

Central Pennsylvania Teamsters Health and Welfare Fund

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Summary of Material Modification CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE FUND PLAN 13 PLAN 14 PLAN 16

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

1. Improvements to Your Dental Benefits

Effective January 1, 2024, the Trustees have increased the Dollar Maximum of the per Eligible Participant or Dependent per year dental Benefit, if elected, as set forth in the chart immediately below. All other dental Benefits and applicable terms remain unchanged.

Plan – Section	Current Benefit	New Benefit as of January 1, 2024
Plan 13: Section 8.A.3.a.	\$1000	\$2000
Section 8.A.3.b. • Accidental	\$1000	\$2000
Plan 14: Section 8.A.3.a. • Benefit Level A • Benefit Level B • Benefit Level C	\$1000 \$ 800 \$ 600	\$2000 \$1600 \$1200
Section 8.A.3.b. • Accidental	\$1000	\$2000
Plan 16: Article XII.A.(1), (2) and (3) • Benefit Level A • Benefit Level B • Benefit Level C	\$1000 \$ 800 \$ 600	\$2000 \$1600 \$1200
Article XII.E • Accidental	\$1000	\$2000

2. Improvements to Your Vision Benefits

Effective January 1, 2024, the Trustees have improved your vision Benefit, if elected, as set forth the chart immediately below. All other vision Benefits and terms remain unchanged.

Plan – Section	Current Benefit	New Benefit as of January 1, 2024
<p>Plan 13 Section 9.B.1. (a) and (b)</p> <p>New Benefit:</p>	<ul style="list-style-type: none"> • Frame Allowance: \$90 • Contact Lens Allowance: \$95 	<ul style="list-style-type: none"> • Frame Allowance: \$150 • Contact Lens Allowance: \$150 <p>Lasik Surgery: Bilateral -\$200 Single -\$100</p>
<p>Plan 14 Section 9.B.1. (a) and (b)</p> <p>New Benefit:</p>	<ul style="list-style-type: none"> • Frame Allowance: \$90 • Contact Lens Allowance: \$95 	<ul style="list-style-type: none"> • Frame Allowance: \$150 • Contact Lens Allowance: \$150 <p>Lasik Surgery: Bilateral -\$200 Single -\$100</p>
<p>Plan 16 Article XI.D.</p> <p>New Benefit:</p>	<ul style="list-style-type: none"> • Frame Allowance: \$90 • Contact Lens Allowance: \$95 	<ul style="list-style-type: none"> • Frame Allowance: \$150 • Contact Lens Allowance: \$150 <p>Lasik Surgery: Bilateral -\$200 Single -\$100</p>