

**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 of Operating Engineers Local Union No. 94-94A-94B, AFL-CIO

Re: New Prescription Benefit Manager - OptumRx Effective January 1, 2019

Date: December 26, 2018

This document is a Summary of Material Modifications ("SMM") intended to notify you of important changes effective January 1, 2019 to the prescription benefit program available under the Health and Benefit Trust Fund of the International Union of Operating Engineers Local Union No. 94-94A-94B, AFL-CIO ("the Plan"). 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. This SMM follows the Notice that was mailed to all participants on November 28, 2018 announcing the new prescription benefit manager will be OptumRx effective January 1, 2019. 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) 331-1800.

The Board of Trustees of the Plan has approved the prescription benefit manager OptumRx for the Commercial and School Division, effective as of January 1, 2019. The OptumRx prescription benefit is designed to deliver quality pharmacy care, safety, convenience, and cost savings.

Reminders:

Pharmacy Access

With OptumRx, you will continue to have access to thousands of retail pharmacies. These pharmacies will include national chains and most independent pharmacies.

OptumRx Home Delivery or 90 Day supply at CVS

Currently with CVS Caremark, you have the convenience to fill your maintenance prescriptions (prescriptions needed for 90 or more days) at a CVS Pharmacy or through CVS Caremark Mail Service. Effective January 1, 2019, you will continue to have similar flexibility filling maintenance prescriptions. You will still be able to receive a 90 day supply at a CVS Pharmacy or receive a 90 day supply through OptumRx's home delivery mail pharmacy.

Specialty Pharmacy Medications – BrivoRx

Specialty medications will be filled by BrivoRx, the OptumRx specialty pharmacy. BrivoRx provides specialty medications and some clinical support for complex conditions, including cancer, arthritis, and others.

Formulary Changes

Each prescription drug company has its own list of prescribed medications that are allowed for their safety, cost and effectiveness. CVS Caremark's and OptumRx's formulary lists may differ slightly, however disruption should be minimal based on an analysis conducted. You and your doctor should consult the formulary to help you select the most cost-effective prescription medications for your needs. Prior to your first fill with OptumRx please consult the formulary list. Currently, the formulary list for OptumRx can be found on the Fund's website at www.local94.com.

Please contact the Fund office at 212- 331-1800 if you have any questions concerning the above information. You can also log onto www.local94.com to view the most current information regarding your prescription benefits.

Sincerely,

Board of Trustees, Health and Benefit Trust Fund of the International Union of Operating Engineers of Local 94-94A-94B, AFL-CIO

This SMM is intended to provide you with an easy-to-understand description of material issues concerning 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. 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 NOTICE REGARDING THE PLAN'S GRANDFATHERED PLAN STATUS

Trustees believe that the Plan is a "grandfathered plan" as such term is defined under PPACA (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 (Le., copayments, coinsurance, deductibles). However, grandfathered health plans must comply with certain other consumer protections in Health Care Reform, 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.