

To All Eligible Persons:

We are pleased to inform you that the Fund is offering **optional** dental and vision benefit coverage. This is a combined option and the dental and vision benefits are not available separately. After this initial enrollment, there will be an annual election in which you can enroll in these benefits and if you elect to take these benefits, **you are required to keep them for a minimum of two years.**

The cost of these benefits will be \$106.00 per month and is subject to change. Active employees will have the option of having the payment payroll deducted on a pre-tax basis by their employer (\$.79 per hour based on 135 hours per month), or having the payment deducted from their dollar bank. The additional payment amount will be included in the monthly self-payment notice or retirees who elect to participate.

The dental care benefits will be a PPO arrangement with Delta Dental Plan of Wisconsin under which your benefits are greater if you use a participating provider. You are always free to use the dentist of your choice; however, the non PPO level of benefits will apply when you do so.

Enclosed is an election form and a Delta Dental enrollment form. If you wish to participate in the optional dental and vision plan, you must complete the election form and **Section 1 only** of the Delta Dental enrollment form and return them to the Administrative Office. If you are an active participant and elect to have your payroll deducted, your employer will be notified of the date on which they should start the payroll deduction. If you are a retired participant, the \$106.00 will be added to your next self-payment notice.

Impact of Payment Options for Active Participants:

Please be aware that due to stringent IRS regulations governing wage reduction options such as this, once you elect a payment option you may not change that payment option for two years. So, if you elect to have your payment payroll deducted, you cannot decide six months from now that you would rather have the payment deducted from your dollar bank.

Pre-Tax Payroll Deduction

Your employer will deduct an additional \$.79 per hour from every hour you work. If you work more than 135 hours in a month, the excess will be used to determine the next month's eligibility. If you work less than 135 hours in a month, the shortage will be deducted from your dollar bank. If you do not have sufficient funds in your dollar bank, you will be sent a self-payment notice. If you do not make the appropriate self-payment, your coverage will lapse and you will not be eligible to re enroll in the optional dental and vision coverage until the next open enrollment following two full years without coverage.

If you have any questions please call the Administrative Office at (800) 535-6373.

Yours truly,

The Board of Trustees