

New web: www.smw25.org

Union

Joseph Demark Jr.

William DeVito

Craig Hoffmann

Contractor

Mark Mihal

John Creegan

Anthony Costa

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**A MESSAGE FROM PRESIDENT/BUSINESS MANAGER
JOSEPH DEMARK, JR.**

To All Active Sheet Metal Workers Local 25 NJ H&W Fund Members

Please read this letter in its entirety to learn about some important IMPROVEMENTS to your dental plan.

The Trustees of Sheet Metal Local 25 NJ Health and Welfare Fund are pleased to announce important ENHANCEMENTS to your benefit program. All other benefits that you currently enjoy will remain the same. Some of these enhancements will become effective on December 1, 2007 and some of the changes will become effective on January 1, 2008.

NOTE: FOR ALL APPRENTICES INDENTURED AFTER MAY 1, 2006, YOUR DENTAL BENEFITS ONLY COVER IN NETWORK SERVICES FOR YOU (NO DEPENDENT COVERAGE). IGNORE ANY REFERENCES TO OUT OF NETWORK BENEFITS OR DEPENDENT BENEFITS IN THIS LETTER.

Dental Plan Enhancements – Effective December 1, 2007

The Welfare Fund Trustees have heard your concerns about the low reimbursement levels of the current dental plan. In response, we have created a new dental plan that will go into effect on December 1, 2007 with CIGNA HealthCare. The below chart shows the differences between the current benefit and the new benefit that will be available on December 1, 2007

Features	Current Benefit		New Benefit <i>Effective 12/1/2007</i>	
	In Network	Out of Network	In Network	Out of Network
Deductible	\$0	\$0	\$0	\$0
Calendar Year Maximum	\$1500	\$1500	\$1500	\$1500
Class I Expenses (Exams, cleanings, etc)	No Charge	10% Coinsurance	No Charge	0% Coinsurance
Class II Expenses (Fillings, Repairs, Oral Surgery, Root Canals, etc)	20% Coinsurance	30% Coinsurance	No Charge	20% Coinsurance
Class III Expenses (Crowns, Bridges, Dentures, etc)	50% Coinsurance	50% Coinsurance	10% Coinsurance	20% Coinsurance
Orthodontia	No Charge to \$3000	No Charge to \$3000	No Charge to \$3000	No Charge to \$3000
Orthodontia Maximum	\$3000	\$3000	\$3000	\$3000
Orthodontia Age Limit	19	19	19	19

Dental Plan Enhancements – Effective January 1, 2008

Effective January 1, 2008, the Trustees of the Welfare Fund have decided to **increase the annual** dental maximum benefit from \$1500 per person to \$3000 per person. This means that the Fund has doubled the amount of money that you and each of your family members can spend on dental services each year.

Here are some important reminders about how the new dental plan works. Please keep these points in mind when you are accessing care.

- Under the new dental plan, you will still have access to CIGNA's large national DPPO network of 77,000+ quality dentists. To see if your dentist is participating in CIGNA's DPPO plan, please visit CIGNA's WebPages (either at www.mycigna.com or www.cigna.com). You may also speak to a CIGNA representative at 800-CIGNA-24.
- Like your current dental plan, your new dental plan does **NOT** require you to choose a primary dentist or get referrals to see specialists. Just see any dentist that you want in CIGNA's DPPO network or you may choose a dentist that is outside of the CIGNA network.
- If you choose to see a dentist that is not in CIGNA's DPPO network, the amount that you pay will be more than it would have been in network for some services. Also, when you see an out of network provider, the amount that CIGNA pays will also be subject to Reasonable and Customary (R&C) charges. A Reasonable and Customary charge is the average amount that dentists in a certain geographic area charge for a certain service. R&C charges could be significantly higher than CIGNA's contracted rates with their network dentists, but they might be less than the total amount that the provider will charge you for the out of network service, meaning that you will have to pay more for these services.
- Out-of-network providers always have the right to bill you any amount beyond what CIGNA reimburses. Therefore, whenever possible, remember to see a CIGNA in-network dentist. A CIGNA in network dentist is not allowed to bill you for any charges beyond what CIGNA reimburses.
- If you aren't sure that a treatment will cost you either in- or out-of-network, CIGNA can do a pretreatment review for any services over \$200. The pretreatment review will be returned to your dentist in writing to tell him/her exactly how much CIGNA will pay for the services.
- Remember that you have dental insurance, so you should NOT pay for any services up front (whether you see an in-network or an out-of-network provider). You should always

ask your dentist to bill CIGNA first and, if the provider is out-of-network, settle any outstanding items AFTER CIGNA reimburses the dentist.

Sincerely,

**Board of Trustees
Sheet Metal Workers Local 25 New Jersey Health and Welfare Fund**

This Summary of Material Modifications (SMM) is intended to provide you with an easy-to-understand description of certain changes to 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 all of the terms and provisions of the Plan. If any conflict should arise between this summary and the Plan, 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, in accordance with the Plan or the Agreement and Declaration of Trust establishing the Plan.

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 arising under the Plan.