

PLAN CHANGE NOTICE

May 31, 2000

To: Participants In TBT Plans I, II, III, IV, V (Five), A and G

Re: **Delta Dental**
Standard Policy Changes

Dear Participant:

This notice is to inform you of changes in Delta Dental's standard Group Contract which apply to you *if* you selected the Indemnity Dental Option (Option 1 administered by Delta Dental).

The two changes below apply to claims incurred on or after January 1, 2000. *

- Delta will now cover no more than two examinations¹, consultations² and/or office visits³ per year. Previously, two examinations and unlimited consultations and office visits were covered each year. **Note:** You are still covered for emergency and routine *treatment*. The Plan's limitation of no more than *two* prophylaxis, fluoride treatments or procedures that include cleanings in a calendar year remains unchanged.

Revised Plan language: *Limitation number one is separated into two items, as follows:*

- 1. Benefits are not payable for more than two oral examinations, including office visits for examinations and specialist consultations (or combination thereof).*
 - 2. Benefits are not payable for more than two prophylaxis, fluoride treatments or procedures that include cleanings in a calendar year.*
- Delta will cover "posterior composite" (resin) restorations based on the dentist's fee for the corresponding *amalgam* restoration. If you have resin restorations on your back teeth, instead of amalgam, you are responsible for the remainder of the cost. Use of composites on the facial surface of bicuspid (your front teeth) will continue to be covered in full.

Revised Plan language: *Basic care includes: Amalgam, silicate or composite (resin) restorations. See Limitations no. 4. (4. An allowance will be made toward the cost of posterior composite (resin) restorations based on the dentist's fee for the corresponding amalgam restoration and the patient will be responsible for the remainder of the cost. Use of composites on the facial surface of bicuspid is covered in full.)*

¹ An assessment of your oral status. ² A second opinion by a specialist. ³ A visual check if you are worried about a dental condition.

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In addition, the following revision to "Major Care" is made to be consistent with the Delta changes above:

Revised Plan language: *Major care includes: Crowns, jackets and cast restorations (caps, inlays and onlays) needed to treat cavities that cannot be replaced by amalgam, silicate or direct composite (resin) restorations.*

The changes described in this Notice replace all references to such benefits in your Plan's *Guide To Your Benefits, Summary of Coverage and/or Comparison of Dental Benefits*. These changes do not modify, eliminate or replace any other Plan provisions, limitations or exclusions related to dental benefits or to any other Plan benefits.

If you have any questions concerning your coverage, please phone the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119 or Delta Dental at (888) 335-8227.

Sincerely,

Martin R. Lowy
Fund Manager
MRL/mr

- * If between January 1, 2000 and May 31, 2000, you incurred dental claims in the two "Basic Care" categories covered by this Notice, and payment was reduced or denied due to either of these changes, your claim will be adjusted. Please submit documentation of the claim to Sylvia Sanchez at the TBT Plan Administration Office.

<p style="text-align: center;">PLAN CHANGE NOTICE RETAIN WITH YOUR BENEFIT PACKAGE FOR FUTURE REFERENCE</p>
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