

**AMENDMENT NUMBER EIGHT  
TO THE OPERATING ENGINEERS LOCAL 139 HEALTH BENEFIT FUND  
SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT, 2020 EDITION**

The Operating Engineers Local 139 Health Benefit Fund has adopted the following changes to the Summary Plan Description/Plan Document, 2020 Edition ("Plan").

Effective January 1, 2020, the subsection entitled "Covered Expenses" under Vision Benefits on page 62 is restated in its entirety to read as follows:

**Covered Expenses**

Covered vision benefits, up to the per person maximum listed on the *Summary of Benefits*, are as follows:

- A complete eye examination
- Eyeglass lenses and frames, including single vision, bifocal, trifocal, and lenticular lenses
- Contact lenses
- Prescription sunglasses
- Prescription safety glasses

Services must be provided by and supplies received from a legally qualified Optician, Optometrist, or Ophthalmologist, acting within the usual scope of his or her practice, to be eligible expenses under the Plan.

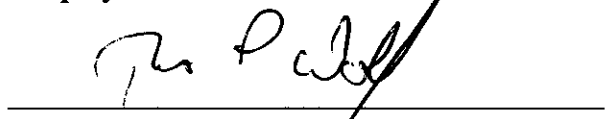
This Amendment Number Eight to the Operating Engineers Local 139 Health Benefit Fund Summary Plan Description/Plan Document, 2020 Edition, was adopted by the Board of Trustees on August 19, 2021.

**Union Trustees**



8-19-2021  
Dated

**Employer Trustees**



8-19-2021  
Dated