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: Local 94 Health and Benefit Fund Dental Fee Schedule Effective 1/1/2018

Date: November 30, 2018

This document is a Summary of Material Modifications ("SMM") intended to notify you of important changes effective January 1, 2018 to the dental benefit program available under 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.

The Board of Trustees of the Plan has approved additional dental codes to the Funds' dental and orthodontia benefit fee schedule for the Commercial and School Division, effective as of January 1, 2018. All Plan design exclusions and limitations remain the same. Enclosed is a copy of the new Local 94 Health & Benefit Fund Dental fee schedule for dental and orthodontia benefits. For the Commercial Division the enclosed Local 94 Health & Benefit Fund Dental fee schedule replaces Appendix D in the Summary Plan Description (SPD). For the School Division the enclosed Local 94 Health & Benefit Fund Dental fee schedule replaces Appendix D in the Summary Plan Description (SPD).

Reminders:

As a reminder you may visit the existing Local 94 Participating Dental Providers and receive all covered dental services with no out-of-pocket expenses, with the exception of dental implants. If you choose a dentist in the Sele-Dent PPO Network there will be applicable co-payments. (If a dentist is a participating dentist in the Local 94 Network of Participating Dental Providers and the Sele-Dent PPO Network then the provider will be reimbursed at the Local 94 fee schedule with no out of pocket costs to the participant, with the exception of dental implants). If you choose a dentist not in either the Local 94 Network of Participating Dental Providers and the participant, with the exception of dental implants). If you choose a dentist not in either the Local 94 Network of Participating Dental Providers or the Sele-Dent PPO Network you will be reimbursed according to the Local 94 fee schedule.

Orthodontic Benefit: Orthodontia benefits are available for Eligible Dependent children under the age of 19 only

Effective January 1, 2017, the Invisalign method for corrective orthodontics (as approved by the American Dental Association) is a covered treatment under the existing orthodontic lifetime maximum of \$2,154. Please note this is a more expensive method of treatment than traditional orthodontic brackets; therefore the Local 94 Network orthodontists and the Sele-Dent PPO orthodontists do not have to accept the orthodontic lifetime maximum of \$2,154 for the Invisalign treatment as payment in full. However, you have the option to choose this treatment as a covered benefit with the Plan covering up to \$2,154 of the costs for the Invisalign method. For this reason, it is important that you confirm with your orthodontist whether they will accept this amount as payment in full for such benefits or if they will charge a higher amount and bill you for the balance.

As a reminder, Local 94 Network orthodontists accept the \$2,154 as payment in full for traditional orthodontic services. Additionally, Sele-Dent does have a separate orthodontic network. However, this network requires co-payments. Please contact Sele-Dent for a list of the preferred Sele-Dent orthodontists who will perform all traditional orthodontic services (excluding Invisalign) for a total patient co-payment of \$1,046.

Remember all dental services over \$500, all dental implants, and all orthodontia services must be pre-approved by Sele-Dent. Prior approval is necessary even if your dental provider is a participating dental provider in Local 94's Network, Sele-Dent's Network, or Out of Network provider. The current Individual Calendar Year Maximum remains \$2,500, and the Lifetime Orthodontic Maximum remains \$2,154. If you visit a Sele-Dent PPO dentist, or an Out-of-Network dentist for dental implants, or a Local 94 Network dentist who has not agreed to accept the Fund's fee schedule for implants you will be responsible for fees in excess of the Local 94 Plan's Fee Schedule.

Please contact the Fund office at 212- 331-1800 if you have any questions concerning the above information. You can also log onto <u>www.local94.com</u> to view the most current information regarding your dental benefits and to obtain a listing of Local 94 participating dental providers as well as Sele-Dent PPO Network providers.

Sincerely,

Board of Trustees, Health and Benefit Trust Fund of the International Union of Operating Engineers of Local 94-94A-94B, AFL-CIO

This SMM is intended to provide you with an easy-to-understand description of material issues concerning 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. 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

Trustees believe 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 (Le., 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 not apply to grandfathered plans.