

AUTOMATIC SPRINKLER

LOCAL 281, U.A.

WELFARE FUND



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SUMMARY OF MATERIAL MODIFICATIONS #14

Transition to the Delta Dental Network of Dentists Effective January 1, 2021

October 2020

Dear Participant:

This notice, referred to as a Summary of Material Modifications (SMM), describes an important change to the manner in which dental benefits are delivered by the Automatic Sprinkler Local 281, U.A. Welfare Fund. We encourage you to read this notice carefully and to keep it with your Summary Plan Description and Plan Document. As always, feel free to contact the Fund Office if you have any questions.

THE DELTA DENTAL NETWORK | EFFECTIVE JANUARY 1, 2021

The Trustees of your Welfare Fund are committed to taking proactive measures to improve your program of health benefits wherever possible. As part of this commitment, they periodically review provider relationships to ensure you and your family receive the best possible care in exchange for the lowest possible price.

Presently, the Fund is partnered with Blue Care Dental for access to a network of dentists who provide services at discounted pricing. Effective January 1, 2021, the Trustees are pleased to announce the Fund will transition to the Delta Dental network.

We anticipate this change will be favorable for you and your family for several reasons. First and foremost, the Delta Dental network is bigger than the Blue Care Dental network. This means more in-network dentists will be available. Secondly, on a related note, the Delta Dental network has been shown to include many dentists that participants currently see for their dental needs, but who are not included in the Blue Care Dental network. This means that you may automatically enjoy better pricing with your current provider without having to take any action. Finally, the Delta Dental network has been shown to offer a substantial savings in the form of better discounts and administrative pricing. All of these points are positives from our perspective.

In the coming months, you should expect to receive additional information directly from Delta Dental regarding the transition. In the meantime, we wanted to share some highlights for your information:

- **Your Benefits Will Remain The Same.** The Schedule of Dental Benefits will remain the same. Your Deductibles, Coinsurance Percentages, and Calendar Year Maximums will remain the same. What is covered and what is not covered by the Plan will remain the same.
- **Your Network Will Be Different.** As previously noted, your dental network will be new. Effective January 1, 2021, you will no longer have access to the Blue Care Dental network. Rather, you will have access to the larger Delta Dental network.

- **You Will Receive New ID Cards.** In order to make this change happen, you will be receiving a new dental ID card from Delta Dental, and a new health ID card from Blue Cross Blue Shield.
- **You Are Encouraged To Stay In-Network.** You may go to any licensed dentist for dental services. However, you will save the most money by visiting a dentist in the Delta Dental PPO network. Delta Dental PPO dentists agree to accept an allowed fee negotiated by Delta Dental as payment in full, which means they cannot charge you the difference between their usual fee and the allowed fee. (This practice is known as balance billing.) On average, Delta Dental advises that patients save 30 percent on the fee a Delta Dental PPO dentist would typically submit for a claim.
- **You Have Two In-Network Options.** Again, the Delta Dental PPO network offers the best savings, however you also have the option to visit a Delta Dental Premier dentist. Accessing care through the Delta Dental Premier network is also considered in-network, however you will likely pay more out-of-pocket with a Delta Dental Premier dentist compared to a Delta Dental PPO dentist because the allowed fee negotiated by Delta Dental as payment in full is typically higher. However, you may save more money with a Delta Dental Premier dentist compared to an out-of-network dentist. Delta Dental Premier dentists agree to accept Delta Dental's maximum plan allowance as payment in full, which may be lower than what an out-of-network dentist would typically charge.
- **You Will Receive a Direct Payment for Out-of-Network Visits.** If you visit an out-of-network dentist, you will receive a direct payment from Delta Dental that you may then use to pay your invoice. It is important that you use the payment for this purpose, as your dentist will not receive a direct payment from Delta Dental, and will expect you to pay the bill out of your own pocket upon receipt. This is a key difference from the current arrangement, where all dentists, including out-of-network dentists, receive a direct payment to cover your claims. However, under Delta Dental, all in-network dentists will still receive direct payments, so you will not have to worry about this if you use a dentist in the Delta Dental network.
- **You May Still Appeal Any Denials to the Trustees.** Delta Dental is responsible for processing your claims as they are incurred. They will make an initial decision on your claim. If it is denied, you will have the right to appeal the decision to the Board of Trustees for review. This is no different from the current dental arrangement with Blue Care Dental.
- **You May Contact Delta Dental for Assistance.** For help answering any questions about the Delta Dental network, you may visit Delta Dental online at deltadentalil.com, download the Delta Dental mobile app, or contact Delta Dental's customer service department at 800-323-1743. Of course, the Fund Office is also available to answer any questions you may have and to address any issues that arise before and after the transition on January 1, 2021.

CONCLUSION

The Trustees will continue to monitor the Fund's resources to ensure it is able to provide high-quality health coverage to members and their families for years to come. As always, if you have any questions about this SMM, or the Fund in general, please feel free to contact the Fund Office.

Very truly yours,

Tim Morrin, Administrator

On behalf of the Board of Trustees of the
Automatic Sprinkler Local 281, U.A. Welfare Fund

The Importance of Using In-Network Providers for Health Claims

The Fund has contracted with Blue Cross Blue Shield of Illinois (PPO) to help manage certain health care expenses for you and the Fund. PPO Providers, such as hospitals and physicians within the PPO Network, have agreed to charge discounted rates for services. When you choose to use a PPO Provider, both you and the Fund will save money.

After satisfying applicable Deductibles, the Plan typically covers 85% of the Usual and Customary Charges associated with treatment rendered by a PPO Provider. However, the Plan will cover only 60% of the Usual and Customary Charges associated with treatment rendered by a non-PPO Provider, and the Usual and Customary Charge will typically be no greater than what a PPO Provider would have charged for the same treatment. Additionally, unlike PPO Providers, providers outside the PPO Network have not agreed to charge discounted rates for their services. Therefore, if you use a non-PPO Provider you may be responsible for significant medical fees pursuant to a practice known as *balance billing*. Under this practice, the non-PPO Provider charges the patient the difference between the amount billed and the amount paid by the Fund. Consequently, the Fund strongly encourages all participants to remain *in-network* when seeking medical care.

Important Note. In general, the rules summarized in this box apply to health claims. For dental claims, the Plan typically covers 20% of the Usual and Customary Charge associated with treatment rendered by all providers, after satisfaction of applicable Deductibles.

Zero-Cost Programs Available to You and Your Family

You should be aware that, in addition to the program of dental benefits available to you and your family, the Fund offers the following programs at no charge to participants.

1. **Absolute Solutions.** This is a National Imaging Network you may utilize to schedule free MRIs, CT or PET Scans. You may contact Absolute Solutions at www.absolutedx.com or 800-321-5040. This program is available to the active participant population. It is not available to anyone covered under the Humana Medicare Advantage and Prescription Drug (MAPD) program.
2. **ATI Physical Therapy.** This is an expansive network of clinics that offer physical therapy services for shoulder, neck, back, knee and other pain and injuries. You may contact ATI at www.ptfirst.com/local-281 or 833-284-0001. This program is available to the active participant population. It is not available to anyone covered under the MAPD program provided through Humana.
3. **Employee Resource Systems.** This is a Member Assistance Program (MAP) you may utilize for a limited number of free and confidential counseling sessions for mental health and substance abuse issues. You may contact the MAP at www.ers-eap.com or 800-292-2780. This program is available to the active participant population. It is not available to anyone covered under the MAPD program provided through Humana.
4. **MDLIVE.** This is a Telemedicine / Virtual Visit Tool you may utilize for free access to care for non-emergent medical issues. You may contact MDLIVE at www.MDLIVE.com/bcbsil or 888-676-4204. This program is available to the active participant population. It is not available to anyone covered under the MAPD program provided through Humana.