## IMPORTANT NOTICE ABOUT YOUR BENEFIT PLAN

October 2024

## To Plan 14 Participants:

This notice summarizes important changes to the NECA/IBEW Family Medical Care Plan. If you have any questions regarding the changes summarized in this Summary of Material Modifications ("SMM"), you should contact the Benefits Office. Please keep a copy of this SMM with your Summary Plan Description for future reference.

## **Dental Benefits Through Delta Dental**

Effective January 1, 2025, the Plan will provide dental benefits for eligible members and dependents through Delta Dental. Should you have any questions regarding this benefit, please contact Delta Dental at (855) 277-4526 or visit <a href="https://www1.deltadentalins.com/fmcp">https://www1.deltadentalins.com/fmcp</a>. This change to the plan offers enhanced dental benefits for you and your family. Below is a description of the new dental services:

DENTAL BENEFIT	
Maximum Benefit Payable by the Plan Per Individual Per Calendar Year (Does not apply to Children under age 19)	\$1,500
Deductible per Year	
Per Person	\$0
Per Family	\$0
Percentage Payable by Plan	
Preventive	100%
Minor Restorative	80%
Major Restorative	50%
Orthodontia	Excluded

Please note dental benefits may not be available for retirees and their dependents. Please contact your Employer for more information or the Benefit Office at the number listed above.

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Please keep this notice with your Summary Plan Description booklet for future reference.