

SUMMARY OF MATERIAL MODIFICATIONS

STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON, D.C. HEALTH & WELFARE FUND

7130 Columbia Gateway Drive, Suite A
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November 13, 2014

SUMMARY OF MATERIAL MODIFICATION #5

Dear Participant:

This Summary of Material Modifications is being provided to advise you as to certain new developments relating to the Stone and Marble Masons of Metropolitan Washington, D.C. Health and Welfare Fund (the Plan), which are applicable to the Plan and its Schedule of Benefits, effective January 1, 2015, except as otherwise noted. This Summary of Material Modifications describes changes to the terms of the Plan adopted by the Board of Trustees.

I. Benefit Improvement of the Vision Benefit

Effective January 1, 2015, the Trustees have adopted a benefit improvement allowing participants and their dependents to get reimbursed for specific vision services once per year instead of once every two years. The Vision Care Benefits provision on Page 53 of your Summary Plan Description (SPD) has been amended to read as follows:

VISION CARE BENEFITS

The Plan reimburses Members and Dependents for Vision Care expenses incurred under the following basis. **The Fund will reimburse the Eligible Member and Dependent for eye examinations and glasses in the amount of up to \$400.00 once per year.** Tinted glasses qualify for Vision Care reimbursement for Members of the Stone Masons Plan only, not for Dependents.

II. CVS/Caremark Formulary Excluded Drugs 2015

Effective January 1, 2015, certain prescription drugs will cease being covered by the Plan unless prior authorization is obtained from CVS/Caremark for use of these medications. These specific medications are listed below. Each of these medications has a therapeutic equivalent prescription drug that is covered under the Plan.

You may have received written notification or a telephone call advising you that these prescription drugs will no longer be covered, if you have an existing prescription for these medications. You and your physician should discuss whether to use the alternate medication instead of the prescription drug on this list. If your physician

believes that you should use one of the excluded drugs rather than the therapeutic equivalent, your physician will be asked to provide CVS/Caremark with certain information, so that CVS/Caremark may determine whether to provide you with prior authorization for use of this drug.

If CVS/Caremark provides prior authorization, then the drug will be covered under the normal rules of the Plan. If CVS/Caremark does not provide prior authorization, your prescription for the excluded drug will not be covered under the Plan rules at all. If you agree to use the alternate medication, rather than the excluded drug, the alternate medication will be covered under the normal rules of the Plan.

The reason this prior authorization procedure is being implemented, and the reason the list of excluded drugs has been adopted is that these medications are extremely expensive and alternate medications have proven to be as effective in most cases. The following drugs are excluded from coverage under the Plan, effective January 1, 2015, without prior authorization:

List of excluded drugs as of January 1, 2015

1. ACCU-CHEK STRIPS AND KITS	33. FREESTYLE STRIPS AND KITS	65. OSENI
2. ACTOS	34. GENOTROPIN	66. OXYTROL
3. ADDERALL XR	35. GLUMETZA	67. PENNSAID
4. ADRENACLICK	36. HECORIA	68. PLAVIX
5. ADVICOR	37. HUMULIN 70/30	69. PREVACID
6. AEROSPAN	38. HUMALOG	70. PROTONIX
7. ALTOPREV	39. HUMALOG MIX 50/50	71. PROVENTIL HFA
8. ALVESVO	40. HUMALOG MIX 75/25	72. QNASL
9. AMRIX	41. HUMULIN N	73. RAYOS
10. ANDROGEL	42. HUMULIN R	74. REBIF
11. APEXICON E	43. INTERMEZ ZO	75. RHINOCORT AQUA
12. APIDRA	44. JALYN	76. RIOMET
13. ARTHROTEC	45. KAZANO	77. ROZEREM
14. ASACOL HD	46. KOMBIGLYZE XR	78. SAIZEN
15. ATACAND	47. LASTACAFT	79. SUBOXONE FILM
16. ATACAND HCT	48. LESCOL XL	80. SYMBICORT
17. BECONASE AQ	49. LEVITRA	81. TESTIM
18. BREEZE 2 STRIPS AND KITS	50. LIPITOR	82. TESTERONE GEL
19. BYETTA	51. LIPTRUZET	83. TEVETEN
20. CONTOUR NEXT STRIPS AND KIT	52. LIVALO	84. TEVETEN HCT
21. CONTOUR STRIPS AND KIT	53. LUMIGAN	85. TEV-TROPIN
22. DELZICOL	54. LUNESTA	86. TOVIAZ
23. DETROL LA	55. NAPRELAN	87. TRICOR

24. DIOVAN HCT	56. NATESTO	88. TUDORZA
25. DUEXIS	57. NESINA	89. VALTREX
26. DYMISTA	58. NORVASC	90. VENTOLIN HFA
27. EDARBI	59. NUTROPIN/NYTROPIN AQ	91. VERAMYST
28. EDARBYCLOR	60. OLUX-E	92. VIMOVO
29. EUFLEXXA	61. OMNARIS	93. VOGELXO
30. FARXIGA	62. OMNITROPE	94. XOPENEX HFA
31. FLECTOR	63. ONGLYZA	95. ZETONNA
32. FORTAMET	64. ORTHOVISC	

This is the Fifth Summary of Material Modification issued to the Summary Plan Description (Fund Booklet) effective February 2012 as recorded on the outside front cover. Please place this with your Summary Plan Description (Fund Booklet) for handy reference and safekeeping. If you need a Summary Plan Description (Fund Booklet), please contact the Fund Office at (410) 872-9500.

Board of Trustees
Stone and Marble Masons of Metropolitan
Washington, D.C. Health and Welfare Fund