

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

Re: Medical Management Vendor - Empire Blue Cross Effective September 1, 2013

Date: August 20, 2013

This document is a Summary of Material Modifications ("SMM") intended to notify you of important changes to the medical management review process utilized by 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. 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.

Medical Management Vendor

Effective September 1, 2013, the Plan will utilize Empire Blue Cross Blue Shield ("Empire") as its new medical management vendor, which includes any benefits that require pre-certification and for case management. As such, the Plan's current medical management vendor, MedReview, will no longer conduct such medical management services after such date. However, MedReview will continue to manage any inpatient admission where the date of admission was prior to September 1, 2013 through discharge.

Notwithstanding this change in service providers, the Plan's phone number for **ALL** medical management services will remain the same. As a reminder, this number is 1-800-553-9603. The phone prompts also will remain the same, except that Empire will handle such calls on September 1, 2013 and on a going forward basis thereafter. There will also be no change to your current identification card for health benefits under the Plan.

That said, in conjunction with switching the Plan's medical management services to Empire, there are a few changes to the precertification rules for certain benefits under the Plan. For example, some benefits that currently require a pre-certification will no longer impose such a requirement. In one case, however, a benefit that did not previously require a pre-certification will now require it.

Specifically, effective September 1, 2013, the following benefits will no longer require a pre-certification:

- Home Health Care (includes home infusion billed by HHC agency)
- Home Infusion Therapy (billed by a home infusion specialist)
- Hospice (inpatient and outpatient)
- Vision Therapy
- Cardiac Rehabilitation
- Air Ambulance – Emergency Only

However, effective September 1, 2013, genetic testing will require a pre-certification (whereas the Plan does not currently impose such a requirement).

All other benefits available under the Plan that are not specifically referenced above and currently require a pre-certification will continue to impose such a requirement after September 1, 2013.

For your convenience, an updated benefit grid will be posted on the website at www.local94.com reflecting all of these changes and the current benefits that require a pre-certification.

If you have any questions regarding the above, please feel free to contact the Fund Office at 212-331-1800.

This SMM is intended to provide you with an easy-to-understand description of certain changes to 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. If any conflict should arise between this SMM and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases.

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

The Board of Trustees believes 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 (*i.e.*, 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.