



### SUMMARY OF MATERIAL MODIFICATIONS

TO: ALL PARTICIPANTS  
TEAMSTERS LOCAL 639-EMPLOYERS HEALTH TRUST FUND

RE: Improved Health Benefits

Dear Participant:

The Board of Trustees is pleased to announce the following improvements in your Health Plan Benefits, effective January 1, 2013:

1. The amounts of your In-Network deductible for single and family coverage have been reduced. The maximum annual In-Network out-of-pocket payment for you and your family has also been reduced. The current and new schedules of benefits are as follows:

In-Network Deductible/Co-payment	Current	New (effective 1/1/2013)
Per Person	\$150	\$100
Per Family	\$300	\$200

In-Network Maximum Annual Out of Pocket Payment after the Deductible has been satisfied	Current	New (effective 1/1/2013)
Per Person	\$800	\$400
Per Family	\$1,600	\$800

2. The Plan's Well Aware for Better Health Disease Management program has been improved to assist you to better manage certain chronic health conditions. While the Well Aware program was focused on three chronic conditions, an enhanced program that

**Note:** The Plan already pays 100% of the UCR Charge for In-Network or Out-of Network immunizations for dependent children through the age of three, and flu shots for all ages.

The immunizations covered may change from time to time at the discretion of the Board of Trustees. If you have any questions about these benefit changes, please call the Fund Office at (202)-636-8181.

The Board of Trustees

Please place this in your Summary Plan Description for handy reference and safekeeping. If you do not have a Summary Plan Description and subsequent Summary of Material Modifications, you may obtain copies by contacting the Fund Office.