Central Pennsylvania Teamsters Health and Welfare Fund

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CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE FUND

Summary of Material Modification
July, 2019

Important Changes Have Been Made to the Plan!
Please read carefully.

Below are summaries of the amendments that have been made to your benefit plan. These changes are in effect. Please review each of the changes carefully. Below each change is a description of where you may find them in your individual plan. If your Plan is not referenced under any of the summaries below, the amendment does not apply to your Plan.

1. **Spouses who each work for Different Contributing Employers:** The Trustees streamlined the rule applicable to married Participants who each work for a Contributing Employer. If you and your spouse each work for Employers that make Contributions to the Central Pennsylvania Teamsters Health & Welfare Fund, one of you can take coverage under the other's Fund Coverage. The Employer of the individual taking Coverage under the Spouse's plan will not have to make a Contribution on the individual's behalf. This applies ONLY where both Spouses work for a Contributing Employer.

   For example, Mary Jones works for a Plan 13 Contributing Employer and John Jones works for a Plan 14 Contributing Employer. If John decides to become covered under Mary's Plan 13 Coverage, his Employer would not be required to make a Contribution on John's behalf and the Fund would not apply the "spousal waiver" rule to John.

   - **Plan 13**: This amendment makes the change described above in the Active Plan Document for Plan 13, by adding this provision to Section 3.6.c, following "Optional Coverage for Plan Participants and Dependents".

   - **Plan 13Y**: This amendment is already reflected in the revised Active Plan Document – 13Y that you recently received. **See** Section 3.5.c.ii.

   - **Plan 14**: This amendment is already reflected in the revised Active Plan Document – Plan 14 that you recently received. **See** Section 3.5.c.iii.

- **Plan 16**: This amendment makes the change described above in the Master Plan Document for Plan 16, by adding this provision to Article III following "Optional Coverage for Plan Participants and Dependents."

2. **The Trustees amended the rule governing in-person participation in Claim Appeal Hearings:**

   Your appeal will continue to be considered by the Board of Trustees in accordance with all federal laws and regulations. Information relating to your appeal will be accepted for the Trustees' consideration at a hearing conducted under the Fund's rules. You will have the right to appear by telephone or other electronic method determined by the Trustees as well as by submitting documents or information via standard delivery or electronic mail. At least one Trustee will participate in the hearing on appeal.

   - **Plan 13**: This amendment makes the change described above to the language in the Active Plan Document - Plan 13, Section 22, subparagraphs (1) and (2) in response to the following question "What are my rights on appeal?".

   - **Plan 13Y**: This amendment is already reflected in the revised Active Plan Document – Plan 13Y that you recently received. **See** Section 22, subparagraphs (1) and (2) in response to the following question "What are my rights on appeal?".

   - **Plan 14**: This amendment is already reflected in the revised Active Plan Document – Plan 14 that you recently received. **See** Section 22, subparagraphs (1) and (2) in response to the following question "What are my rights on appeal?".

   - **Plan 16**: This amendment changes the Master Plan Document for Plan 16, Article XXIV F(6)(d), by deleting the existing language and substituting the amended provision described above.

   - **Plan R7/R7-65**: This amendment makes the change described above to the language in the Summary Plan Description, Part I, Section 6, subparagraphs (1) and (2) in response to the following question: "What are my rights on appeal?".

3. **Definition of "Hospital"**: In the "Glossary," the Trustees have clarified the definition of "Hospital" to reflect that the term includes only a narrow class of residential services, that is, for surgical, medical, or mental (including substance abuse) conditions. In addition, the provision is amended by specifying that stays at skilled nursing facilities are limited to fifteen (15) days. The new, full definition of "Hospital" is as follows:

Hospital. A facility that provides medical and diagnostic care for injured or ill persons on an inpatient basis; is supervised by a staff of Physicians and provides 24-hour-per-day nursing care under the supervision of registered nurses; provides diagnosis and treatment of surgical, medical, or mental (including substance abuse) conditions, and that is approved by the Joint Commission on Accreditation of Hospitals, or other appropriate accreditation body, or licensed to operate in the state in which it is located. The term Hospital includes an Ambulatory Surgical Center.

> ***IMPORTANT NOTE***: The term "Hospital" does not include nursing homes; skilled nursing facilities or facilities that primarily provide custodial, domiciliary, or convalescent care, or that provide residential diet or exercise Services or care, except Medically Necessary sub-acute or hospice care and skilled nursing facilities that have been pre-certified by the Fund's Medical Advisor, when care is provided in a manner consistent with the Fund's policies, rules and regulations. Please note: Skilled nursing facilities Benefits are limited to 15-day stays.

- **Plan 13**: This amendment substitutes the above definition of "Hospital" for the one that appears in the Active Plan Document - Plan 13, Glossary p. 135-136.

- **Plan 13Y**: This amendment is already reflected in the revised Active Plan Document – Plan 13Y that you recently received. **See** Glossary, p.116.

- **Plan 14**: This amendment is already reflected in the revised Active Plan Document Plan 14 that you recently received. **See** Glossary, p. 135 – 136.

- **Plan 16**: This amendment substitutes the above definition of "Hospital" for the one that currently appears at the Master Plan Document for Plan 16, Article 1.A.34 (Definitions) p.11-12.

- **Plan R7/R7-65**: This amendment substitutes the above definition of "Hospital" for the one that currently appears at the Summary Plan Description for Plan R7/R7-65, Part I (Definitions) p.50.

4. **The Trustees have improved Benefits for Certain Immunizations and Injections that are not included as ACA "Preventive Care" services.** Previously, if you received a Medically Necessary injection or immunization ("injection") that was not considered "Preventive Care" under the ACA, and you were charged separately for the injection and the office visit, the Fund would only pay for the office visit but not for the injection. If you were not charged for the office visit, the Fund would pay up to $25 ($15 for R7/R7-65) for the injection.

However, the Benefit has been improved as follows:

- **Network Provider:** If you receive a Medically Necessary immunization or injection that is not "Preventive Care" under the ACA and the Network Provider charges separately for an office visit and the immunization or injection, the Fund will pay for the office visit at the Network Rate **and** up to $25($15 for R7/R7-65) towards the immunization or injection.

- **Non-Network Provider:** If you receive a Medically Necessary immunization or injection that is not "Preventive Care" under the ACA and the Non-Network Provider charges separately for an office visit and the immunization or injection, the Fund will pay Benefits for the office visit. **In addition,** the Fund will pay the difference up to the UCR or $25 ($15 for R7/R7-65) towards the immunization or injection. If the Non-Network Provider does not charge for an office visit, the Fund will pay up to the UCR or $25($15 for R7/R7-65) toward the immunization or injection.

    - **Plan 13**: This amendment deletes the existing provision at Section 5.C.2.c and d of the Active Plan Document- Plan 13 and substitutes the provision above.

    - **Plan 13Y**: This amendment deletes the existing provision at Section 5.3.c and d. of the Active Plan Document – Plan 13Y and substitutes the provision above.

    - **Plan 14**: This amendment deletes the existing provision at Section 5.3.c and d of the Active Plan Document – Plan 14 and substitutes the provision above.

    - **Plan 16**: This amendment deletes the existing provision at Article VIII.D.2 and 3 of the Master Plan Document and substitutes the provision above.

    - **Plan R7/R7-65**: This amendment deletes the existing provision at the Summary Plan Description for Plan R-7, Part II, Section 4 and the Summary Plan Description for Plan R-7/65, Part III, Section 4 and substitutes the provision above.

5. **Elimination of In-Network Deductibles:** The Trustees have eliminated Deductibles when you receive services from an In-Network provider. Therefore, the references to Deductibles for In-Network services have been deleted by this amendment. Please note that you are still responsible for Copayments (for example, the $20 Copayment due when you visit a Network non-specialist physician) as well as the 10% Coinsurance for Major Medical services regardless of whether you use a Network or Non-Network Provider.

- **Plan 13**: This amendment deletes the reference to "Deductible" in the last sentence of the first paragraph of Section 4.3 and specifies that there are no In-Network Deductibles at Section 14.2 in the Active Plan Document – Plan 13.

- **Plan 13Y**: This amendment deletes the reference to "Deductible" in the last sentence of the first paragraph of Section 4.3 and specifies that there are no In-Network Deductibles at Section 14.2 in the Active Plan Document – Plan 13Y.

- **Plan 14**: This amendment deletes the reference to "Deductible" in the last sentence of the first paragraph of Section 4.3 and specifies that there are no In-Network Deductibles at Section 14.2 in the Active Plan Document – Plan 14.

- **Plan 16**: This amendment deletes the existing provision at Article XVII.C.1 and 2 in the Master Plan Document for Plan 16.