To: All Participants  
From: Board of Trustees  
Date: September 2018  
Re: Dental Benefits  

Effective September 1, 2018:

New Dental Plans

The Cigna DHMO options are being replaced by DHMO options insured by DeltaCare USA.

You may choose to purchase coverage in one of two DeltaCare USA DHMO options at the time you first become eligible for Plan benefits, and thereafter during an annual open enrollment period. You may also change your enrollment at certain other times, such as when you marry or divorce, or when you or your Spouse/Domestic Partner dies, depending on specific circumstances. You may also elect to purchase DeltaCare USA DHMO coverage for your Spouse/Domestic Partner. (However, coverage can only be purchased for your Spouse/Domestic Partner if you purchase coverage.)

A more thorough description of these benefits was included in a previously distributed enrollment notice. Copies can be found online at www.scptac.org; the Fund Office can also provide a copy upon request. You may obtain additional information by contacting DeltaCare USA at (800) 422-4234.

i) Enrollment
Participants must complete a Dental Enrollment Form during the following periods:

   i) No later than 60 days from initial eligibility date; or
   ii) Open enrollment period

You may obtain a Dental Enrollment Form from any local union office, the Fund Office, or the Fund Office website at www.scptac.org.

ii) Premiums
Note that the premiums for DeltaCare USA DHMO coverage are in addition to the normal monthly premium that you pay for medical and prescription drug coverage under the Plan. Unlike the premiums for medical and prescription drug coverage, the premiums for DeltaCare USA DHMO coverage will not vary based on the number of Retirement Fund Pension Credits you had when you retired, your age at retirement, or your or your Spouse/Domestic Partner’s Medicare status.
At the time of publication, monthly premiums for the two DeltaCare USA DHMO options were as follows:

<table>
<thead>
<tr>
<th>DeltaCare USA DHMO Plan</th>
<th>Pensioner or Surviving Spouse Only</th>
<th>Pensioner and Spouse/ Domestic Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>$17.03</td>
<td>$33.99</td>
</tr>
<tr>
<td>Medium</td>
<td>$11.70</td>
<td>$23.25</td>
</tr>
</tbody>
</table>

Monthly premiums for DeltaCare USA DHMO coverage must be deducted from your Southern California Pipe Trades Retirement Fund pension benefit. By signing a Dental Enrollment Form, you authorize this deduction. A Survivor must also have any DeltaCare USA premium deducted from his/her Southern California Pipe Trades Retirement Fund pension benefit, unless the Survivor is not receiving such a benefit, in which case premium payments must be made by monthly electronic ACH transfer from a bank account, which must be authorized in writing by the Survivor. DeltaCare USA DHMO premiums will not be accepted by check, money order, cash or any other method.

iii) Cancelling Coverage
You may cancel DeltaCare USA DHMO coverage at any time. However, if you cancel coverage, you will not be permitted to re-enroll in DeltaCare USA DHMO coverage until the next open enrollment period. Any cancellation will apply both to you and your Spouse/Domestic Partner, if applicable.

iv) Benefit Limitations
See the DeltaCare USA DHMO Plan Booklet (Evidence of Coverage) for detailed information regarding DeltaCare USA’s rules and benefits.

Both DeltaCare USA options are DHMOs. You must live within the DHMO’s service area in order to qualify for benefits. You must use only your assigned Dentist in the DeltaCare USA DHMO network. Before enrolling, you should be sure to check that the DeltaCare USA DHMO network operates where you live.

The Plan’s rules determine who is an Eligible Dependent for all benefits, including DeltaCare USA DHMO. Some DeltaCare USA DHMO documents may imply that a broader range of persons qualify as Eligible Dependents. Only Spouses and Domestic Partners are covered under the Plan.

v) Claims and Appeals Procedures
If you disagree with a Fund Office decision, such as eligibility to participate in a DeltaCare USA DHMO or a disagreement over premium payments for this option, you may appeal the decision to the Board of Trustees under the Plan’s normal claims and appeals procedure, as set forth in this SPD.

Other disagreements regarding DeltaCare USA DHMO benefits, including issues pertaining to network providers, covered procedures and charges for procedures, should be appealed to DeltaCare USA. If you elect the DeltaCare USA DHMO option, you will be given DeltaCare USA’s claims and appeals procedure. All appeals under DeltaCare USA’s purview will be decided finally by DeltaCare USA with no additional appeal to the Board of Trustees.