

Northern California Cement Masons Trust Funds

1600 Harbor Bay Pkwy, Suite 200, Alameda, CA 94502 • Telephone: 707-864-3300

March 2023

To: All Indemnity Dental Plan Participants and Eligible Dependents, including

COBRA Beneficiaries

Re: Cement Masons Health and Welfare Trust Fund for Northern California –

Indemnity Dental Benefits under Delta Dental Plan

This information is IMPORTANT to you and your dependents. Please take the time to read it carefully.

IMPROVEMENTS TO INDEMNITY DENTAL BENEFITS UNDER DELTA DENTAL PLAN Effective May 1, 2023

Effective for services received on or after May 1, 2023, your current dental plan will be converted from a table of allowance PPO plan to a coinsurance-based PPO plan. This change will result in less out-of-pocket expenses for you and your dependents. All other benefits (such as deductible and calendar year maximum) will remain the same.

Current Plan: Delta Dental PPO Table of Allowance Plan

Under your current plan, each covered procedure has an "allowance" or set amount that Delta Dental pays for covered services. Any remaining amounts over the allowance are your responsibility.

New Plan: Delta Dental PPO Plan

Under your new PPO plan, covered services will now be paid based on a set percentage depending on the type of dentist you see. The three types of dentists are described at the end of this notice.

The coinsurance percentage varies with each category of service - such as diagnostic and preventive, basic, or major services. Your benefits will be covered at the following percentage coinsurance levels and subject to an Allowed Amount (which is the set fees for services that PPO providers have agreed to accept as a part of their contract with Delta Dental). You cannot be balance billed for any amount over the Allowed Amount. There are no other changes to your current plan deductible, calendar year maximum, and other benefit features.

| | Delta Dental PPO Dentist | Delta Dental Premier Dentist | Non-Delta Dental Participating Dentist |
|---|-----------------------------------|------------------------------------|---|
| Diagnostic & Preventative | 100% | 100% | 100% |
| Basic | 50% | 40% | 40% |
| Major | 40% | 40% | 40% |
| Orthodontia (Active Premier Plan Only) | 50% | 50% | 50% |

As an example, if you go to a Delta Dental PPO dentist, your fillings will be covered as a basic service at 50% and you pay the remaining 50% coinsurance of the Allowed Amount. The deductible for certain covered services will still apply before the plan begins to pay benefits. You will continue to be responsible for any amounts over the calendar year maximum.

You still have the convenience and flexibility of visiting any licensed dentist, but you will get the most value and maximize your savings by choosing a Delta Dental PPO dentist. Delta Dental PPO dentists complete claim forms for you and can help advise you on questions regarding your benefits and share of the coinsurance.

The Delta Dental Network

The Delta Dental PPO plan allows you to maximize your benefits and pay less out of pocket by seeing a Delta Dental PPO dentist. You will save the most by visiting a Delta Dental PPO dentist, but your next best option is to go to a Delta Dental Premier® dentist. The Delta Dental Premier network is the largest dental network nationwide and works as a safety net offering another opportunity to save.

You will typically save the most money by visiting a Delta Dental PPO dentist, a little less at a Premier dentist, and the least at a non–Delta Dental participating dentist. Your out-of-pocket costs will be higher if you choose an out-of-network dentist because they can balance bill you for the difference between their submitted fees and the Allowed Amount.

You can find a Delta Dental network dentist near you by using the "Find a dentist" tool at www.deltadentalins.com.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Administrative Office at 1-888-245-5005.

Sincerely, Board of Trustees

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding these Plan changes, please contact the Trust Fund Office.

In accordance with ERISA reporting requirements, this announcement serves as your Summary of Material Modifications to the Plan. It is intended to be a brief summary of the plan change. It cannot describe each and every plan provision that may be relevant to your situation. You should always refer to your plan Rules and Regulations for the full details of your plan. You should keep all Important Plan Benefit Change announcements with your Summary Plan Description so it contains up-to-date information. Receipt of this announcement does not validate your eligibility under the plan. You should always call the Trust Fund Office to verify your eligibility prior to any service.