SUMMARY OF MATERIAL MODIFICATIONS TO THE HEALTH AND BENEFIT TRUST FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL UNION NO. 94-94A-94B, AFL-CIO

To: All Participants and Beneficiaries in the Health and Benefit Trust Fund of the International Union of Operating Engineers Local Union No. 94-94A-94B, AFL-CIO

From: The Plan Administrator of the Health and Benefit Trust Fund of the International Union Operating Engineers Local Union No. 94-94A-94B, AFL-CIO

Re: New Eligibility Requirements for Spousal and Dependent Child Coverage

Date: December 9, 2013

This document is a Summary of Material Modifications ("SMM") intended to notify you of important changes to the eligibility requirements applicable to spousal and dependent child coverage under the Health and Benefit Trust Fund of the International Union of Operating Engineers Local Union No. 94-94A-94B, AFL-CIO ("the Plan"). All changes noted below are effective as of January 1, 2014. This summary is intended to satisfy the requirements for issuance of a SMM under the Employee Retirement Income Security Act of 1974, as amended. You should take the time to read this SMM carefully and keep it with the Summary Plan Description ("SPD") that was previously provided to you. If you need another copy of the SPD or if you have any questions regarding this change to the Plan, please contact the Plan Administrator during normal business hours at: 331-337 West 44th Street, New York, New York, 10036, telephone number: (212) 541-9880.

Foster Children

Effective as of January 1, 2014, an eligible foster child will be covered as an eligible dependent. In order for your foster child(ren) to be covered under the Plan, you must provide documents (i.e., placement agreement, adoption agreement, etc.) to prove dependency.

New 90-Day Eligibility Rule for Dependent and Spousal Coverage

Effective as of January 1, 2014, you will have 90 days to enroll all new eligible dependents (e.g., spouses and/or children) as of their applicable date (i.e., the date of marriage, the child's birthdate, date of adoption or placement for adoption or foster care, or, in the case of step-children, the date of marriage to the step-child's parent) that establishes their spousal relationship or dependent status with you. If you fail to do so within the applicable 90-day period, dependent coverage will not be available under the Plan for your new spouse or dependent child until the first day of the month following the date in which you provide the Fund Office with the required documentation and any other verifying information requested. If your spouse or dependent children are already enrolled in the Plan, no action is needed in order to maintain their coverage under the Plan.

All Adult Dependent Children Eligible for Coverage

In addition, in accordance with the applicable dependent coverage requirements under the Patient Protection and Affordable Care Act, the Plan will extend coverage to a participant's eligible children up to the end of the month in which the child attains age 26 regardless of the child's marital status, student status, employment status, eligibility for other health insurance coverage, financial dependency on the participant, or any other factor other than the relationship between the child and the participant. As a result of this change, effective as of January 1, 2014, your otherwise dependent child is not excluded from dependent coverage under the Plan solely because the child has access to health insurance coverage through an employer (as was previously the case). However, if your dependent child has other group health insurance including coverage through an employer, the Plan will generally consider that other coverage to be primary and the Plan's coverage for such child will be secondary in accordance with its Coordination of Benefit ("COB") rules which can be found in the SPD.

In light of the foregoing, adult dependent children will no longer be required to complete an affidavit verifying they do not have employment based coverage elsewhere. If, however, you have an otherwise eligible dependent child under age 26 who was denied coverage (or who was not eligible for coverage) solely as a result of having access to health insurance coverage through an employer or were denied coverage previously, you may now enroll that child in coverage (effective as of January 1, 2014) by completing an Enrollment Form and returning it (along with any required documentation) to the Fund Office **on or before March 31, 2014. The Enrollment Form must be hand-delivered to the Fund Office or postmarked and mailed by March 31st to be accepted by the Plan. If you fail to do so, dependent coverage will not be available for your non-covered child(ren) until the first day of the month following the date in which you provide the Fund Office with the completed Enrollment Form and verifying information.** If your child(ren) of any age is already enrolled in the Plan, no action is needed in order to maintain their coverage under the Plan.

If you need to enroll an adult dependent child, please contact the Fund Office for a copy of the Enrollment Form, which may also be downloaded online at the Plan's website at www.local94.com.

This SMM is intended to provide you with an easy-to-understand description of certain changes to the Plan. While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. If any conflict should arise between this SMM and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases.

The Board of Trustees or its duly authorized designee, reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Plan and the Agreement and Declaration of Trust establishing the Plan (the "Trust Agreement"). The Trust Agreement is available at the Fund Office and may be inspected by you free of charge during normal business hours.

No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the plan documents, make any promises to you about benefits under the Plan, or to change any provision of the Plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Plan and decide all matters arising under the Plan.

IMPORTANT GOVERNMENT NOTICE REGARDING THE PLAN'S GRANDFATHERED PLAN STATUS

The Board of Trustees believes that the Plan is a "grandfathered plan" as such term is defined under the Patient Protection and Affordable Care Act of 2010 (more commonly known as Health Care Reform). As permitted by Health Care Reform, a grandfathered health plan can preserve certain basic health coverage that was already in effect when Health Care Reform was enacted. Being a grandfathered health plan means that the medical coverage that you have elected under the plan may not include certain consumer protections of Health Care Reform that apply to other group health plans, for example, the requirement for the provision of preventive health services without any cost sharing (*i.e.*, copayments, coinsurance, deductibles). However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits and extension of coverage to dependents until age 26. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator during normal business hours at: 331-337 West 44th Street, New York, New York, 10036, telephone number: (212) 541-9880. You may also contact the Department of Labor at (866) 444–3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered plans.