

# BENEFIT PLANS

- MEBA MEDICAL & BENEFITS PLAN
- MEBA PENSION TRUST
- MEBA TRAINING PLAN
- MEBA VACATION PLAN

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## MEBA MEDICAL AND BENEFITS PLAN SUMMARY OF MATERIAL MODIFICATIONS

This Summary of Material Modifications advises you of changes in the information contained in the MEBA Medical and Benefits Plan Summary Plan Description (“SPD”), as required by the Employee Retirement Income Security Act of 1974. The Trustees of the MEBA Medical and Benefits Plan recently adopted Plan amendments that require the following changes to the SPD:

### BENEFITS FOR ACTIVE PARTICIPANTS

1. EFFECTIVE OCTOBER 21, 2009 the first paragraph under the “Who is Eligible” subsection of the “Coverage by the MEBA Medical and Benefits Plan” section of the SPD is amended to read as follows (changes are underlined):

#### *Employee Coverage*

As a new entrant into the Plan, you become covered by the Plan on the date you complete 30 days of Covered Employment in any six consecutive calendar months. You will maintain your eligibility under the Plan if you complete a second period of 30 days of Covered Employment within a period of six consecutive calendar months as long as this second period of covered employment falls within your first year of participation in the Plan. Thereafter, in order to maintain eligibility, you must complete 60 days on the payroll in Covered Employment within any period of six consecutive calendar months, unless you were totally disabled on February 1, 2006, in which case a special rule applies. Absence from work due to any health factor (e.g., sick leave or hospitalization) is treated as being in covered employment for purposes of counting the days for eligibility. Days of attendance at the MEBA Engineering School count for purposes of determining your eligibility for Plan benefits (unless you are otherwise entitled to such credit as work in covered employment or unless you are receiving vacation benefits paid by the MEBA Vacation Plan).

\* \* \*

Previously, after establishing initial eligibility under the 30 days in six months rule, “new entrants” immediately fell under the 60 days in six month rule. Now new entrants can maintain their eligibility for benefits under the Plan by completing a second period under the 30 days in six months rules provided the second period of 30 days of employment falls within their first year of participation in the Plan.

2. EFFECTIVE FEBRUARY 4, 2010 the “Gynecological Benefits” and “Mammograms” paragraphs of the “Covered Expenses for Active Employees” subsection of the “Medical Coverage for Active Employees” section of the SPD are amended to read as follows (changes are underlined):

### *Gynecological Benefits*

In addition to these procedures being performed without charge at the MEBA Diagnostic Centers, gynecological examinations – including pap smears and all related tests – are covered up to \$300 per calendar year outside of the MEBA Diagnostic Centers. Unused benefits in one year do not carry over to future years.

### *Mammograms*

In addition to mammograms without charge at the MEBA Diagnostic Centers, routine mammograms are covered up to \$300 per year for women age 40 or over outside of the MEBA Diagnostic Centers. One routine mammogram is covered up to \$300 for women age 35 to 40 when performed outside the MEBA Diagnostic Centers. Mammograms taken because of the appearance of the symptoms of breast disease will continue to be covered under the Plan at 80% (PPO) or 60% (non-PPO) of reasonable and customary charges at any age. Unused benefits in one year do not carry over to future years.

\* \* \*

Previously, \$200 was the maximum benefit payable for gynecological examinations and routine mammograms for women age 40 and older performed outside of the MEBA Diagnostic Center. In addition, the Plan did not cover a routine mammogram for women age 35 to 40 when performed outside the MEBA Diagnostic Center.

## **BENEFITS FOR ACTIVE PARTICIPANTS AND PENSIONERS**

1. EFFECTIVE JANUARY 1, 2010 the eighth bullet under the “Exclusions” subsection of the “Medical Coverage for Active Employees” section of the SPD is amended to read as follows:
  - Dental work or treatment except when required as a direct result of an accidental injury to natural teeth or as described below (see “Dental Benefits”);

\* \* \*

Previously, if an accidental injury to the natural teeth occurred during a period of **ineligibility**, coverage under the Medical Plan was not provided. Now, regardless of when the accident occurs, coverage will be provided.

2. EFFECTIVE JANUARY 1, 2010 the following new paragraph is inserted before the last paragraph under the “Dependent Coverage” heading in the “Who is Eligible” subsection of the “Coverage by the MEBA Medical and Benefits Plan” section of the SPD:

If your qualified dependent child is a full-time student enrolled at a post-secondary institution and takes a medically necessary leave of absence (as certified by the dependent child’s attending Legally Qualified Physician) coverage under the Plan will continue during the leave of absence until the earlier of one year from the date the leave of absence began, or the date the child’s coverage under the Plan would have otherwise ended (e.g., attainment of age 23, marriage, or if the child is no longer dependent on you

for principal support and maintenance). This coverage is provided concurrent with COBRA Coverage, which means that when the one-year period ends, your dependent child may elect COBRA Coverage, but the length of the COBRA Coverage will be shortened by the period of the child's leave of absence.

\* \* \*

Previously, coverage for dependent children between the ages of 19 and 23 terminated when not registered as a full-time student in an accredited school.

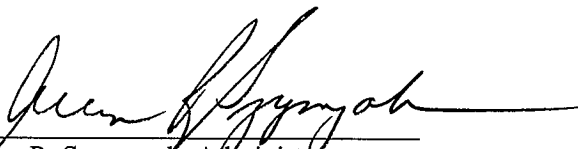
3. EFFECTIVE FEBRUARY 4, 2010 the fifth bullet under the "Charges for Other Services and Supplies" subsection of the "Medical Coverage for Active Employees" section of the SPD is amended to read as follows (changes are underlined):

- Chiropractic treatment, x-ray or physical therapy or other similar therapeutic treatment performed by or under the supervision of a Legally Qualified Physician. Chiropractic treatment and physical therapy are limited to 40 visits in a two year period combined, but this limit does not apply for physical therapy treatment following a stroke, radical mastectomy, or if used as a treatment for multiple sclerosis or a condition caused by multiple sclerosis;

\* \* \*

Previously, the 40 visit limit in a 24 month period applied to treatments following a radical mastectomy.

If you have any questions regarding these changes, contact the Member Services Department at the Plan Office by calling 410-547-9111 or 800-811-6322. Keep this notice with your SPD so that when you refer to the SPD, you will be reminded that the changes described in this notice have occurred.

  
Allen R. Szymczak, Administrator