



Los Angeles Machinist Benefit Trust

6801 EAST WASHINGTON BLVD. • CITY OF COMMERCE, CA 90040

**TO : ALL ACTIVE CALIFORNIA EMPLOYEES COVERED
UNDER THE LOS ANGELES MACHINIST BENEFIT TRUST**

**RE: OPEN ENROLLMENT PERIOD
Effective January 1, 2012**

It is Open Enrollment time and you have the opportunity to change your medical and dental carriers if you are eligible for these choices January 1, 2012.

Read the comparisons and choices carefully!

**IF YOU DO NOT WISH TO MAKE ANY CHANGES TO YOUR CHOICE OF
MEDICAL OR DENTAL PLANS, NO ACTION IS REQUIRED.**

WHAT ARE MY BENEFITS?

The attached Schedule of Benefits describe the benefits you are entitled to in accordance with your Collective Bargaining Agreement. There are also benefit comparisons showing the medical choices you have for receiving care. If you also have dental benefits, there will be another comparison of your choices under those plans.

WHAT DO I DO IF I HAVE QUESTIONS ON THE PLANS OR MY CHOICES?

Many of your questions may be answered by visiting the Los Angeles Machinist Benefit Trust website at www.lambt.org. Here you can download enrollment forms and obtain important information about your benefit plans.

If you have additional questions about your coverage, contact the Trust Fund Administrative Office at (800) 499-8121. The Administrative Office will have a supply of Benefit Booklets that give detailed information on the plan choices. If you need more information before you make your decision, they will be happy to send the booklets to you.

WHAT ARE THE DIFFERENCES BETWEEN THE INDEMNITY AND "HMO" PLANS?

If you enroll in a Indemnity plan, you may use the doctors or dentists of your choice. However, both the Indemnity medical and dental plans contain a special Preferred Provider Option (PPO) that reduces your out-of-pocket expenses if you use those providers. Please be sure you to confirm that your doctor participates in the Anthem Blue Cross PPO Network and that your dentist participates with United Concordia's PPO Network before you seek service.

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If you enroll in a “HMO” medical, or dental plan, you will be required to use the doctors, hospitals, or dentists under contract with those plans. If you obtain services outside of the network, you will be responsible for the charges incurred except in emergency situations which are approved by the plan. Use of an “HMO” plan eliminates the need to file claims and, in most cases, your co-payments are limited. You must also reside within the service area of the plan to enroll in this option.

WHAT DO I DO NOW?

**IF YOU DO NOT WISH TO MAKE ANY CHANGES TO YOUR CHOICE OF
MEDICAL OR DENTAL PLANS, NO ACTION IS REQUIRED.**

If you do wish to make a change, carefully review the Benefits Comparison Sheets and discuss the coverages with your family to decide which plans best suit your needs. You do not need to fill out the enrollment form unless you are making changes to your plan coverage. If you do nothing, your existing coverage choices will continue.

If you'd like to make changes to your medical or dental plan coverage, please indicate your preference on the attached enrollment form and return it in the enclosed return envelope. If you wish to enroll in any of the “HMO” plans, please contact the Administrative Office immediately and request an enrollment packet.

If you need further information about any of the plan options, please contact the Administrative Office or visit the Los Angeles Machinist Benefit Trust Website at: www.lambt.org. You may also want to contact your physician or dentist to confirm if he/she participates in the “HMO” plan options – UnitedHealthcare (formerly known as PacifiCare), Kaiser, or United Concordia Dental.

THE LOS ANGELES MACHINIST BENEFIT TRUST IS A “GRANDFATHERED HEALTH PLAN”

The Board of Trustees of Los Angeles Machinist Benefit Trust believes this group health plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at (800) 499-8121. You may also want to contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

WOMEN'S CANCER RIGHTS

A federal law called the Women's Health and Cancer Rights Act of 1998 became effective for this Plan on September 1, 1999. Under this law, group health plans, insurers, and HMOs that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive surgery. In the case of a Participant or Beneficiary who is receiving benefits under the Plan in connection with a mastectomy and who elects breast reconstruction, the law requires coverage in a manner determined in consultation with the attending Physician and the Patient, for;

1. Reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

If you have any questions about Plan coverage of mastectomies or reconstructive surgery, please contact the Plan Administrative Office. If you are enrolled in the HMO option plan, please contact the HMO.

ALL PLAN CHANGES MUST BE RECEIVED BY DECEMBER 15, 2011

Please contact the Administrative Office at (800) 499-8121, or visit the Trust's website at: www.lambt.org if you have questions about your choices or the enrollment procedures.

Sincerely,

BOARD OF TRUSTEES