

# **I.B.E.W. Local 688 Health & Welfare Plan**

33 FITCH BOULEVARD  
AUSTINTOWN, OHIO 44515



PHONE: 800-435-2388  
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## **NOTICE OF INCREASE IN PLAN ANNUAL LIMIT**

### **NOTICE OF CHANGE OF DENTAL/VISION FOR CHILDREN UNDER AGE 19**

This is a notice of **changes** made to the IBEW Local 688 Health and Welfare Fund and is being furnished to you as provided by law. This Notice should be kept with your Summary Plan Description booklet.

\* \* \*

**Effective June 1, 2012 the Plan's annual limit on the dollar value of essential benefits as defined under the Patient Protection and Affordable Care Act will be increased from \$1,000,000 to \$1,250,000.**

\* \* \*

The Plan will pay 80% of the usual, customary and reasonable fees for essential dental (**excluding orthodontia**) and vision services after the family annual maximum has been reached for children under age 19 effective June 1, 2011. Please resubmit or submit any charges that were denied or were not submitted so you can be reimbursed.

\* \* \*

For more information contact the Plan Administrator at 33 Fitch Boulevard, Austintown, Ohio 44515 (phone: 1-800-435-2388).

Please keep this information with your Summary Plan Description. As always, if you have any questions regarding these changes, please contact the Fund Office.

BOARD OF TRUSTEES  
IBEW LOCAL NO. 688  
HEALTH AND WELFARE FUND  
March 30, 2012