SECOND 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 17th day of November, 2015, amended the Bricklayers and Allied Craftworkers Local No. 3 Health and Welfare Plan as follows, to be effective March 1, 2016, and authorized the Chairman and Secretary to authenticate the same by affixing their signatures hereto:

1. Section 10.01 is revised in its entirety as follows:

10.01 USING THE PPO PLAN

Covered Plan Participants and dependents have the right to obtain care from the Physician, Hospital or Institution of their choice. However, when you use providers belonging to the Plan's contracted Preferred Provider Organization (PPO), the Plan pays a higher share of your provider's charges. The Plan currently contracts with Anthem Blue Cross as its PPO. (For a current list of preferred providers, visit www.anthem.com/ca/ or call the Plan Administration Office).

Covered charges for services or treatment rendered by Hospitals, Physicians and Institutions belonging to the Preferred Provider Organization can be calculated with different Covered Percentages. Such differences occur when using a:
- PPO Hospital with a PPO Physician;
- PPO Hospital with a Non-PPO Physician;
- Non-PPO Hospital with a PPO Physician; and
- Non-PPO Hospital with a Non-PPO Physician.

The differences in the Covered Percentages payable for covered charges are shown in Section 10.03.

Please note the following rules which apply to coverage under the Self-Funded PPO Plan:

Preferred Provider Discounts
The Plan has contracted with Anthem Blue Cross as its Preferred Provider Organization. Anthem Blue Cross has negotiated Contracted Rates with PPO Physicians and Hospitals. These rates are generally more favorable than the standard rates charged by similar providers for their services. Therefore, it is always to your advantage, and to the advantage of the Plan, if you use PPO Providers when they are available.
Office Visits
A co-payment amount will be charged for office visits as shown in the following chart:

<table>
<thead>
<tr>
<th></th>
<th>General Office Visit (Including Office Visit for Mental Health and Substance Use Disorder Benefits)</th>
<th>Specialist Office Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO Provider:</td>
<td>$10</td>
<td>$20</td>
</tr>
<tr>
<td>Non-PPO Provider:</td>
<td>$20</td>
<td>$40</td>
</tr>
</tbody>
</table>

Office visit co-payments are not subject to the Deductible, and will not be used to meet the Deductible or the Stop-Loss Limit described below. Co-payments for office visits will apply regardless of whether the Deductible has been met and will continue to be charged after the Stop-Loss Limit has been reached.

Use of the Anthem Blue Cross telemedicine program, LiveHealth Online, will be treated as an office visit under the Plan. LiveHealth Online provides access to medical care through video consultations. There will be no co-payment for LiveHealth Online visits through February 28, 2017. Effective March 1, 2017, LiveHealth Online visits will require a co-payment equal to the PPO Provider office visit co-payment.

Utilization Review Program
The Plan requires Utilization Review ("UR") for all Hospital admissions and overnight stays at any medical facility. Utilization Review has proven effective in helping patients avoid unnecessary effort and expense, while still getting quality medical services at the most appropriate level of care.

The responsibility of notifying the UR Program lies with the covered person. Individuals are advised to contact the UR Program directly to verify that the admitting Physician or Hospital has made the required "notification." Utilization Review is provided by Anthem Blue Cross at (800) 274-7767.

Stop-Loss Limit
Another advantage to using PPO Providers is the lower stop-loss limit. The stop-loss limit works as follows:

When you use PPO Providers: After the out-of-pocket expenses for Covered Medical Charges incurred by each insured person reaches $1,250, the Plan pays 100% of the Covered Medical Charges which that insured person incurs for Covered Services of PPO Providers for the rest of the calendar year. For a family using PPO Providers, the stop-loss limit is $3,750.

When you use Non-PPO or Other Providers: After the out-of-pocket expenses for Covered
Medical Charges incurred by each insured person reaches $8,500, the Plan pays 100% of the Covered Medical Charges which that insured person incurs for Covered Services of Non-PPO and Other Providers for the rest of the calendar year. For a family using non-PPO or Other Providers, the stop-loss limit is $25,500.

Certain expenses are not covered by this rule; please see Section 10.05 for complete rules on Stop Loss Limits.

Limitations and Exclusions
Certain covered medical charges are subject to limitations, and some procedures are excluded from coverage under the Plan. See Section 13 for further information.

2. Section 16.01 is revised 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

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.

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

Chairman

Date: 4-23-2016

Secretary

Date: 4-20-2016