

MICHIGAN BAC FRINGE BENEFIT FUNDS

Michigan BAC Health Care Fund
Michigan BAC Pension Fund
Michigan BAC Apprenticeship Fund

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

September 2014

*****IMPORTANT NOTICE*****

TO: ALL ACTIVE PARTICIPANTS IN THE MICHIGAN BAC HEALTH CARE FUND

RE: SUMMARY OF MATERIAL MODIFICATIONS – DENTAL BENEFITS

Dear Participant:

The Board of Trustees is committed to providing you with excellent health benefits while also maintaining a strong and financially healthy plan for years to come. The Fund has faced many challenges, and has taken on additional costs in the form of benefit improvements as well as new taxes and fees due to Health Care Reform. The Trustees have responded with a balanced approach that is aimed at keeping costs low while also ensuring that the Board has the flexibility to comply with its obligations under healthcare law.

As part of its efforts to maintain this flexibility, the Board changed the way your Fund dental benefits are administered. Starting May 1st (the first day of the 2014 Plan Year), you can “opt out” of Fund dental benefit coverage by filling out the attached election form and returning it to the Plan Administrator. This is **NOT** a benefit reduction. The annual maximum per participant per year will remain at \$500.00, with a 50% co-payment for all services. Again, this new opt out is an administrative change only.

You should return the attached form only if you do not wish to maintain your Fund dental benefit coverage. If you have any questions regarding this notice or would like an updated copy of the schedule of benefits, please contact the Plan Administrator at (800) 531-2244.

Sincerely,

Michigan BAC Health Care Fund
Board of Trustees

/mkm

MICHIGAN BAC HEALTH CARE FUND

ACTIVE PARTICIPANT DENTAL COVERAGE ELECTION FORM

PLEASE CHECK THE FOLLOWING IF YOU WANT TO "OPT OUT" OF THE FUND DENTAL PROGRAM

I **DO NOT** wish to elect Dental coverage _____

Name (Please Print)

Member ID Number or SS#

Spouses' Name (Please Print)

Name of Child(ren):

Address

City, State, Zip Code:

Telephone Number (Including Area Code)

Participant Signature

Date

Spouse Signature

Date

PLEASE RETURN THIS FORM TO:

Michigan BAC Health Care Fund
6525 Centurion Drive
Lansing, MI 48917-9275

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(517) 321-7502 • FAX (517) 321-7508
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