

June 21, 2002

Dear Member:

We are pleased to advise you, effective August 1, 2002, the Fund will be using a new Preferred Provider Organization (PPO). The decision to change is a result of ever-increasing medical costs and our intent to maintain an attractive level of benefits for all members. After careful consideration of many underwriting companies, we have contracted to use the SuperMed Classic PPO offered by Medical Mutual of Ohio (MMO) for Ohio Providers, the Devon PPO for Pennsylvania Providers, and the Multi-Plan PPO for all remaining states.

This change will not effect the plan's current eligibility provisions, current prescription program, or current medical benefits offered. You will still be able to choose any medical provider; however, there will be an additional charge to participants (in Ohio) for using hospitals outside the PPO offered by MMO. If you receive services from a hospital outside the network after August 1, 2002, you will be charged an additional \$300 per service.

Enclosed for your review is the Devon Pennsylvania Network directory. You may also verify whether a doctor or hospital participates by contacting Devon at 1-800-431-2273 or visit the Website at [www.supermednetwork.com](http://www.supermednetwork.com) or ask the medical provider.

Additional information, including your new set of identification cards preprinted with your name and social security number, will be mailed to you the week of July 29, 2002.

Attached is a list of the more common questions we anticipate as a result of the PPO change. As always, if you should have any additional questions, please contact the Fund Office.

Sincerely,

BOARD OF TRUSTEES

Q. HOW DOES THIS CHANGE EFFECT EMERGENCIES WHEN USING A HOSPITAL OUTSIDE THE NETWORK?

A. *There are times when you may need emergency medical care and you are unable to get to a network provider. Such care is covered under the Plan with no additional charge to the participant if it is determined that a medical emergency exists. Generally, emergencies involve severe symptoms which occur unexpectedly and require immediate medical care.*

Q. HOW DOES THIS CHANGE EFFECT THE PROCESSING AND PAYMENT OF MY CLAIMS?

A. *The only change is that your doctors and hospitals will need to send the itemized bill to Medical Mutual of Ohio directly. The Fund Office will continue to determine all eligibility and will continue to issue all payments. You should continue to direct all questions regarding eligibility, claims status, and explanation of payments to the Fund Office.*

Q. DOES THIS EFFECT MY PHYSICIAN SELECTION?

A. *The Plan does not require you to use certain doctors. However, if your doctor chooses to work from non-network hospitals from which you receive services, you will be subject to the \$300 additional charge on those hospital services.*

Q. HOW DO WE FIND OUT IF OUR HOSPITAL OR PHYSICIAN IS PART OF THE NETWORK?

A. *For information on physicians within the Medical Mutual Network, call 1-800-601-9208 or visit their website at [www.supermednetwork.com](http://www.supermednetwork.com). For information on the Devon Network, call 1-800-431-2273 or use the website provided by Medical Mutual. For information on the Multi-Plan Network call 1-800-672-2140, or use the website provided by Medical Mutual .*

Q. DOES THIS EFFECT THE PRESCRIPTION PROGRAM?

A. *No. You will need to retain your current prescription benefit card from National Prescription Administration and continue to use it.*

Q. I AM RETIRED. HOW DOES THIS CHANGE EFFECT ME?

A. *If you are participating in the Plan as an early retiree (under the age of 65 or under the age of 65 and eligible for Medicare) you will be subject to the same changes as the active*

*participants.*

*If you are participating in the Plan as a retiree over the age of 65 and eligible for Medicare, your Schedule of Benefits has not changed and you will not be subject to any additional charges for out of network providers.*