

Ohio Conference of Plasterers & Cement Masons Health & Welfare Fund
33 Fitch Boulevard **Austintown, OH 44515**

February 21, 2003

Dear Member:

We are pleased to advise you, effective April 1, 2003, 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 the top 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 and the Multi-Plan Network for all remaining states.

This change does not affect the plan's current drug prescription program offered. Also, you will still be able to choose any medical provider. There will, however, be an additional charge to participants for using hospitals outside the PPO. If you receive services from a hospital outside the network after April 1, 2003, you will be charged an additional \$300 per in-patient service.

Enclosed is a Multi-Plan Directory for your area. To verify whether a doctor or hospital participates, either use the directory or contact MultiPlan at 1-800-672-2140 or visit the Website at 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 March 24, 2003.

Attached is a list of answers to the most frequently asked questions we anticipate as a result of the PPO change. Also attached is a memorandum addressing changes to the plans current eligibility rules and schedule of benefits. As always, if you should have any additional questions, please contact the Fund Office.

Sincerely,

BOARD OF TRUSTEES

Q. HOW DOES THIS CHANGE AFFECT 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 are severe symptoms which occur unexpectedly and require immediate medical care.*

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

A. *The only change is that your doctors and hospitals must send the itemized bill to Medical Mutual of Ohio directly. The Fund Office will continue to determine all eligibility and 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 AFFECT MY PHYSICIAN SELECTION?

A. *The Plan does not require you to use certain doctors. However, if you receive services from a doctor who chooses to work from non-network hospitals, you will be subject to the \$300 additional charge on in-patient 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. For information on the Multi-Plan Network, call 1-800-672-2140 or use the website provided by Medical Mutual.*

Q. DOES THIS AFFECT THE PRESCRIPTION PROGRAM?

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

Q. I AM RETIRED. HOW DOES THIS CHANGE AFFECT 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 are not subject to any additional charges for out of network providers.