

December 2008

IMPORTANT NOTICE

TO: ALL PARTICIPANTS OF THE
LABORERS' METROPOLITAN DETROIT HEALTH CARE FUND

RE: DENTAL & PRESCRIPTION BENEFIT MODIFICATIONS

Dear Participant:

As you are aware, the Trustees of the Fund perform periodic reviews of the benefits provided to all participants, and strive to provide the most comprehensive Plan possible while considering the financial impact to the Fund as a whole. Therefore, we are pleased to announce that *effective January 1, 2009* the Fund will enhance the dental and prescription benefits currently provided to all participants.

Dental Benefits:

Effective January 1, 2009 the Fund will enhance the dental benefits currently provided to all participants by changing to the Delta Dental network of providers. As discussed below, this coverage will now be offered through two (2) Delta Dental networks –**Delta Dental PPO** and **Delta Dental Premier**, two of Michigan's largest networks of participating dentists. Dental benefits will now be limited to a maximum of \$2,000 per person per calendar year for all preventative, and restorative services. The orthodontic benefit maximum will remain at \$1,500 per person per lifetime.

How The Dental Program Works

Effective January 1, 2009, eligible participants and their eligible dependents may go to *any* licensed dentist and have dental coverage up to the annual maximum of the Plan. This dental benefit applies to dental claims incurred after January 1, 2009. The *per-calendar-year* maximum is \$2,000 for preventative and restorative services, and \$1,500 per lifetime, per person, for orthodontic services.

Preventive dental services (called Class I benefits) are paid at one hundred percent (100%) of the allowed amount. Basic Restorative dental services (Class II), which include fillings, extractions, root canals, and bridge and denture repairs, are paid at eighty percent (80%) of the allowed amount. Regular Restorative dental services (Class III), which include crowns, bridges, dentures, and implants, are paid at fifty percent (50%) of the allowed amount, and Orthodontic dental services (Class IV), which include braces, are paid at fifty percent (50%) of the allowed amount.

Payment for services will be based on the *lowest* of the following fees:

- a. the dentist's submitted fee; or
- b. Delta Dental's maximum allowed amount.

The Delta Dental Networks

Delta Dental is a nationally recognized provider of dental benefits, with participating providers located across the United States. Although eligible participants may use any dentist, you will likely save money if you use a dentist that participates in either the **Delta Dental PPO network** or the **Delta Dental Premier network**.

If you go to a **Delta Dental PPO** dentist, your out-of-pocket costs could be lower because these dentists accept a fee schedule that is lower than the fee schedule used for dentists that participate in the Delta Dental Premier network. There are over 1,300 Michigan dentists in the **Delta Dental PPO** network and more than 59,000 that participate nationwide. Any participating Delta Dental Provider within these networks may be utilized, even when traveling.

If you use a dentist that participates in the **Delta Dental Premier** network, you could still save money, but you may pay slightly more than with a PPO dentist. Over 5,000 Michigan dentists participate in the **Premier network** and **more than 120,000 dentists participate in the Premier network nationwide**.

All of Delta Dental's participating dentists will complete and file claims for their patients with Delta Dental coverage. And, the Fund will pay the dentists directly through Delta Dental. By utilizing an In-Network Delta Dental Provider for your dental needs, you will not be billed for any balance above the approved amount. You will only be responsible for your co-payment portion of the charges.

To locate a listing of participating Delta Dental providers for you and your family, you may utilize any or all of the following resources:

- Refer to the Delta Dental Website at www.deltadental.com
- Contact Delta Dental's Customer Service Department at 1-800-524-0149
- Contact the Fund Office at 1-800-228-0048, during normal business hours.

Included in this packet are the following documents that should answer your most frequently asked questions about this dental benefit:

- Payment Example and Q&As
- Dental Care Certificate

Finally, these new dental benefits are subject to all of the Fund's Coordination of Benefit provisions and all of the Fund's exclusions and limitations.

Prescription Drug Benefits

Effective January 1, 2009, the Fund will implement a new Prescription Drug Program that will allow all participants and their eligible dependents coverage based on a co-payment structure for generic and brand name drugs. The co-payment for Generic drugs will be ten dollars (\$10), and twenty dollars (\$20) for Brand Name drugs. **The benefit maximum has also been increased to \$5,000 per family, per calendar year.**

A Mail Order Drug Program for maintenance drugs will also now be available for a single co-payment of ten dollars (\$10) for generic drugs, or twenty dollars (\$20) for brand drugs, for a ninety (90) day supply. The prescription drug program will continue to be offered through Express Scripts, and will *not* require new identification cards in order for this change to be effective. The co-payment change will be automatic and active with any prescription filled on or after January 1, 2009.

Contact the Fund Office with any questions you may have regarding these changes.

Sincerely,

LABORERS' METROPOLITAN DETROIT
HEALTH CARE FUND
BOARD OF TRUSTEES