



MICHIGAN ELECTRICAL EMPLOYEES' HEALTH PLAN



August 2015

NOTICE OF PLAN CHANGES

TO: ALL ELIGIBLE PARTICIPANTS IN THE MICHIGAN ELECTRICAL EMPLOYEES HEALTH PLAN AND THEIR DEPENDENTS

Re: Health Plan Improvements

Dear Participant and Dependents:

This notice describes several improvements to your Health Plan adopted by the Board of Trustees effective as of the dates set forth below. These changes include a modification to the Plan definition of Dependent spouse, an expansion in the period for submitting claims for payment under the Special Fund, an expansion of the period of time to return to covered employment to restore Special Fund eligibility following termination of coverage due to working in covered employment for non-contributing employers, and the introduction of a dental program for employees and retirees of a Local Union that elects to provide dental benefits (employers may also elect to provide the benefit for their non-bargaining unit employees.) Please read this notice and keep it with your other important Plan papers.

DEPENDENT SPOUSE DEFINITION

The Plan's definition of Dependent includes the spouse of an Eligible Employee or Eligible Retiree. Effective as of June 1, 2015, the Plan defines a Dependent spouse as an Eligible Employee's or Eligible Retiree's lawful spouse, including an Eligible Employee's or Eligible Retiree's same sex spouse pursuant to a marriage that is valid in the jurisdiction where the marriage was entered into. The U. S. Supreme Court on June 26, 2015 in Obergefell v. Hodges held that all states must recognize same sex spouse marriages. You should contact the Plan Office for information concerning the Plan's dependent enrollment process and forms.

SPECIAL FUND CLAIM FILING PERIOD

The Trustees have expanded the length of time for submitting a reimbursement request for covered expenses under the Special Fund to three (3) years following the date the expense was incurred effective November 1, 2014. Previously, this was limited to two (2) years following the date the expense was incurred. NOTE: This applies exclusively to Special Fund claims. Claims for weekly disability benefits, medical claims and prescription drug claims must be received within 15 months of the date the expense is incurred.

REINSTATEMENT OF SPECIAL FUND BENEFITS FOLLOWING RETURN TO COVERED EMPLOYMENT

The Plan terminates benefit eligibility and cancels Special Fund balances in certain cases where a participant engages in covered Plan work with a non-contributing employer. The Plan allows participants whose Special Fund accounts are terminated upon going to work in employment for a non-contributing employer to have their Special Fund accounts reinstated provided the former participant returns to covered

employment with a contributing employer within the period of time established by the Plan. Effective May 1, 2015 the period will be the same as the period that applies for forfeiture of the Special Fund account balance due to account inactivity. The following chart explains the time periods for returning to covered employment to permit reinstatement of the Special Fund account balance.

Special Fund Account Balance at Plan Coverage Termination	Maximum Time Period After Coverage Termination to Return to Covered Employment to Permit Special Fund Reinstatement
Less than \$100	24 Months after Date Coverage Terminates
\$100 or Greater	48 Months after Date Coverage Terminates

For example, a participant whose coverage terminated March 31, 2014 with a Special Fund account balance of \$200 must return to covered employment with a contributing Plan employer no later than March 31, 2018. This reinstatement provision applies exclusively to a former participant's Special Fund Account. Reinstatement of rollback hours remains limited to a return to covered employment with a contributing Plan employer within 12 months of the date of the former participant's Plan termination.

DENTAL BENEFIT PROGRAM

Beginning August 1, 2015, the Plan is providing a program of dental benefits to Plan participants of the Local Unions participating in the Plan that made this one-time election to provide the benefit within its jurisdiction who are actively participating in the Plan and to offer its retirees receiving retiree benefits from the Plan the one-time opportunity to elect the dental benefit program on a monthly self-payment basis. These are Locals 275, 445 and 498. The Plan is also providing participating Employers who participate on behalf of their non-bargaining unit employees the right to elect dental coverage. Benefits are available to the participating eligible employee and the employee's eligible dependents. This dental benefit program is being provided through an insured arrangement with Blue Cross Blue Shield of Michigan ("BCBSM").

The dental program is made up of two parts. Part 1 is an insured preventive care benefit for covered services provided by a dentist. Plan benefits for Class I covered services (preventive services) are provided at 100% of the BCBSM approved amount, without subject to per visit copays, deductibles, or dollar maximum for services performed by an in-network dentist. As described below, an in-network participating dentist will accept the payment in full. Persons receiving covered services from a non-network dentist may be billed amounts greater than the approved amount and they are responsible for payment of the additional cost. A summary of Class I preventive services, is set forth below.

Class I Covered Services	MEEHP Plan Payment
Oral exams	100% of BCBSM approved amount, twice per calendar year
A set (up to 4 films) of bitewing x-rays	100% of BCBSM approved amount, once per calendar year
Full-mouth and panoramic x-rays	100% of BCBSM approved amount, once every 60 months
Dental prophylaxis (teeth cleaning)	100% of BCBSM approved amount, twice per calendar year
Palliative (emergency) treatment	100% of BCBSM approved amount
Pit and fissure sealants – for members age 19 or under	100% of BCBSM approved amount, once per tooth every 36 months when applied to the first and second permanent molars
Space maintainers – missing posterior (back) primary teeth – for members under age 19	100% of BCBSM approved amount, once per quadrant per lifetime
Fluoride treatments	100% of BCBSM approved amount, two per calendar year
Brush Biopsy	100% of BCBSM approved amount

For purpose of Class I benefits, dentists participating in the Dental Network of America (DNoA) preferred network of PPO dentists have agreed to accept BCBSM's approved amount as payment in full on all claims identified above as Class I services. In addition, dentists are treated as participating providers on a "per claim" basis if the dentist participates in the BCBSM "Blue Par Select" program. The Blue Par Select dentist also accepts the BCBSM approved amount as payment in full for covered services. Participants and eligible Dependents are encouraged to confirm with their dentist before every treatment if the dentist participates in BCBSM as either a DNoA or Blue Par Select dentist.

To find a DNoA preferred network dentist or a BCBSM Blue Par Select Dentist, visit bcbsm.com/bluedental (scan down and click on "Find and Dentist") or call 1-888-826-8152. You should also confirm participation with your dentist.

Part 2 of the dental program is a discount arrangement for non-preventive care dental services summarized in the following chart. Discounts are only available from a dentist in the DNoA network or who accept the BCBSM-approved amount as part of the Blue Par Select per claim basis. Please note on the chart below that there are limitations on the services and on how often certain services may be provided.

MEEHP Dental Service Discount Program	
The following dental services are included on a discounted basis to participants and covered dependents in the Dental Service Program. The participant is responsible for payment in full of the dental cost, even if no discount is available.	
Class II services	
Fillings – permanent (adult) teeth	replacement fillings covered after 24 months or more after initial filling
Fillings – primary (baby) teeth	, replacement fillings covered after 12 months or more after initial filling
Onlays, crowns and veneer fillings – permanent teeth – for members age 12 or older	, once every 60 months per tooth
Recementation of crowns, veneers, inlays, onlays and bridges	, three times per tooth per calendar year after six months from original restoration
Oral surgery including extractions	
Root canal treatment – permanent tooth	, once every 12 months for tooth with one or more canals
Scaling and root planing	, once every 24 months per quadrant
Limited occlusal adjustments	, limited occlusal adjustments covered up to five times in a 60-month period
Occlusal biteguards	, once every 12 months
General anesthesia or IV sedation	, when medically necessary and performed with oral surgery
Repairs and adjustments of a partial or complete denture	six months or more after it is delivered
Relining or rebasing of a partial or complete denture	once every 36 months per arch
Tissue conditioning	once every 36 months per arch

Class III services	
Removable dentures (complete and partial)	once every 60 months
Bridges (fixed partial dentures) – for members age 16 or older	, once every 60 months after original was delivered
Endosteal Implants – for members age 16 or older who are covered at the time of the actual implant placement	once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31

Class IV services Orthodontic services	
Minor treatment for tooth guidance appliances	
Minor treatment to control harmful habits	
Interceptive and comprehensive orthodontic treatment	
Post-treatment stabilization	
Cephalometric film (skull) and diagnostic photos	

To find a DNoA preferred network dentist, visit **bcbsm.com/bluedental** or call 1-888-826-8152. To find a dentist who may participate with BCBSM Blue Par Select program, visit the **bcbsm.com/bluedental** website. You should confirm also participation with your dentist.

If you have any questions regarding the changes described above, do not hesitate to contact the Plan Office at (855) 633-4548.

Sincerely,

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