

November, 2011

**SUMMARY OF MATERIAL MODIFICATIONS #5**

**Notice to Eligible Retirees and Active Participants in the  
Laborers' District Council Health & Welfare Trust Fund No. 2**

Dear Participants:

The following is a supplement to your Summary Plan Description describing recent changes adopted by the Board of Trustees.

The Board of Trustees is pleased to announce the following benefit improvements, **effective January 1, 2012.**

I. **ADDITION OF RETIREE DENTAL BENEFITS AND MODIFICATION TO MONTHLY PREMIUMS**

Effective January 1, 2012 dental benefits will be provided to all Eligible Retirees and Spouses through **Group Dental Service (GDS).**

The premium for Retiree and Spouse medical benefits will increase to \$82.00 per person, per month, effective January 1, 2012 to help defray the cost of added dental benefits. *Please note that this is a small increase and that Retiree premiums have remained at \$75.00 per person, per month since 1996!*

The Fund has contracted with **Group Dental Service of Maryland, Inc. (GDS-MD)** to provide managed Dental Benefits through a closed panel of Participating Dentists. This means that dental services are covered only when performed by a Participating Dentist, except for emergency care or when otherwise approved by GDS-MD:

**How to Choose a Participating Dentist**

To choose a Participating Dentist, call **GDS-MDs Administrative Office at 1-800-242-0450.** A Member Services Representative will provide you with a list of Participating Dentists that are close to where you live or work. You and each of your covered dependents are free to choose the same or a different Participating Dentist as their primary dentist. You or your dependent may change your selection at any time by calling GDS-MD.

**Covered Dental Services**

This is a basic outline of covered dental services under the Dental Plan. This is only a summary of the covered dental services. For a complete list of covered dental services, please **contact GDSMD at 1-800-242-0450.**

<i>Diagnostic &amp; Preventive</i>	<i>Member Co-Payment</i>
Periodic Oral Exam	\$20
Bitewings - Two Films	\$10
Panoramic Film (once per 3 years)	\$25
Prophylaxis - Adult (once per 6 months)	\$35
 <i>Basic Restorative</i>	
Amalgam - One Surface, Primary/Permanent	\$30
Amalgam - Two Surfaces, Primary/Permanent	\$40
Resin - One Surface, Anterior	\$30
 <i>Crowns (Single Restorations)</i>	
Crown - Porcelain/Ceramic Substrate	\$550
Crown - Porcelain fused to High Noble Metal	\$550 + gold
Crown - Porcelain Fused to Predominately Base Metal	\$550
 <i>Endodontics</i>	
Anterior Root Canal Therapy	\$250
Bicuspid Root Canal Therapy	\$350
Molar Root Canal Therapy	\$450
 <i>Periodontics</i>	
Periodontal Scaling & Root Planning	\$90
 <i>Removable Prosthetics</i>	
Complete Upper and/or Lower Denture	\$500
Upper and/or Lower Partial - Cast Metal Frame w/Resin Base	\$500
 <i>Oral Surgery</i>	
Extraction, Erupted Tooth or Exposed Root	\$30
Surgical Removal of Erupted Tooth	\$75

This is only a summary of the covered dental services. For a complete list of covered dental services as well as Exclusions and Limitations of coverage, please call **GDS-MD at 1-800-242-0450.**

**II. ADDITION OF SUPPLEMENTAL LIFE INSURANCE BENEFIT FOR ACTIVE ELIGIBLES AND PENSIONERS**

Beginning January 1, 2012 the Laborers' District Council Health & Welfare Trust Fund No. 2 will provide a Supplemental Life Insurance Benefit to Active Eligible Participants and Pensioners receiving a monthly benefit from the Laborers' District Council Pension & Disability Trust Fund No.

2. Active Eligibles will receive a \$10,000 Life Insurance and Accidental Death & Dismemberment Benefit. Pensioners will receive a \$2,500 Life Insurance Benefit. This Benefit is insured through:

MetLife  
200 Park Avenue  
New York, NY 10166-0188  
Policy No.: 148700

Eligibility for the Supplemental Life Insurance Benefit will be based upon:

**Active Participants** - You must be Active Eligible under the Laborers' District Council Health & Welfare Trust Fund No. 2 and **a member in good standing of Local 657 or Local 11.**

**Pensioners** - You must be receiving a pension from the Laborers' District Council Pension & Disability Trust Fund No. 2 and **a member in good standing of Local 657 or Local 11.** *Note that this Benefit is only provided on behalf of the Pensioner.*

**If you are unsure whether you qualify as a member in good standing of Local 657 or Local 11, please contact the Local directly:**

LOCAL 657      (202) 723-3366  
LOCAL 11      (703) 504-6166

PLEASE MAKE SURE THAT YOU HAVE A CURRENT BENEFIT ENROLLMENT FORM ON FILE WITH THE FUND OFFICE, TO ASSURE THAT YOU HAVE NAMED A BENEFICIARY FOR THE SUPPLEMENTAL LIFE INSURANCE BENEFIT. If the Fund Office does not have a current Benefit Enrollment Form on file for you, or if your designated beneficiary dies before you, the Supplemental Life Insurance Benefit will be paid to the first who survives you, in the following order:

1. Surviving spouse,
2. Surviving children equally,
3. Surviving parents equally,
4. Surviving brothers and sisters equally, and
5. Your estate.

### **III. GRANDFATHERED PLAN**

The Laborers' District Council Health & Welfare Trust Fund No. 2 believes this plan 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 Laborers' District Council Health & Welfare Trust Fund No. 2 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.

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 the telephone numbers listed below. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

#### **IV. BOARD OF TRUSTEES**

The Board of Trustees of the Laborers' District Council Health & Welfare Trust Fund No. 2 is:

##### **Union Trustees**

Justin Meighan, Chairman  
Mid-Atlantic Regional Laborers  
12355 Sunrise Valley Drive  
Suite 550  
Reston, VA 20191

Anthony Frederick, Sr., Co-Secretary  
Local 657  
5201 First Place NE  
Washington, DC 20011

Gerald Warrick  
Local 657  
5201 First Place NE  
Washington, DC 20011

Ernesto Galeas  
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12355 Sunrise Valley Drive  
Suite 550  
Reston, VA 20191

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Buch Construction  
10945 Johns Hopkins Road  
Laurel, MD 20723

Cherie Pleasant  
Construction Contractors Council  
2300 Wilson Boulevard  
Suite 410  
Arlington, VA 22201

Pat Hurley  
PO Box 183  
Solomons, MD 20688

*Please keep this in your Summary Plan Description for handy reference and safekeeping. If you do not have a Summary Plan Description, you may obtain a copy by making a written request to the Fund Office, Laborers' District Council Health and Welfare Trust Fund No. 2; 7130 Columbia Gateway Drive, Suite A; Columbia, MD 21046; 866-553-6559.*

Sincerely,

**BOARD OF TRUSTEES**

SMM#5/ SPD 6/09