

IBEW LOCAL NO. 9 FRINGE BENEFIT FUNDS

IBEW Local No. 9 and Line Clearance Contractors Health & Welfare Fund
IBEW Local No. 9 and Line Clearance Contractors 401(k) Retirement Fund

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

February 14, 2018

IMPORTANT NOTICE REGARDING YOUR DENTAL BENEFITS AND COBRA RATES

TO: ALL ELIGIBLE PARTICIPANTS OF THE IBEW LOCAL NO. 9 AND
LINE CLEARANCE CONTRACTORS HEALTH & WELFARE FUND

Dear Participant:

We are pleased to announce that, *effective March 1, 2018*, the IBEW Local No. 9 and Line Clearance Contractors Health & Welfare Fund (the Fund) will move the dental benefit network to Delta Dental of Illinois (Delta Dental). As discussed below, this coverage will now be offered through **not one but two** Delta Dental networks—the **Delta Dental PPO** and the **Delta Dental Premier®** networks.

Moving from The Guardian Life Insurance Company (Guardian) to Delta Dental will not only keep your similar dental coverage in place, but you will have access to a broader dental provider network. . In fact, it is likely that your current preferred dentist participates in a Delta Dental network (for example, more than 5,000 Michigan dentists participate in the **Delta Dental Premier** network, and more than 117,000 dentists participate in the **Delta Dental Premier** network nationwide).

Please review this Summary of Material Modifications (SMM) carefully, which details your dental benefit changes. Share it with your family, and keep it with your Summary Plan Description (SPD) and other SMMs.

How the Dental Program Works

Just as you do today, you will be able to go to *any* licensed dentist—regardless of whether your dentist participates in the Delta Dental networks—and have dental coverage that is similar to your current coverage (see below for comparison).

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Dental Benefits	Current		Effective for Dental Claims Incurred on and After March 1, 2018	
	Network Dentist	Non-Network Dentist	Network Dentist (Delta Dental PPO or Delta Dental Premier)	Non-Network Dentist
Calendar Year Deductible⁺				
Individual	\$25		\$25	
Family	\$75*		\$75*	
Covered Services	Plan Pays	Plan Pays	Plan Pays	Plan Pays
Preventive Dental Services	100% (no deductible)	100% (no deductible)	100% (no deductible)	100% (no deductible)
Basic Dental Services	80% (after deductible)	80% (after deductible)	80% (after deductible)	80% (after deductible)
Major Dental Services	50% (after deductible)	50% (after deductible)	50% (after deductible)	50% (after deductible)
Orthodontia (to age 19)	50%	50%	50%	50%
Maximums⁺				
Calendar Year Maximum Benefit**	\$1,500 per person***		\$1,500 per person***	
Lifetime Orthodontia Maximum	\$1,500 per person		\$1,500 per person	

* Once three family members each meet their calendar year deductible, a deductible requirement no longer applies for all covered family members.

** The calendar year maximum benefit does not apply to covered individuals younger than age 18.

*** You can take the qualified unused portion of your calendar year maximum benefit "to go" and carry it over from one year to the next. This is called the ToGoSM Carryover Feature. You are eligible to use this feature as long as you are covered under the Plan for the full benefit plan year, and you submit at least one claim during that benefit plan year which applies toward the calendar year maximum benefit. In addition, ToGo dollars cannot accumulate to more than \$1,500.

+ Amounts shown are combined for both network and non-network services.

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The Delta Dental Networks

Although you may use any dentist you wish, you will likely save money if you use a dentist that participates in either the **Delta Dental PPO** or the **Delta Dental Premier** network. And—if you use a dentist that participates in the **Delta Dental Premier** network—you should still save money, but you may pay slightly more than you might otherwise with a **Delta Dental PPO** dentist.

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, through Delta Dental, directly.

Finally, these dental benefits are subject to all of the Fund’s Coordination of Benefit (COB) provisions and all of the Fund’s exclusions and limitations.

How to Connect With Delta Dental

If you want the names of participating Delta Dental providers in your area you can:

- Access a dentist directory on the IBEW Local No. 9 website at www.ibew9lctt.org (just click on the link to Delta Dental).
- Contact Delta Dental Customer Service at 800-323-1743 to find participating providers near you.

COBRA Rates

Effective March 1, 2018, the revised COBRA rates will be increased by approximately 3% (as shown in the chart below).

Coverage	Current	New
Medical and Prescription Drug	\$776.00	\$800.00
Medical, Prescription Drug and Vision	\$785.00	\$810.00
Medical, Prescription Drug and Dental	\$833.00	\$860.00
Medical, Prescription Drug, Vision and Dental	\$842.00	\$870.00

The Extended (disabled) COBRA rates will remain unchanged.

A Final Note

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Over the next couple of weeks, keep an eye out for a kit of dental-related materials at your home address. These materials will also include a Dental Benefit Highlight Sheet that provides an overview of your dental benefits. If you have questions about your new dental program, the new COBRA rates, or about your benefits generally, please call IBEW Local No. 9 Health Care Fund at 1-877-IBEW-555.

Sincerely,

IBEW Local 9
Board of Trustees

Notice of Grandfathered Health Plan Status. The IBEW Local No. 9 and Line Clearance Contractors Health & Welfare Fund believes its entire plan of benefits, including the retiree option provided therein, is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits, once those consumer protections become effective for the plan. 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 at (877) 423-9155. You may also contact the Employee Benefits Security Administration, U.S. 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 health plans.

This announcement, which serves as a Summary of Material Modification (SMM), contains highlights of certain features of the IBEW Local No 9. and Line Clearance Contractors Health & Welfare Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.

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