

MEMORANDUM

TO: All Eligible Participants in the O.P.E.I.U. Locals 30 & 537 Health & Welfare Fund

FROM: Board of Trustees

DATE: December 2005

RE: Benefit Changes Effective February 1, 2006

After a thorough review of Fund finances and in conjunction with recommendations made by the Fund's actuarial consultant, the Trustees announce the following benefit changes:

1. The life and accidental death and dismemberment benefits will be reinstated as of February 1, 2006. The full benefit amount will be as before (\$12,500). Material from the new insurance carrier (United Health Insurance Company) will be mailed to you soon.
2. Those enrolled in Basic Dental Plan "B" will transfer to the benefits provided under Basic Dental Plan "A" effective February 1, 2006. Coverage for basic services will increase from 75% to 90% and major services from 60% to 90% (all percentages multiplied times maximums in the Table of Allowances). Remaining the same will be the annual deductible of \$50, the annual maximum of \$1,350 and the 100% multiplier for preventive and diagnostic services.
3. The Trustees approved increases to certain maximums in the Major Medical Plan (Kaiser benefits are not affected by the following) effective February 1, 2006:
 - (a) the allergy testing maximum of \$300 and antigen extract maximum of \$150 will now be combined into one annual maximum of \$500,
 - (b) the annual maximum for chiropractic care will be increased from \$1,000 to \$1,500 and the chiropractic visit maximum will be increased from \$30 to \$50,

- (c) the annual maximum for physical therapy will be increased from \$1,000 to \$1,500,
- (d) the Plan maximum for hearing aid devices will increase from \$600 to \$1,000,
- (e) the lifetime maximum for morbid obesity benefits will increase from \$2,000 to \$15,000. The weight threshold for benefits will be changing from 100 pounds or more to a Body Mass Index of 40 or more as determined by industry standards.

Also, for your information the Employer contribution rate will be increasing from \$500 to \$510 per month effective February 1, 2006 (based on January hours). The self-pay rate for dependent coverage will remain at \$100 per month.

If you have any questions regarding any of these changes you may call the administrative office at (562) 463-5065.