December 2017

SUMMARY OF MATERIAL MODIFICATIONS #1

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 ("SPD") describing a recent change adopted by the Board of Trustees.

Page 16 of the Summary Plan Description dated July 2017 is amended effective December 1, 2017, Dental Benefits will be provided by Dentegra Insurance Company. The section entitled "Dental Benefits" will now read as follows:

DENTAL BENEFITS

Dental benefits are provided to all Participants, Dependents, and Retirees and their Covered Spouses through **Dentegra Insurance Company (Dentegra).**

The Fund has contracted with **Dentegra Insurance Company** to provide managed Dental Benefits through a closed panel of Participating Dentists. This means that dental services are covered only when performed by a **Dentegra EPO Participating Dentist.** If you visit a dentist outside the network you are responsible for the full treatment cost.

How to Choose a Participating Dentist

To choose a Participating Dentist, call **Dentegra Insurance Company at 1-855-245-2916.** A Member Services Representative will provide you with a list of Participating Dentists that are close to where you live or work. You can also visit www.dentegra.com/LaborersTF2 to find a listing of Dentegra EPO Participating Dentists online. 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 without notifying Dentegra.

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 Dentegra at 1-855-245-2916. To view the benefits online please visit www.dentegra.com/LaborersTF2

Diagnostic & Preventive	***Member Co-Payment***
Periodic Oral Exam	No Cost
Bitewings - Two Films	$10
Panoramic Film	$25
Prophylaxis - Adult (once per 6 months)	No Cost
Basic Restorative	
Amalgam - One Surface, Primary/Permanent	$30
Amalgam - Two Surfaces, Primary/Permanent	$40
Resin - One Surface, Anterior	$30
Major Restorative	
Crowns (Single Restorations)	
Crown - Porcelain/Ceramic Substrate	$550
Crown - Porcelain fused to High Noble Metal	$550 + gold
Crown - Porcelain Fused to Predominately Base Metal	$550
Endodontics	
Anterior Root Canal Therapy	$250
Bicuspid Root Canal Therapy	$350
Molar Root Canal Therapy	$450
Periodontics	
Periodontal Scaling & Root Planning	$90
Removable Prosthetics	
Complete Upper and/or Lower Denture	$500
Upper and/or Lower Partial - Cast Metal Frame w/Resin Base	$500
Oral Surgery	
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 **Dentegra Insurance Company at 1-855-245-2916.**

Page 20 of the Summary Plan Description dated July 2017 is amended effective January 1, 2018 to reflect increased life insurance benefits for both actives and retirees. The section entitled "Life Insurance Benefit" will now read as follows:

LIFE INSURANCE BENEFIT

The Laborers' District Council Health & Welfare Trust Fund No. 2 provides a Supplemental Life Insurance Benefit to Active Participants and Pensioners receiving a monthly benefit from the Laborers' District Council Pension & Disability Trust Fund No. 2. Active Participants will receive a $15,000 Life Insurance and Accidental Death & Dismemberment Benefit. Pensioners will receive a $5,000 Life Insurance Benefit. This Benefit is insured through:

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Enfield, CT 06082
Policy No.: 408240

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

Active Participants - You must be an Employee and Participant under the Laborers' District Council Health & Welfare Trust Fund No. 2 and ***a member in good standing of 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 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 11, please contact the Local directly:

LOCAL 11: (202) 723-3366

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 except to the extent the insurer's certificate of coverage specifies otherwise:

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

Sincerely,

BOARD OF TRUSTEES

SMM #1/SPD 7-2017

Attachment: Dental Highlights

DENTEGRA® Insurance Company

Get Happy

You've got Dentegra

The world is yours with Dentegra. We believe your smile is a powerful asset. That's why we've created a dental plan that is easy to understand and use — so you spend less time managing your dental plan and more time enjoying your life.

HOW your EPO[1] plan works

- You must visit a Dentegra EPO dentist to receive benefits under your plan, but you can choose any dentist within the network. If you visit a dentist outside of the network, you are responsible for the full treatment cost.
- You can change dentists any time without notifying us.
- You are responsible for any applicable copayments and charges for non-covered services.

FIND a network dentist

- Visit **dentegra.com/LaborersTF2** to find a Dentegra network dentist.
- Call Customer Service at **855-245-2916**.

GET the details online

- View benefits, eligibility and claims status by registering for an online account.
- Go green and go paperless! Update your statement delivery preference to online.
- Find a Dentegra EPO dentist.

Sweet SIMPLICITY

- Just show the Dentegra EPO dental office your ID card, or your digital ID card on your smartphone, to receive services. The office will handle the rest!
- Don't want to carry an ID card? Simply provide your name, date of birth and social security or enrollee identification number.

Connect with us:
dentegra.com

LEGAL NOTICES: Access federal and state legal notices related to your plan: **https://dentegra.com/privacy-policy**

[1] Exclusive Provider Organization plan.

HL_EPO_TF2 #107559 (rev. 10/17)

Benefit Highlights

Group Name: **Laborers' District Council Health and Welfare Trust Fund No. 2**
Group Number: **18910**
Effective Date: **12/1/2017**

Contact us:

Dentegra Insurance Company:
100 First Street, San Francisco, CA 94105

Customer Service:
855-245-2916

Claims Address:
P.O. Box 1850, Alpharetta, GA 30023-1850

Covered services (only at an in-network dentist)[1]		Dentegra EPO Network	Out-of-Network
Diagnostic services		**You pay**	**You pay**
D0120	Periodic oral evaluation – established patient	No cost	Not a Benefit
D0140	Limited oral evaluation – problem focused	No cost	Not a Benefit
D0150	Comprehensive oral evaluation – new or established patient	No cost	Not a Benefit
D0210	Complete series of x-rays	$30	Not a Benefit
D0220	Intraoral – periapical first diagnostic image	$10	Not a Benefit
D0230	Intraoral – periapical each additional diagnostic image	$5	Not a Benefit
D0272	Bitewings – two diagnostic images	$10	Not a Benefit
D0274	Bitewings – four diagnostic images	$10	Not a Benefit
D0330	Panoramic x-ray	$25	Not a Benefit
Preventive services		**You pay**	**You pay**
D1110	Cleaning (prophylaxis) – adult	No cost	Not a Benefit
D1120	Cleaning (prophylaxis) – child	No cost	Not a Benefit
D1208	Topical fluoride treatment	$5	Not a Benefit
Basic services		**You pay**	**You pay**
D2140	Amalgam (silver-colored) filling – 1 surface	$30	Not a Benefit
D2150	Amalgam (silver-colored) filling – 2 surfaces	$40	Not a Benefit
D2330	Resin (tooth-colored) filling, front tooth, 1 surface	$30	Not a Benefit
Crowns		**You pay**	**You pay**
D2740	Crown - porcelain/ceramic substrate	$550	Not a Benefit
D2750	Crown - porcelain fused to high noble metal	$550 + Gold	Not a Benefit
D2751	Crown - porcelain fused to predominantly base metal	$550	Not a Benefit
D2752	Crown - porcelain fused to noble metal	$550	Not a Benefit
D2790	Crown - full cast high noble metal	$550 + Gold	Not a Benefit
D2920	Recement crown	$10	Not a Benefit
D2930	Prefabricated stainless steel crown - primary tooth	$50	Not a Benefit
D2950	Core buildup, including any pins	$50	Not a Benefit
D2952	Post and core in addition to crown, indirectly fabricated	$50	Not a Benefit
D2954	Prefabricated post and core in addition to crown	$50	Not a Benefit
Endodontics		**You pay**	**You pay**
D3310	Root canal, front tooth	$250	Not a Benefit
D3320	Root canal, bicuspid tooth	$350	Not a Benefit

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

[1] Procedure codes and descriptions (Current Dental Terminology – CDT) are copyrighted by the American Dental Association. Text that appears in italics was added to clarify the services listed and is not part of CDT procedure code descriptions.

Deciembre de 2017

RESUMEN DE MODIFICACIONES AL MATERIAL Nº 1

Aviso a los Jubilados Elegibles y Participantes Activos en el
Fondo del Fideicomiso de Salud y Bienestar del Consejo de Distrito de Obreros No. 2

Estimados participantes:

El siguiente es un suplemento al Resumen de la Descripción del Plan ("SPD", por sus siglas en inglés) que describe un cambio reciente adoptado por la Junta Directiva.

La Página 16 del Resumen de la Descripción del Plan de julio de 2017 se modifica a partir del 1 de diciembre de 2017, los Beneficios Dentales serán provistos por Dentegra Insurance Company. La sección titulada "Beneficios dentales" ahora dirá lo siguiente:

BENEFICIOS DENTALES

Los beneficios dentales se brindan a todos los Participantes, Dependientes y Jubilados y sus Cónyuges Cubiertos a través de **Dentegra Insurance Company (Dentegra).**

El Fondo tiene un contrato con **Dentegra Insurance Company** para proporcionar beneficios dentales administrados a través de un panel cerrado de dentistas participantes. Esto significa que los servicios dentales están cubiertos solo cuando los realiza un **Dentista Participante de Dentogra EPO.** Si acude a un dentista fuera de la red, usted es responsable del costo total del tratamiento.

Cómo elegir un dentista participante

Para elegir un dentista participante, llame a **Dentegra Insurance Company al 1-855-245-2916.** Un representante de servicios a los miembros le proporcionará una lista de dentistas participantes que se encuentran cerca de donde usted vive o trabaja. También puede visitar www.dentegra.com/LaborersTF2 para encontrar una lista de dentistas participantes de Dentegra EPO en línea. Usted y cada uno de sus Dependientes cubiertos tienen la libertad de elegir el mismo dentista participante o uno distinto como su dentista principal. Usted o su Dependiente pueden cambiar su selección en cualquier momento sin tener que notificar a Dentegra.

Servicios dentales cubiertos

Este es un esquema básico de los servicios dentales cubiertos bajo el Plan Dental. Este es solo un resumen de los servicios dentales cubiertos. Para ver una lista completa de los servicios dentales cubiertos, comuníquese con Dentegra al 1-855-245-2916. Para ver los beneficios en línea, visite www.dentegra.com/LaborersTF2

Diagnóstico y preventivo	***Copago del miembro***
Examen oral periódico	Sin costo
Interproximales - Dos películas	$10
Película panorámica	$ 25
Profilaxis - Adulto (una vez cada 6 meses)	Sin costo
Restauración básica	
Amalgama: una superficie, primario / permanente	$ 30
Amalgama: dos superficies, primarias / permanentes	$ 40
Resina - Una superficie, anterior	$ 30
Restauración mayor	
Coronas (Restauraciones individuales)	
Corona - Substrato de porcelana / cerámica	$ 550
Corona - Porcelana fusionada a metal noble alto	$ 550 + oro
Corona - Porcelana fundida a metal predominantemente común	$ 550
Endodoncia	
Terapia radicular anterior	$ 250
Terapia radicular bicúspide	$ 250
Terapia radicular molar	$ 450
Periodoncia	
Tartrectomía periodontal y alisado radicular	$ 90
Prótesis removible	
Dentaduras superior y / o inferior completas	$ 500
Parciales superior y / o inferior - Marco de metal fundido con base de resina	$ 500
Cirugía oral	
Extracción, diente brotado o raíz expuesta	$ 30
Remoción quirúrgica de diente brotado	$ 75

Este es solo un resumen de los servicios dentales cubiertos. Para obtener una lista completa de los servicios dentales cubiertos, así como de las exclusiones y limitaciones de la cobertura, llame a **Dentegra Insurance Company al 1-855-245-2916.**

BENEFICIO DE SEGURO DE VIDA

En la pagina 20 del resume del plan de Descripcion actualizado Julio del 29107 se tomar efectivo Enero 1, 2018 para reflejar el aumento del seguro de vida de los beneficios de las personas retirada y actualmente trabajardo. La sección llamada “Beneficios del Seguro de Vida” ahora leera el siguiente:

El Fondo de Fideicomiso No. 2 de Salud y Bienestar del Consejo de Distrito de Trabajadores provee un Beneficio de Seguro de Vida Suplementario a Participantes Activos y Jubilados que reciben un beneficio mensual de Fondo de Fideicomiso No. 2 de Pensión y Discapacidad del Consejo de Distrito de Trabajadores. Los participantes activos recibirán un Beneficio de Seguro de Vida y Muerte Accidental y Desmembramiento de $15,000. Los jubilados recibirán un Beneficio de Seguro de Vida de $5,000. Este beneficio lo asegura:

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Enfield, CT 06082
No. de póliza: 408240

La elegibilidad para el Beneficio Suplementario de Seguro de Vida se basará en:

Participantes Activos – Debe ser Empleado y Participante en el Fondo de Fideicomiso No. 2 de Salud y Bienestar del Consejo de Distrito de Trabajadores y ***miembro en buenos términos con el Sindicato Local 11.***

Jubilados - Debe recibir una pensión del Fondo de Fideicomiso No. 2 de Pensión y Discapacidad del Consejo de Distrito de Trabajadores y ***miembro en buenos términos con el Sindicato Local 11.*** *Tome nota de que este Beneficio se proporciona solamente al Jubilado.*

Si no está seguro de si califica como miembro en buenos términos con el Sindicado Local 11, comuníquese con el Sindicato Local 11 directamente:

LOCAL 11 (202) 723-3366

ASEGÚRESE DE TENER UN FORMULARIO DE INSCRIPCIÓN PARA BENEFICIOS ACTUALIZADO EN LOS ARCHIVOS DE LA OFICINA DEL FONDO PARA GARANTIZAR QUE HAYA NOMBRADO A UN BENEFICIARIO DEL SEGURO DE VIDA SUPLEMENTARIO. Si la Oficina del Fondo no tiene un Formulario de Inscripción para Beneficios actualizado para usted o si su beneficiario designado fallece antes que usted, el Beneficio de Seguro de Vida Suplementario se le pagará a la primera persona sobreviviente, en el orden de sucesión siguiente, excepto en la medida que el certificado de cobertura del asegurador especifique algo distinto:

1. El Cónyuge sobreviviente,
2. Los hijos sobrevivientes en partes iguales,
3. Los padres sobrevivientes en partes iguales,
4. Los hermanos y las hermanas sobrevivientes en partes iguales y
5. Su patrimonio sucesorio.

Sinceramente,

JUNTA DIRECTIVA

SMM # 1 / SPD 7-2017

Anexo: Reseñas Dentales