

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

**Summary of Material Modification  
July 2013**

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

This notice includes information about:

(A) a new option for certain Participants to elect to opt out of all Fund coverage for themselves and for all Dependents covered under the Fund; and

(B) a clarification to the Plan's rules where your Spouse's or Dependent's health plan is a high deductible health plan (HDHP) with a health savings account (HSA), consistent with the federal law governing HSAs.

**A. Option for Full Opt-Out**

i. **Full-Opt Out Coverage:** As of the effective date of a new or renewing Collective Bargaining Agreement or Participating Agreement following July 1, 2013, Local Unions and Contributing Employers (and Contributing Employers that are parties to Participation Agreements) may bargain to extend to Participants an option to waive Fund Coverage for themselves and their otherwise Eligible Dependents. Note that under this full opt-out option, you and all family members will be waiving coverage from the Fund. You cannot remain in the Fund yourself, but waive coverage for your Spouse or Dependents under this option. (Plan 14 Participants may also have other Opt-Out options depending on the options selected by their Union and Employer.)

ii. **Resuming Fund Coverage:** You may elect to resume Benefits Coverage from the Fund for yourself and your Eligible Dependents during the Fund's annual Open Enrollment Period (November 1 through December 31). Also, you may opt back into coverage for yourself and your Eligible Dependents in the event of a loss of other coverage or upon the occurrence of a life event.

**a. Special Enrollment Rights For Those Opting Out of Fund**

**Coverage:** A life event includes marriage, birth, adoption, or placement for adoption. For loss of other coverage or life events, you must request enrollment within 30 days of the loss of coverage or life event triggering the special enrollment. A special enrollment right also arises for you and your Eligible Dependents who lose coverage under a State Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs. You or your Eligible Dependent must request enrollment within 60 days

of the loss of coverage or the determination of eligibility for premium assistance.

**B. Clarification of Rules Where the Spouse or Eligible Dependent is Covered under a Health Savings Account (“HSA”).**

(i) If your Spouse (or an Eligible Dependent) is covered under a high-deductible health plan with a ~~health savings account~~ (~~HSA~~), this Spouse or Dependent may not be covered under this Plan. If your Employer pays on a Component basis, the Employer will not be responsible for Contributions for this Spouse or Dependent.

**IMPORTANT NOTE:** Your spouse should be aware that the applicable federal regulations provide that in order to be eligible to enroll in an HDHP with an HSA, the individual may NOT have ~~other health coverage~~, which includes group health coverage like the type the Fund provides.