

TEAMSTERS LOCAL 639 – EMPLOYERS HEALTH FUND

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SUMMARY OF MATERIAL MODIFICATIONS

Date: May 20, 2022

To: All Participants
Teamsters Local 639 – Employers Health Trust Fund

From: The Board of Trustees of the Teamsters Local 639 -- Employers Health Trust Fund

Subject: Notice of Expanded Coverage for Screening Mammogram Testing and Extended Telehealth Benefits

This Notice announces changes to the Fund's coverage. Please read this document carefully and keep it in a safe place.

Wellness Benefits – Screening Mammogram Testing Coverage

Effective June 1, 2022, the Fund will cover 100% of the cost of screening mammogram testing once each year for all female Participants and Dependents age 40 and older.

Previously, testing was covered once per year for female Participants and Dependents age 50 and older, and once every other year for female Participants and Dependents between the ages 40 and 49.

Telehealth Benefits (video and audio visits)

The Fund will continue to provide telehealth benefits (video and audio visits) for **in-network providers only** through July 31, 2022. These charges will be processed in the same way as an in-person visit would be. The normal participant cost sharing (deductibles and co-insurance rates) for in-network providers will apply. The Fund will **not** accept or process any claims for telehealth visits from out-of-network providers incurred after October 31, 2020, except for telehealth visits for COVID-19 testing which continue to be covered at 100% with no cost sharing for both in-

network and out-of-network providers through the emergency period as required by the Families First Coronavirus Response Act. The Fund will continue to cover the costs of medically necessary diagnostic tests, items and services incurred in connection with a telehealth visit (including the visit) that results in an order for, or administration of, a COVID-19 test with no participant cost sharing through the emergency period. Notwithstanding this temporary coverage for COVID-19 related claims, you and your family are always urged to use an in-network provider.

If you have any questions about this notice, your health benefits or eligibility, you can contact the Fund Office at (202) 636-8181 or toll-free at (800) 983-2699, Monday through Friday from 9:00 a.m. until 5:00 p.m. Additionally, walk-in or in-person service has now resumed so you may visit the Fund Office in-person.

The Trustees continue to reserve the right to amend, modify, or terminate the Fund and any or all benefits provided thereunder.

GRANDFATHERED HEALTH PLAN

This group health plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.