

Cleveland Asbestos Workers #3 Health and Welfare Fund

33 FITCH BOULEVARD

AUSTINTOWN, OHIO 44515

1-800-435-2388

September 8, 2009

Dear Member:

Effective October 1, 2009, we are changing our dental provider to Humana. Our benefits will remain the same. Enclosed is a Schedule of Benefits for your records. For services beginning October 1, 2009, you must verify the dentist is in the Humana network to receive in-network benefits at www.HumanaDental.com or call 1-800-233-4013.

It was brought to our attention only 46% of our member use network dentists. Hopefully, that number will increase with the new provider.

You will receive new ID cards and a welcome packet, including information on choosing network dentists, well before October 1, 2009.

If you have questions, please call 1-440-943-7292 ask for Randy or Valarie. Thank you for your support.

Sincerely,

THE BOARD OF TRUSTEES

International Heat & Frost Insulators

Option 1: PPO 100-90-60/100-80-50

		See a participating dentist	See a nonparticipating dentist
Calendar year deductible	<ul style="list-style-type: none"> Applied to basic and major services Waived on preventive services 	\$50 individual \$150 family	\$50 individual \$150 family
Annual maximum	<ul style="list-style-type: none"> Applied to preventive, basic, and major services 	\$1,500	\$1,500
Preventive services	<ul style="list-style-type: none"> Oral examinations Full mouth X-rays (once every 5 years) Bitewing X-rays (1 set per calendar year) Periapicals and other X-rays Cleanings Topical fluoride treatments (through age 14) Sealants (through age 14) 	100 percent no deductible	100 percent no deductible
Basic services	<ul style="list-style-type: none"> Space maintainers (through age 14) Emergency care for pain relief Non-surgical extractions Fillings (amalgams, composite for anterior teeth) Appliances for children (through age 14) Prefabricated stainless steel crowns Endodontics (root canal) Periodontics (gum therapy) 	90 percent after deductible	80 percent after deductible
Major services	<ul style="list-style-type: none"> Crowns Inlays or onlays Bridgework Dentures (complete and partial) Denture repair and adjustments Denture relines and rebases Oral surgery 	60 percent after deductible	50 percent after deductible
Orthodontia	<ul style="list-style-type: none"> Covers child orthodontia 	50 percent up to \$1,000 lifetime maximum no deductible Receive a discount on these services by visiting participating orthodontists	50 percent up to \$1,000 lifetime maximum no deductible

(MAF): If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee schedule. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee. To ensure you do not receive additional charges, visit a participating PPO network dentist.

Waiting periods and frequency/age limits may apply.

Dental products insured by HumanaDental Insurance Company, or The Dental Concern, Inc.