Central Pennsylvania Teamsters Health and Welfare Fund

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CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE FUND

Summary of Material Modification ALL ACTIVE PLANS

Important Changes Have Been Made to the Plan!
Please read carefully.
Keep This Information with Your Plan Document.

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. This Summary of Material Modification describes changes related to:

- *Dental Implants*
- *Vision Benefits*
- *Orthotics Benefits*
- *Benefits for Disabled Children Age 26+*
- *Medicare Opt-Out for Spouses (Limited Circumstances)*
- *Non-Assignment of Benefits*

1. **Dental Implant Benefit Improvement: Dental and Orthodontic Benefits (Special Rules for Dental Implants)** has been amended to clarify and provide for the following Benefits for Dental Implants, subject to the limitations described below:

   - ***Pre-determination is MANDATORY for all Dental Implants before the process is started.*** If you do not complete the pre-determination process before you receive implant services, the Fund will not pay more than annual dental maximum available under the Plan (less any benefits already used).
   - ***Your dentist MUST provide all documentation required by the Fund's dental advisor.*** Contact the Fund Office to learn what information must be provided and where it should be submitted.
   - ***What Dental Implant Services are covered under my Dental (not Medical) Benefits?*** Consultation, X-rays and miscellaneous Services related to the dental implant are payable under the dental Benefit, up to applicable annual limit.
   - ***What Dental Implant Services are covered under my Medical (not Dental) Benefits?The Implanted Socket, Abutment and Crown are payable under your Medical Benefits.*** The Implanted Socket will continue to be paid at 100%. Benefits for the Abutment and Crown will differ depending on whether you use a Delta Network Provider or a NonNetwork Provider:

     a. **In-Network:** Medical/ Surgical Benefits are available for the abutment and crown, payable at 80% of Delta Dental's premier allowed or PPO rate. The patient is responsible for 20% of the cost of the Abutment and Crown;

     b. **Non-Network:** Medical/ Surgical Benefits are available for the abutment and crown, payable at 20% of Delta Dental's premier allowed or PPO rate. The patient is responsible for the difference between the amount paid by the Fund and the amount billed by the Non-Network Provider.

- Delta Dental will administer both the Medical and dental Benefits related to the Dental Implant Benefit, based on the Delta Dental Network rates. The patient will have available for the dental Benefits any unused portion of the annual dental allowance.
- Only dental Benefits are available if your Dental Implant is placed only for esthetic or cosmetic reasons. No Medical Benefits will be available.

2. **Vision Benefit Improvement: Hearing and Vision Benefits (Vision Benefits)** has been amended to provide that for patients age 19 and over, in addition to the examination, the Benefit every two years includes EITHER two pair of eyeglasses OR one pair of eyeglasses and one order of disposable contact lenses. Benefits will differ depending on whether the patient uses a Davis Vision Network Provider or a Non-Network Provider:
    a. **In-Network:** In addition to an examination, the Fund will provide payment in full for two pair of eyeglasses, or one pair of eyeglasses and one order of disposable contact lenses. The patient may choose any Fashion, Designer or Premier level frame from Davis Vision's Frame Collection, which will be covered in full. If the patient selects a frame not in the Davis Collection, a $90 credit will be applied. If the patient selects prescription disposable contact lenses from a Network Provider's alternate supply, a $95 credit will be applied. The patient will be responsible for any balance remaining after the credit is applied.
    b. **Non-Network:** In addition to an examination (up to $45 Benefit), the Fund will provide a Benefit ofup to $75 each of two pairs of eyeglasses, or up to $75 for one pair of eyeglasses and up to $75 for one order of prescription contact lenses.
3. **Orthotic Benefits: Major Medical Benefits (Additional Major Medical Benefits)** has been amended to provide for Orthotic Benefits where the Fund's Medical Advisor certifies that the foot orthotics are Medically Necessary, consistent with the Medical Advisor's Clinical Policy on Foot Orthotics and are required for certain conditions related to the foot, ankle, knee, or the spine. Prior to this change, orthotic Benefits were available only for the treatment of diabetes or peripheral vascular disease.
4. **Continuing Coverage for Disabled Dependent Child After 26 and Over: Eligibility (Enrolling Yourself and Eligible Dependents in the Plan: Disabled Child)** has been updated and clarified and provides as follows: If your Child (a) is eligible for Social Security benefits on account of a disability that arose prior to his or her 26th birthday and which disability prevents the Child from living independently; (b) is unmarried; and (c) earns less than $10,000 annually, he or she may be Eligible for Benefits Coverage after reaching age 26 so long as all of the conditions above are met. The Participant must submit supporting documentation as required by the Fund, including an annual statement reflecting the Social Security benefits. Except in the case in which the disability is permanent (for example, significant intellectual disabilities), the Participant must submit an annual medical certification that the Child remains disabled.
5. **Spouse May Opt-Out of Coverage in Favor of Medicare Coverage: Eligibility (Coverage for Spouses)** has been amended to permit a Participant's Spouse, who meets the conditions below, to opt out of the Participant's Benefit Coverage in favor of the Spouse's own Medicare coverage. These requirement include:
    - The Participant and Spouse must affirm in writing on a Fund form that the Spouse wishes to opt-out of Fund Benefit Coverage in favor of his or her Medicare coverage;
    - The Fund provides no incentive or benefit because the Spouse opts-out of Fund Benefit Coverage in favor of Medicare coverage;
    - The Trustees determine that the opt-out is consistent with state and federal law;
    - The Spouse's terminated Benefit Coverage can be restored, consistent with the Fund's Special Enrollment rules, provided that the Spouse remains Eligible for Benefits under the terms of the Plan.
    - In all such cases, the Employer will be obligated to pay the same Contribution that would have been due if the Spouse were still Eligible for Benefit Coverage under the Plan.
6. **Plan Administration (Nonassigment of Benefit Payments)** has been modified to make clear that the legal rights or Benefits accorded to Participants and Dependents under the Plan accrue to them and to them only, and not to any other party, including providers. Moreover, a Participant or Dependent cannot assign these legal rights or Benefits to any other party.