you are taking or have been prescribed a specialty drug that is a part of this program Sav-Rx will notify you to facilitate your enrollment in the manufacturer sponsored coupon program. You are required to cooperate with Sav-Rx and enroll in a manufacturer sponsored coupon program subject to the HIA program. Specialty drugs listed in the HIA program are subject to different copayment amounts. Copayment amounts are set at the level determined by the Sav-Rx HIA program and are subject to change. The copayment may be as high as 25%. However your actual out-of-pocket expense under the HIA program will never be greater than the out-of-pocket expense under the Plan’s Retail Pharmacy copayment structure. Specialty drugs subject to the HIA program must be processed through a Sav-Rx Specialty Pharmacy.

Specialty drugs are limited to a 30-day supply.

There is no limit on your annual prescription drug benefit. However, there are exclusions, which are listed below in Section 16.03.

Please note: Prescription drug expenses are not counted toward your stop-loss limit, and prescription drug expenses are not payable at 100%, even after you have satisfied the stop-loss limit for other Covered Expenses.

2. Effective March 18, 2020, the following provision is added to the end of Part 2, Section 10.02 as follows:

COVID-19 Screening and Testing

All cost-sharing, copays, and deductibles on 2020 novel coronavirus / COVID-19 diagnostic tests and screenings for in-network are waived. All cost-sharing, copays, and deductibles on 2020 novel coronavirus / COVID-19 diagnostic tests and screenings for out-of-network are waived, and the Plan will pay the Non-PPO Provider’s cash price as publicly published or as negotiated between the Plan and the Non-PPO Provider. If the Non-PPO Provider does not provide a cash price, then the claim will be paid at 100% of allowed charges.

3. Effective March 18, 2020, the following provision is added to the end of Part 2, Section 10.03 as follows:

COVID-19 Screening and Testing Charges for 2020 Calendar Year

When you use a PPO Provider .................................................................100%
When you use a Non-PPO Provider ....................................................100%

The Plan will pay the Non-PPO Provider’s cash price as publicly published or as negotiated between the Plan and the Non-PPO Provider. If the Non-PPO Provider does not provide a cash price, then the claim will be paid at 100% of allowed charges.
IN WITNESS of the adoption of this amendment, the Chairman and Secretary hereby subscribe their names, on the dates indicated.

Chairman

Date: 4/16/2020

Secretary

Date: 9/22/2020