

**TEAMSTERS LOCAL 639 – EMPLOYERS PENSION FUND
401(H) RETIREE MEDICAL PLAN**

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SUMMARY OF MATERIAL MODIFICATIONS

Date: May 20, 2022

To: All Participants Teamsters Local 639 – Employers Pension Trust Fund – 401(h)
Retiree Medical Plan

From: The Board of Trustees of the Teamsters Local 639 – Employers Pension Trust
Fund – 401(h) Retiree Medical Plan

Subject: Notice of Expanded Coverage for Screening Mammogram Testing, OTC COVID-19 Tests and Telehealth Benefits

This Notice announces changes to the Plan'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 Plan will cover 100% of the cost of screening mammogram testing once each year for all female non-Medicare Retirees and Spouses age 40 and older. Mammograms for Medicare eligible Retirees and Spouses are covered by Medicare.

Over-the-Counter (“OTC”) COVID-19 Diagnostic Test Coverage

Non-Medicare Retirees and Spouses: The Plan is extending coverage of OTC COVID-19 diagnostic tests through the end of the National Emergency caused by the COVID-19 pandemic. As set forth in our previous Notice, you are eligible to receive up to eight (8) at-home OTC COVID-19 tests per month, free of charge, by going to one of the many participating pharmacies in your CVS Health National Network and presenting your Retiree Health Plan Identification card.

Medicare Retirees and Spouses: Medicare adopted a new initiative in April 2022 that allows Medicare Part B participants to receive up to eight (8) OTC COVID-19 tests each month at no cost to them. You should check <https://www.medicare.gov/medicare-coronavirus> for details and to find a participating pharmacy near you.

Telehealth Benefits (video and audio visits)

Non-Medicare Retirees and Spouses: The Plan will continue to provide telehealth benefits (video and audio visits) for **in-network providers only** for non-Medicare retirees and spouses 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 Plan 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. The Plan 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 declared National Emergency period. Notwithstanding this temporary coverage for COVID-19 related claims, you and your family are always urged to use an in-network provider.

Medicare Retirees and Spouses: The Plan will provide coverage secondary to Medicare, as applicable.

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.