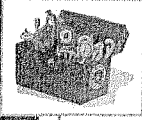


William M. Lynn; Chairman of the Board
Michael Spillane, J.D.; Fund Coordinator



Local 30 Benefit Funds
Health and Welfare • Pension • Annuity • Apprenticeship & Training

May 2015

Re: Important Notice on Plan Improvements

Dear Participant,

The Board of Trustees of the IUOE Local 30 Benefits Fund is focused on providing the best possible comprehensive health benefits to you and your family while maintaining the Fund in a strong financial position. We are very happy to announce the following improvements and changes, effective April 1, 2015.

Healthplex – Dental Benefit Improvements

- The current \$750.00 in-network copayment for Orthodontic Treatment of Class II and Class III malocclusions covered once per 24-month case (*for eligible Dependent children under age 19 only*) is **eliminated**. Please note that there remains a \$1,000 out-of-network allowance for Orthodontic Benefits.
- Page 50 of the Summary Plan Description, specifically the paragraph relating to “Benefits When Alternate Procedures Are Available” does not apply if you are enrolled in the Healthplex Dental Plan.
- The Fund is pleased to provide the enclosed discounted fee schedule for dental implants for you and your eligible dependents who require such dental services.

DDS, Inc. In-Network PPO Plan – Dental Benefit Improvements

- We are happy to announce that the lifetime maximum for in-network orthodontic benefits (*for eligible Dependent children under age 19 only*) has been increased from \$1,720.00 to \$2,180.00.
- The \$20 copayment for active monthly treatments (for 24 months, standard cases only) has been eliminated. – **Applies to treatment plans approved on or after April 1, 2015.**

Reimbursement of Membership Fees for Health Clubs

- You and your spouse are each eligible for reimbursement of up to \$200 annually for health club/gymnasium* membership fees. In order for reimbursement to be considered, you and your spouse must submit the following items to the Fund Office **no later than November 30, 2015:**
 - A signed copy of your Membership Agreement with the health club/gymnasium.

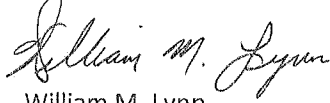
115-06 Myrtle Avenue,
Richmond Hill, New York 11418
phone: 718-847-8484
fax: 718-849-7546

- An invoice from the health club/gymnasium that includes the monthly membership fee, initiation fee (if applicable), and any other fees charged.
- A written attestation that the health club/gymnasium has cardiovascular equipment (e.g., treadmills, elliptical machines, and stationary bicycles).
- A written attestation from the health club/gymnasium that you made 50 visits to one of its facilities in a six-month continuous period.

**Please note that membership fees for country clubs, weight-loss clinics, spas, or similar facilities will not qualify for reimbursement under this benefit.*

At a time when many funds are being forced to decrease benefits or charge premiums to their participants, the Trustees are happy to be able to offer these improved comprehensive health benefits to you and your family. If you have any questions regarding these benefit modifications or any of your benefits, please contact the Fund Office at (718) 847-6800.

Sincerely,




William M. Lynn

Chairman of the Board of Trustees

This summary of material modifications ("SMM") is intended to provide you with an easy-to-understand description of certain changes to the IUOE Local 30 Benefits Trust Fund program of benefits (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. Except to the extent that this SMM modifies the Plan, if any conflict should arise between this summary 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 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"). 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, legal and/or factual, arising under the Plan.

**ENGINEERS UNION LOCAL 30 TRUST FUND
MEMBER IMPLANT COPAYMENT SCHEDULE - GG-287AA/287AA1**

ADA Code	Implant Description	Member Copayment
6010	Endosteal Implant	\$1,400.00
Implant Supported Prosthetics - Supporting Structures		
6055	Implant/Abutment Supported Connecting Bar	\$800.00
6056	Prefabricated Abutment	550.00
6057	Custom Fabricated Abutment	650.00
Single Crowns - Abutment Supported		
6058	Abutment Supported Porcelain/Ceramic Crown	\$850.00
6059	Abutment Supported Porcelain Fused to High Noble Metal Crown	1,000.00
6060	Abutment Supported Porcelain Fused to Metal Crown	900.00
6061	Abutment Supported Porcelain Fused to Noble Metal Crown	1,000.00
6062	Abutment Supported Cast High Noble Metal Crown	900.00
6063	Abutment Supported Cast Metal Crown	375.00
6064	Abutment Supported Cast Noble Metal Crown	450.00
Single Crowns - Implant Supported		
6065	Implant Supported Porcelain/Ceramic Crown	\$1,200.00
6066	Implant Supported Porcelain Fused to High Noble Metal Crown	1,000.00
6067	Implant Supported Cast High Noble Metal Crown	500.00
Fixed Partial Denture Retainer - Abutment Supported		
6068	Abutment Supported Retainer for Porcelain/Ceramic Crown	\$850.00
6069	Abutment Supported Retainer for Porcelain Fused to High Noble Metal Crown	1,000.00
6070	Abutment Supported Retainer for Porcelain Fused to Metal Crown	900.00
6071	Abutment Supported Retainer for Porcelain Fused to Noble Metal Crown	1,000.00
6072	Abutment Supported Retainer for Cast High Noble Metal Crown	900.00
6073	Abutment Supported Retainer for Cast Metal Crown	600.00
6074	Abutment Supported Retainer for Cast Noble Metal Crown	700.00
Fixed Partial Denture Retainer - Implant Supported		
6075	Implant Supported Retainer for Ceramic FPD	\$1,200.00
6076	Implant Supported Retainer for Porcelain Fused to High Noble Metal Crown FPD	1,000.00
6077	Implant Supported Retainer for Cast Metal FPD	500.00

Dental Implant Benefit

Members pay discounted fees directly to the participating provider. This benefit only applies to services received from In-Network Capital PPO providers. There is no Out-of-Network benefit.

Please be aware all financial arrangements are between you and the Capital PPO provider. There will be no claim forms to submit.

In order to locate participating providers in the Capital PPO Network, please follow the instructions listed below:

1. Go to www.healthplex.com
2. Click on "Our Dentists" to view the most current listing of participating providers available to you.

3. Under the "Prospective Members" section on the left-hand side:

- Click on "PPO Panels"
- Click on "Capital Panel"
- Choose "General Practice" or "Specialty"
- Enter either your Zip Code or City/County and State

If you have any questions or need further assistance, please contact Customer Service at 800-468-0600.

Administered by

