

Central Pennsylvania Teamsters Health and Welfare Fund

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CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE FUND

Summary of Material Modification PLAN 13Y

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

The Trustees are pleased to present you with a summary of the improvements made to your benefit plan. Please review each of the changes carefully. These changes are effective January 1, 2021.

1. **Dental Benefits:** Section 9.1.c. (Benefits Limits): This section is amended by increasing the Dental Benefits for Routine and Accidental Services as follows:
 - a. **Network Provider:** The Fund will pay Benefits of 80% of the contracted rate up to \$800 per person per Benefit Year. Previously, the Benefits were up to 60% of the contracted rate up to \$600 per person per Benefit Year.
 - b. **Non-Network Provider:** The Fund will pay Benefits of up to 80% of the UCR, up to \$800.00. Previously, the Benefits were up to 80% of the contracted rate up to \$600 per person per Benefit Year.
2. **Prescription Benefits:** Section 13.2.a (Network Pharmacy) is amended by the reducing the Prescription Copayments as follows:

RETAIL COPAYMENTS:

- **Generic Drugs:** \$5 (\$10 prior to amendment)
- **Preferred Brand Name Drugs:** \$15 (\$30 prior to amendment)
- **Non-Preferred Brand Name Drugs:** \$30 (\$50 prior to amendment)

MAIL ORDER COPAYMENTS:

- **Generic:** \$15 (\$30 prior to amendment)
- **Preferred Brand Name Drugs:** \$30 (\$60 prior to amendment)
- **Non-Preferred Brand Name Drugs:** \$60 (\$100 prior to amendment)

3. **Death Benefits:** Section 16 (Death Benefits) is amended by increasing the death benefits as follows:

a. **Death Benefits:**

1. **In General.** The Plan will purchase on your behalf a life insurance policy from Lincoln National Life Insurance Company to provide Benefits for your Eligible Dependents in the event of your death. Subject to the terms of that policy, if you die, the Plan will pay death Benefits of \$35,000 to your Designated Beneficiary. If your Spouse dies, you will receive a death Benefit of \$2,000, and if your Child older than 14 days dies, you will receive a death Benefit of \$2,000.

b. **Accidental Death and Dismemberment Benefits:**

2. **Amount of Benefit.**

a. **Accidental Death.** If you die as a result of an Accident, the Plan will pay your Designated Beneficiary an Accidental death Benefit of \$35,000, in accordance with the policy in place and on receipt of all required documentation. This Benefit is in addition to any death Benefit payable under "Death Benefits" described above.

b. **Accidental Dismemberment.** The Plan will pay the following dismemberment Benefits in accordance with the policy in place and on receipt of all required documentation:

Loss of speech and hearing in both ears	\$ 35,000
Quadriplegia	\$ 35,000
Both hands	\$ 35,000
Both feet	\$ 35,000
Sight in both eyes	\$ 35,000
One hand and one foot	\$ 35,000
One hand or foot and sight in one eye	\$ 35,000
Paraplegia or triplegia	\$ 26,250
Severance of one limb	\$ 17,500

Loss of sight in one eye	\$ 17,500
Loss of speech or hearing in both ears	\$ 17,500
Hemiplegia	\$ 17,500
Loss of thumb and index finger on same hand	\$ 8,750
Uniplegia	\$ 8,750

c. All references to "The Hartford" should instead read "Lincoln National Life Insurance Company."