

Central Pennsylvania Teamsters Health and Welfare Fund

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Please note the following corrections to scrivener's errors

Plan 14 Active Plan Document

The correct percentages and deductible requirements are set forth below

1. DURABLE MEDICAL EQUIPMENT AND SUPPLIES:

PLAN 14

DURABLE MEDICAL EQUIPMENT

IN NETWORK

OUT OF NETWORK

Level A	90% of contracted rate until Out-of-Pocket is reached; then 100%	70% of UCR after deductible
Level B	90% of contracted rate after deductible until Out-of-Pocket is reached; then 100%	70% of UCR after deductible
Level C	80% of contracted rate after deductible until Out-of-Pocket is reached; then 100%	70% of UCR after deductible

DURABLE MEDICAL SUPPLIES

Level A	90% of contracted rate until Out-of-Pocket is reached; then 100%	90% of UCR
Level B	90% of contracted rate until Out-of-Pocket is reached; then 100%	90% of UCR
Level C	80% of contracted rate until Out-of-Pocket is reached; then 100%	80% of UCR

Please contact the Fund Office if you have any questions about this information.

