

**CENTRAL PENNSYLVANIA TEAMSTERS  
HEALTH & WELFARE FUND  
PLAN 14**

**Summary of Material Modification  
May 2007**

**Important changes to your benefits! Please read carefully.**

***THE FOLLOWING CHANGES WILL BE EFFECTIVE FOR TREATMENT AND SERVICES RECEIVED AFTER JUNE 1, 2007***

**Immunizations:** The Fund will now cover all immunizations recommended by the Centers for Disease Control as follows for your eligible children up through age 23 (provided that between 19 and 23, the child is a full-time student). If you use a participating provider, the Fund will pay the network amount in full. If you use a non-network provider, the Fund will pay benefits equal to the lesser of the Usual, Customary and Reasonable Charges (“UCR”) or the billed amount. You will be responsible for any amounts over the UCR schedule. Previously, the Fund paid immunization benefits for children under age 6 as stated above. For children age 6 and over, the Fund paid up to a maximum combined benefit of \$25 towards the immunization and office visit.

**Transplants:** The Trustees have improved the benefits available to transplant patients. The Fund will now pay a maximum of \$300,000 for costs related to a transplant, as measured from the date of the transplant surgery through six weeks from the date of surgery. Thereafter, the patient’s transplant-related claims will be payable under the medical provisions of the Plan (including prescription, hospitalization, physician office visit, etc.) and will not be subject to the \$300,000 cap. Previously, the Fund applied a \$200,000 cap on all costs related to a specific transplant, regardless of when they were incurred.

**Dental Benefits: (Applicable ONLY IF your Employer and Union elected Optional dental benefits):** The Trustees have substantially improved dental benefits. If you have Plan 14 **Option A**, the annual benefit maximum for each eligible family member will increase from \$750 to \$1,000. If you have Plan 14 **Option B**, the annual benefit maximum for each eligible family member will increase from \$600 to \$800. If you have Plan 14 **Option C**, the annual benefit maximum for each eligible family member will increase from \$450 to \$600.

**Dental Benefits for Out of Network Providers: (Applicable ONLY IF your Employer and Union elected Optional dental benefits).** The Fund has worked with Delta Dental to revise the payment schedule for those patients electing to use non-Delta Dental providers. (Remember that you receive the greatest dental benefit by using a Delta Dental provider.) In order to provide improved dental benefits in most cases for

these patients, the Trustees have updated the reimbursement schedule for services provided by non-Delta Dental providers.

**Orthodontic Benefits: (Applicable ONLY IF your Employer and Union elected Optional dental benefits):** For dependent children 18 years of age and under who have braces placed on or after June 1, 2007 and are using a Delta Dental provider, the orthodontic benefit maximum will be raised from \$2,000 to \$3,000. If you use a non-Network provider, the benefit maximum remains at \$2,000.

**Wheelchair:** The Fund will now provide benefits for one medically necessary wheelchair per lifetime with no cap, subject to the Plan's Major Medical deductibles and copayments. Previously, the maximum amount payable for a wheelchair was \$400 but the Trustees have removed the \$400 cap.

**Chiropractor Visits: (Applicable ONLY IF your Employer and Union elected Optional physician office visit benefits):** The Trustees increased the benefits for chiropractic visits. The Fund will now pay a maximum of \$25 per visit for up to 20 visits per Benefit Year *per eligible family member*. Previously, the Fund limited payment to an annual maximum of \$400 *per family* per year, at a maximum per visit fee of \$25.

***THE CHANGES BELOW WILL BE EFFECTIVE JULY 1, 2007:***

**Emergency Room – New Copayment:** The Trustees have learned that many Participants and their families use a hospital emergency room for services that they should receive from their family physician. Unfortunately, an ER physician cannot give the patient the same level of service and follow-up that is available from a family physician. Moreover, the cost of emergency room services is often four times as much as the same (or better) service from a family physician. **Therefore, there will be a Fifty Dollar (\$50) copayment for emergency room visits.** However, if the patient is admitted to the hospital immediately following the emergency room visit, the copayment will be waived.

**Death and Accidental Death and Dismemberment Benefits (Applicable ONLY IF your Employer and Union elected Optional Death and Accidental Death and Dismemberment Benefits):** If you are covered under **Option A**, the death and accidental death and dismemberment benefit for the Participant has been raised from \$25,000 to \$35,000. If you are covered under **Option B**, the death and accidental death and dismemberment benefit for the Participant has been raised from \$15,000 to \$20,000. If you are covered under **Option C**, the death and accidental death and dismemberment benefit for the Participant has been raised from \$7,500 to \$10,000. In addition, the benefits at the death of a child were raised from \$1,000 to \$2,000. The benefits on the death of a spouse remain at \$2,000. (The amounts for dismemberments have been adjusted proportionately.)