

Ohio Conference of Plasterers & Cement Masons Health & Welfare Fund
33 Fitch Boulevard
Austintown, OH 44515

April 10, 2001

Dear Participant:

Page 8 of the Summary Plan Description recently mailed to you included a misprint regarding the plan's prescription program. The correct language is as follows:

The Program works as follows:

Generic Reimbursement Plan

Your prescription benefit will also include the Generic Reimbursement Plan which will be administered as follows:

- ! If you choose a brand name drug or generic equivalent prescription, **your co-payment will be 20% of the cost.**
- ! If you choose a single source brand name drug for which there is no existing FDA approved generic equivalent, you will pay a 20% co-payment.
- ! If you choose or your physician indicates "Dispense As Written" for a brand name drug which has an FDA approved generic equivalent in existence, you will be responsible to pay the cost difference between the brand and its generic equivalent in addition to the 20% co-payment.

The Board of Trustees has also increased the current limit on the chiropractic plan as follows:

Outpatient therapy Physical/occupational therapy, spinal Manipulations (12 visits), speech therapy	All benefits are paid at 80% after deductible, up to the out-of-pocket maximum; 100% thereafter, unless otherwise noted
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If you have any questions regarding the above, please feel free to contact the Fund Office.

THE BOARD OF TRUSTEES