

AMENDMENT NO. 10
TO THE RESTATED PLAN DOCUMENT
AND SUMMARY PLAN DESCRIPTION
OF THE GLASSWORKERS AND GLAZIERS
HEALTH AND WELFARE TRUST

Effective July 1, 2007, the Restated Plan Document and Summary Plan Description of the Glassworkers and Glaziers Health and Welfare Trust is hereby amended as follows:

ARTICLE IV. OUTPATIENT PRESCRIPTION DRUG BENEFITS is hereby restated as follows:

4.01 Benefits. A Participant, other than a Participant eligible in the Medicare Retiree classification, will be entitled to receive outpatient prescription drug benefits as described herein subject to satisfaction of any applicable copayments as described below.

4.02 Prescription Card Retail Program.

a. Participating Pharmacies. Each Participant will be issued a prescription drug identification card which must be presented to the participating pharmacy with each prescription to be filled or refilled. The Participant must pay the pharmacist the copayment described below for each prescription. The Plan will pay or direct payment of the remaining covered charges directly to the participating pharmacy.

1.	Generic Drug Copayment	\$10.00
2.	Over-the-Counter Drug Copayment	\$10.00
3.	Preferred Brand Copayment	\$30.00
4.	Non-Preferred Brand Copayment	\$60.00
5.	Specialty Medications/Injectables (except insulin)	\$60.00

b. Non-Participating Pharmacies. If a Participant elects to use a non-participating pharmacy, he/she will have to pay the full cost for the prescription and then file a claim or reimbursement by the Plan.

c. Dispensing Limitations. The quantity of covered drugs prescribed by the Physician, but not to exceed a **thirty (34) day supply**. For Specialty Medications and Injectables (except insulin) only one fill may be obtained at a retail pharmacy and then future prescriptions must be obtained through the pharmacy benefit manager's specialty drug vendor, as selected by the Board of Trustees.

If the Participant elects a brand name drug when a generic is available, the Participant will be responsible for the difference in cost between the generic drug and the brand name drug in addition to any applicable copayment, unless the Physician authorizes the use of the brand name drug by writing "Dispense as Written (D.A.W.)" on the prescription.

4.03 Specialty Medications and Injectables. After receiving one prescription at a retail pharmacy, the Participant must utilize the specialty drug vendor selected by the Board of Trustees to obtain future prescriptions. Specialty Medications are high-cost oral, injectable, infused or inhaled medications that are either self-administered or administered by a healthcare provider, and used or obtained in either an outpatient or home setting. The list of Specialty/Injectable medications utilized by the Fund will be that established by the pharmacy benefit manager as updated from time to time. The Participant will be required to pay the following copayment for each prescription:

a. Copayment.

1. Specialty Medication or Injectable **\$60.00**

b. Dispensing Limitations. The quantity of covered drugs prescription by the Physician, but not to exceed a **thirty-four (34) day supply.**

4.04 Mail Order Benefits. If a Participant utilizes the mail order prescription drug program for maintenance medications, such Participant will be entitled to receive prescription drugs as described hereunder. Maintenance medications are those taken on a regular or long term basis. The Participant will be required to pay the following copayment for each prescription:

a. Copayment.

1. Generic Drug Copayment **\$20.00**

2. Over-the-Counter Drug Copayment **\$20.00**

3. Preferred Brand Copayment **\$60.00**

4. Non-Preferred Brand Copayment **\$120.00**

b. Dispensing Limitations. The quantity of covered drugs prescribed by the Physician, but not to exceed a **ninety (90) day supply.**

4.05 Covered Charges. Covered charges include:

a. Legend drugs.

b. Insulin.

c. Disposable insulin needles/syringes.

d. Disposable blood/urine glucose/acetone testing agents, (e.g., Chemstrips, Acestest tablets, Clinitest tablets, Diastix Strips, and Tes-Tape).

e. Lancets.

f. Destroamphetamine (Dexedrine) and Methamphetamine (Desoxyn), for individuals through the age of eighteen (18) years.

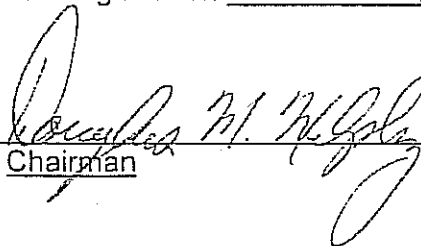
- g. Over-the-Counter Allergy Medications with a written prescription from a Physician: Alavert, Actifed, Claritin, Loratadine, and Nasalcrom.
 - h. Over-the-Counter Antacids and Acid Reducers with a written prescription from a Physician: Pepcid AC, Prilosec OTC, Tagamet HB, Zantec 75 and Axid AR.
 - i. Over-the-Counter Anti-Fungal medications with a written prescription from a Physician: Lamisil AT, Lotramin AF and Micatin.
 - j. Over-the-Counter Asthma medications with a written prescription from a Physician: Primatene Mist.
 - k. Over-the-Counter Decongestant/Cold Remedies with a written prescription from a Physician: Tavist-D, Drixoral.
 - l. * Dietary Supplements are covered at 100% copay.
 - m. * Dermatologicals, hair growth stimulants are covered at 100% copay.
 - n. Trentinoin topical (e.g., Retin-A) for individuals through the age of eighteen (18) years.
 - o. * Vitamins, singly or in combination are covered at 100% copay. Exceptions: Legend prenatal vitamins are covered.
 - p. Compounded medication of which at least one (1) ingredient is a legend drug.
 - q. Any other drug which, under applicable state law, may only be dispensed upon the written prescription of a Physician or other lawful prescriber.
 - r. Contraceptive, oral or other, whether medication or device, regardless of intended use. Exceptions: * Contraceptive devices will be covered at 100% copay.
- * Please note: These prescriptions may be obtained through the prescription drug card program taking advantage of the Fund's discount. However, the participant is responsible for the entire discounted amount.

4.06 Exclusions. In addition to the General Exclusions and Limitations in Article V, outpatient prescription drug benefits are not payable for:

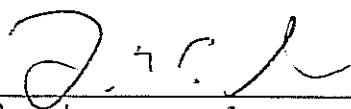
- a. drugs or medications procured or procurable without a Physician's written prescription (over-the-counter);
- b. Anti-wrinkle agents (e.g., Renova®);
- c. Dextroamphetamine (Dexedrine) and Methamphetamine (Desoxyn) for individuals nineteen (19) years of age or older;
- d. Growth Hormones;

- e. immunization agents, biological sera, blood or blood plasma;
- f. impotence medications;
- g. Levonorgestrel (Norplant);
- h. non-legend drugs other than those listed above;
- i. therapeutic devices, or appliances, including needles, syringes, support garments, and other non-medical substances, regardless of intended use, except those listed above;
- j. anorectics (any drug used for the purpose of weight loss). Exceptions: See above;
- k. drugs labeled: "Caution – limited by federal law to investigational use," or experimental drugs, even though a charge is made to the Participant;
- l. charges for the administration or injection of any drug;
- m. medication which is to be taken by or administered to the Participant, in whole or in part, while he or she is a patient in a hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals;
- n. Tretinoin topical (e.g., Retin-A), for individuals nineteen (19) years of age or older.

The Chairman and Secretary of the Board of Trustees of the Glassworkers and Glaziers Health and Welfare Fund Trust do hereby certify that the foregoing Amendment was duly adopted at a meeting held on SEPT. 26, 2007.



 Chairman



 Secretary J. SIMON, Sec'y