

**AMENDMENT NO. 1
TO THE
MARCH 1, 2007 RULES AND REGULATIONS
OF PLAN 501-B
OF THE
UNITED FOOD AND COMMERCIAL WORKERS AND
EMPLOYERS ARIZONA HEALTH AND WELFARE TRUST**

1. Effective March 1, 2007, the first paragraph of ARTICLE 4, Section 4A.03(j) is amended read as follows:

- (j) **Physical and Occupational Therapy.** Charges for physical and occupational therapies are covered only when rendered by a Registered Physical Therapist, a Registered Occupational Therapist, an M.D. or D.O.

2. Effective March 1, 2007, ARTICLE 4, Section 4A.03(q) is amended to delete the words "sound natural".

3. Effective March 1, 2007, ARTICLE 7, Part A is amended and restated in its entirety to read as follows:

PART A – DENTAL BENEFITS

If, as a result of non-occupational accidental Injury or Illness, a Covered Person incurs necessary dental Allowable Expenses described in this Article which exceed any applicable Dental Deductible, the Plan will pay, subject to the terms and conditions hereafter stated, the designated benefit for Allowable Expenses actually incurred during a Calendar Year, but not to exceed the maximums specified in the Schedule of Dental Benefits.

Section 7A.01 Schedule of Dental Benefits

Dental Deductible	None
Maximum Plan Benefit, per person	\$750 per Calendar Year
Preventative Care (Diagnostics, oral examination (2 per Calendar Year), x-rays, cleaning, etc.)	80% of Allowable Expense
Restorative Care (Fillings, tooth extractions, etc.)	50% of Allowable Expense
Specified Oral Surgery (Excision of bony impacted teeth,	50% of Allowable Expense

root canals with apicoectomy,
osseous surgery with graft or
gingivectomy.)

Prosthetic Care
(Crowns, bridges, dentures, etc.)

50% of Allowable Expense

Section 7A.02 Incurred Dental Expenses. Dental expenses are deemed to be incurred on the date on which the service or supply which gives rise to the expense is rendered or obtained.

Section 7A.03 Covered Dental Expense. Covered dental expense means only an expense incurred for necessary treatment received by a Covered Person from a dentist, which is, in the geographical area where treatment is rendered, the usual and customary procedure for the condition being treated. However, the amount considered as covered dental expense will not exceed the amounts shown in the Schedule of Dental Benefits for the following:

- (a) **Diagnostic and Preventative.** Treatment for routine oral examinations, including diagnosis, x-rays and prophylaxis (cleaning, scaling and polishing), but not including more than two examinations for the same Covered Person in any Calendar Year.
- (b) **Restorative.** Restorations for treatment of carious lesions; tooth extractions and non-Specified Oral Surgery; anesthesia (100% for general anesthesia); periodontal services and endodontics.
- (c) **Specified Oral Surgery.** For removal of tumors, cysts, impacted teeth partially or totally covered by bone, root canal treatment, apicoectomy, osseous surgery with graft, or gingivectomy.
- (d) **Prosthetic.** (Crowns, bridges & dentures)
 - (1) Treatment for initial installation of, or addition to, full or partial dentures or fixed bridgework. Such installation or addition is covered if required due to the extraction of one or more natural teeth, injured or diseased. Such denture or bridgework includes replacement of the extracted teeth.
 - (2) Treatment for replacement or alteration due to one of the following events will be covered:
 - a. Oral surgery treatment involving the repositioning of muscle attachments, or the removal of a tumor, cyst, torus or redundant tissue; or
 - b. Replacement of a full denture, if required as a result of structural change within the month and if made

more than five years after the installation of the denture; or

- c. Repair of dentures or bridgework.

Section 7A.04 Dental Limitations. This Plan does not pay for:

- (a) Expense incurred for more than two oral examinations during any Calendar Year;
- (b) Expense incurred for any dental procedure performed for cosmetic reasons;
- (c) Expense incurred for replacement of an existing denture which, in the opinion of the attending dentist, is or can be made satisfactory;
- (d) Expense incurred for a temporary full denture;
- (e) Expense incurred for replacement of a denture for which benefits were paid under the Plan, if such replacement occurs within five years from the date expense was incurred for the denture unless:
 - (1) Such replacement is made necessary by the initial placement of an opposing full denture or the extraction of natural teeth; or
 - (2) The denture is a stayplate or a similar temporary partial denture, and is being replaced by a permanent denture; or
 - (3) The denture, while in the oral cavity has been damaged beyond repair as a result of Injury which occurred while covered;
- (f) Expense incurred for tooth implants, athletic mouthguards, or educational programs;
- (g) Expense incurred for any procedure which commenced before the date the person became covered under the Dental Benefit, or any supplies furnished in connection with such procedure, except that for purposes of this benefit limitation, x-rays and prophylaxis treatment shall not be deemed to commence a dental procedure;
- (h) Expense incurred for replacement of a lost or stolen appliance;
- (i) Any treatment for a condition which a Covered Person has a right to compensation under any Worker's Compensation Insurance law, or occupational disease law, or for a condition which arises from or is sustained in the course of any occupation or employment for compensation, profit or gain;

- (j) Any supplies or services:
 - (1) For which no charge is made;
 - (2) For which a Covered Person is not required to pay, or
 - (3) Furnished by or payable under any plan or law of any government, federal or state, dominion or provincial, or any political subdivision thereof, unless required by law.
- (k) Charges for procedures, services or equipment not otherwise covered by the Plan.

4. Effective March 1, 2007, the reference to "Mail at Retail" in Sections 4A.01 and 4A.03(bb) is changed to "Maintenance Medications".

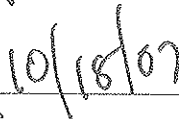
5. Effective January 1, 2007, Section 1A.01 is amended and restated to read as follows:

Section 1A.01 Eligibility. All Employees covered under the applicable provisions of a Collective Bargaining Agreement will be eligible for benefits coverage for themselves and their Covered Dependents on the first day of the second calendar month immediately following the completion of that period of employment with the same Contributing Employer specified in the applicable Collective Bargaining Agreement, provided they have worked eighty (80) hours or more (or the amount designated in the Collective Bargaining Agreement, whichever is greater) in the last month of such period specified in the applicable Collective Bargaining Agreement.

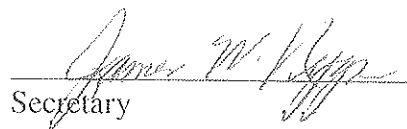
The undersigned Chairman and Secretary of the UFCW and Employers Arizona Health and Welfare Trust do hereby certify that the foregoing Amendment to the Plan 501-B Rules and Regulations was duly adopted by the Board of Trustees at a meeting duly called and held on the date noted below.



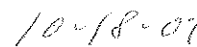
Chairman



Date



Secretary



Date