



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 (the “Plan”) adopted benefit improvements to the Plan that require changes to the SPD. The first change provides for the reimbursement of pensioner medical contributions paid by retirees who, with approval of the Trustees, return to work in covered employment for at least 90 consecutive days. The Trustees have also added coverage for Mammograms and Gynecological exams for non-Medicare eligible spouses of pensioners. The third change provides that if you travel by air, in lieu of the \$20 travel allowance, the Plan’s travel policy now allows reimbursement up to a maximum of \$50.00 for miscellaneous expenses when receipts are submitted to the Plan Office. The Trustees have also amended the Plan to clarify language for the exclusion of coverage for reversal of bariatric surgical procedures. The SPD will be changed as set forth below:

BENEFITS FOR PENSIONERS

1. EFFECTIVE APRIL 1, 2011 the “Cost of Coverage” subsection of the “Medical Coverage for Pensioners and Their Dependents” section of the SPD is amended by adding the following paragraph at the end of that subsection:

If you receive permission from the Trustees to return to Covered Employment and Employer contributions are made on your behalf, you may request reimbursement of the pensioner medical contributions made to cover those periods of active employment provided:

- You return to active employment and work at least 90 consecutive days in Covered Employment; and
- You made pensioner medical contributions during the period of your active employment. (Failure to do so results in termination of your Retiree medical coverage under the Plan); and
- You submit an application for reimbursement of your Pensioner Contributions within twelve (12) months from the last day of Covered Employment.

Once these requirements have been met, the monthly pensioner medical contributions made will be reimbursed in 30-day increments as follows:

- Return to Covered Employment of 1 day to 89 days, no reimbursement;
- Return to Covered Employment of 90 days to 119 days, reimbursement of one (1) month of pensioner medical contributions;
- Return to Covered Employment of 120 days to 149 days, reimbursement of two (2) months of pensioner medical contributions, etc.

When your Covered Employment ends, your active eligibility terminates immediately and you will then revert to the level of pensioner medical benefits under which you were previously covered.

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2. EFFECTIVE OCTOBER 19, 2011, the last paragraph of the "If you have **at least 20** years of pension credit and are not eligible for Medicare" subsection of the "Level of Benefits for Pensioners" section of the SPD is amended by deleting the word "Mammogram" and "Gynecological" and now reads as follows:

Pensioners and their dependants are not eligible for the Nurse Practitioner, Acupuncturist and Physician Assistant or Immunization benefits described under Covered Expenses for Active Employees.

BENEFITS FOR ACTIVE PARTICIPANTS AND PENSIONERS

1. EFFECTIVE JULY 1, 2011 the "Medical Coverage for Active Employees" section of the SPD is amended by inserting the following new paragraph before the last paragraph under the "Diagnostic Center" subsection of "Covered Expenses for Active Employees:"

If you travel by air, in lieu of the \$20 travel allowance, each family will receive reimbursement of up to a maximum of \$50.00 for miscellaneous expenses, provided actual taxi/transportation receipts are presented to the Plan Office.

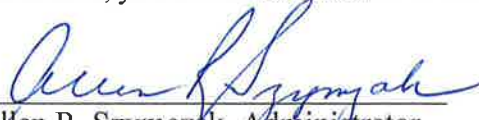
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2. You were notified by the Plan's Summary of Material Modification dated January 2009 that the "Exclusions" subsection of the "Medical Coverage for Active Employees" was modified effective November 1, 2008 eliminating the exclusion for FDA approved bariatric procedures for certain Active Employees only. The "Exclusions" subsection, 24th bullet, of the "Medical Coverage for Active Employees" section of the SPD is revised to read as follows:

- Treatment of co-morbid conditions via surgical treatment of obesity, including morbid obesity, for Dependents of Active Employees, Pensioners, Dependents of Pensioners, or for administrative staff and their Dependents.
- Treatment in connection with the reversal of any surgical procedures performed for the treatment of co-morbid obesity for Active Employees, Dependents of Active Employees, Pensioners, Dependents of Pensioners, or for administrative staff and their Dependents.

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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