

F-R&R

AMENDMENT NO. 2
TO THE RESTATED PLAN DOCUMENT
AND SUMMARY PLAN DESCRIPTION
OF THE GLASSWORKERS AND GLAZIERS
HEALTH AND WELFARE FUND TRUST

Effective January 1, 2005 the Restated Plan Document and Summary Plan Description of the Glassworkers and Glaziers Health and Welfare Fund Trust are hereby amended as follows:

ARTICLE III COMPREHENSIVE MEDICAL BENEFITS section 3.07 Percentage of Covered Charges Payable. is hereby restated as follows:

3.07 Percentage of Covered Charges Payable. Subject to the lifetime maximum amount and after satisfaction of any required Deductible or Copayment the Plan will pay benefits as follows. The \$15,000 coinsurance maximum is a combined amount, satisfied by PPO and Non-PPO Covered Charges.

a. Preferred Provider and Ambulance Covered Charges. The Plan will pay 80% of the first \$15,000 (coinsurance maximum) of Covered Charges incurred by any Eligible Participant provided by a Preferred Provider or for professional ambulance service as described in section 3.08, a., 4., and 100% in excess of such amount for the remainder of the calendar year.

O-O-P
\$3,000
excludes
Non-PPO

b. Non-Preferred Provider Covered Charges. Subject to the satisfaction of any required Deductible, the Plan will pay 60% of the first \$15,000 (coinsurance maximum) of Covered Charges incurred by any Eligible Participant, thereafter the Plan will pay 100% of Covered Charges for the remainder of the calendar year.

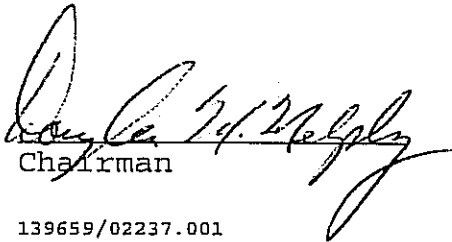
O-O-P
\$6,000
includes
PPO

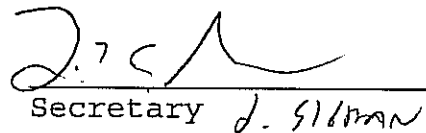
With respect to outpatient mental or nervous disorders, including Substance Abuse services rendered by a Non-Preferred Provider, the Plan will pay 50% of Covered Charges up to the calendar year maximum amount described in section 3.03, a., 1.

Exception: In the event that covered services are rendered for a life or limb threatening emergency by a Non-Preferred Provider ~~when the Participant is traveling outside the network area and such services cannot be rendered by a Preferred Provider,~~ covered charges shall be allowed in accordance with the Preferred Provider level of benefits.

- c. Routine Mammograms and Immunizations, and Foot Orthotics. Covered Charges for routine mammograms and foot orthotics for a Dependent child, are paid at 100% up to the maximums set forth in section 3.03, a. and b. Routine immunizations are paid at 100%. The Deductible and Copayment requirements are waived.
- d. Pediatric Preventive Health Care (Up to 2 Years of Age). After satisfaction of the \$25 copayment, Covered Charges rendered by Preferred Provider Physician are paid at 100%. The Deductible requirement is waived.

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 3-28-05.


Chairman


Secretary J. Sloman

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