

**AMENDMENT NO. 2
TO THE
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
OF THE
I.B.E.W. 292 HEALTH CARE PLAN
(2010 Restatement)**

WHEREAS, the section entitled "Trustee Interpretation, Authority and Right" in the Plan Document and Summary Plan Description of the I.B.E.W. 292 Health Care Plan (Amended and Restated Effective January 1, 2010) (the "Plan") empowers the Board of Trustees to amend the Plan;

WHEREAS, the Trustees wish to amend the Plan in order to permit orthodontia coverage for Eligible Individuals who are above the age of 19, if necessary, to preserve a loss of teeth or other damage;

NOW THEREFORE, BE IT RESOLVED that the Plan is hereby amended as follows:

- The following subsection entitled "Maximum Limits" under "Dental Coverage" beginning on page 58 and continuing on page 59 of the Plan Document and Summary Plan Description will be deleted in its entirety and replaced with the following:

Maximum Limits			
<i>Maximum limits are the maximum amounts payable to each Eligible Individual in the Plan.</i>			
Annual Maximum for All Covered Dental Expenses (including Diagnostic and Preventive Care) Other than Oral Surgery and Orthodontia			
	Delta Preferred Network	Delta Premier Network	Out-of-Network
Per Person	\$1,500	\$1,500	\$1,500
Oral Surgery Annual Maximum			
Per Person	\$1,000	\$1,000	\$1,000
Orthodontia Lifetime Maximum			
Per Person	\$2,000	\$2,000	\$2,000

This Amendment will be effective as of March 1, 2010.

- The subsection entitled "Dental Benefits/Orthodontic Benefits" under "Dental Coverage" beginning on page 63 and continuing through page 65 of the Plan Document and Summary Plan Description will be deleted in its entirety and replaced with the following:

	Delta Preferred Network	Delta Premier Network	Out-of-Network
Orthodontia Benefits	100% up to the maximum available benefit	100% up to the maximum available benefit	100% of Delta Dental's allowed Amount up to the maximum available benefit

Orthodontia benefits will be covered for an Eligible Dependent Child up to age 19. Orthodontia benefits for adults will be covered, subject to the Plan's Orthodontia Lifetime Maximum Benefit, only when the treatment is necessary to preserve dentition and gingival structure, when other non-orthodontic treatment has been unsuccessful and, when performed to correct a functional defect. There is a \$2,000 per person lifetime maximum on covered orthodontia services, specified in the Schedule of Dental Benefits. All payments made by the Plan under this Section during a Calendar Year on behalf of an Eligible Individual, excluding payments made for dental, will apply against that Eligible Individual's Orthodontia Lifetime Maximum Benefits.

Once the Orthodontia Lifetime Maximum Benefit has been made by the Plan, the Eligible Individual will not be entitled to any further payments for charges incurred for orthodontia services.

Included in orthodontia services are actual charges incurred, including charges for:

- ◆ Minor appliance therapy
- ◆ Full-banded orthodontics
- ◆ Diagnostic procedures
- ◆ Occlusal guards
- ◆ Occlusal analysis
- ◆ Occlusal adjustments

No more than one-half of the lifetime maximum for orthodontia benefits will be paid when the braces are installed, and no more than one-half of the remaining lifetime maximum for orthodontic benefits will be paid when the appliances are removed.

Predetermination of benefits is not necessary for orthodontia treatment.

Orthodontia Expenses Not Covered

Covered Orthodontia Expenses will not include and no payments will be made by the Plan for:


- ◆ Charges incurred by an Eligible Individual once he or she has received Plan benefits aggregating the individual's Orthodontic Lifetime Maximum Benefit;
- ◆ Charges incurred by an Eligible Individual for which payments are due to the orthodontist before the Eligible Individual's effective date of benefits;

	<ul style="list-style-type: none"> ◆ Charges incurred by an Eligible Individual for which payments are due to the orthodontist after the Eligible Individual's eligibility for benefits under this Plan terminate; and ◆ Charges incurred for any treatments, care, services or supplies which are in excess of any limitation specified in, or which are specified as not payable under "Benefit Plan Conditions, Limitations and Exclusions" or any other Plan provisions. <p>Orthodontic Treatment in Process on effective Date of Benefits</p> <p>If an Eligible Individual is already undergoing orthodontic treatment on the Eligible Individual's effective date of benefits, the Plan will only pay for orthodontic charges which are billed after the Eligible Individual's effective date of benefits and only if the payments for such charges have a due date on or after the individual's effective Date of Benefits.</p> <p>Extension of Orthodontia Benefits</p> <p>If an Eligible Individual's eligibility for Orthodontic Benefits terminates or when the Eligible Dependent Child reaches age 20, Orthodontic Benefits will be available for removal of the appliance regardless of eligibility as specified on the Schedule of Benefits.</p>
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This Amendment will be effective as of March 1, 2010.

IN WITNESS WHEREOF, we hereunto set our hands this 11th day of March, 2010.

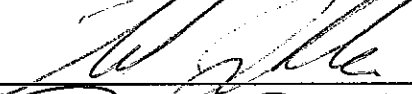
UNION TRUSTEES



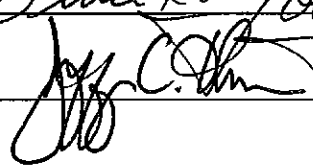
 Amy Swope

 Tony Maghrah

EMPLOYER TRUSTEES



 Bruce R. Young



**SUMMARY OF MATERIAL MODIFICATIONS
TO THE
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
OF THE
I.B.E.W. 292 HEALTH CARE PLAN
(2010 Restatement)**

IMPORTANT NOTICE TO PLAN PARTICIPANTS AND BENEFICIARIES

The Board of Trustees has amended the Plan. Here is a summary of the changes and the effective date:

EFFECTIVE MARCH 1, 2010

ORTHODONTIA BENEFITS. The Plan has been amended to include orthodontia coverage for a Participant who is older than age 19. Benefits are subject to the Plan's orthodontia lifetime maximum benefit of \$2,000. The orthodontia must be performed to correct a functional defect and to preserve dentition and gingival structure when other non-orthodontic treatments have been unsuccessful. Orthodontia performed for cosmetic reasons is not covered.

Previously, orthodontia benefits were limited only an Eligible Dependent Child, age 19 and under.

Please contact the Fund Office at (952) 591-7733 or 1-800-368-9045 if you have any questions about the Plan.