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SUMMARY OF MATERIAL MODIFICATIONS #23

Date: May 12, 2025

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

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

Subject: Notice of Dental Benefit and Accident & Sickness Benefit Changes

This Notice announces important changes to the Plan's Dental Benefit Program and Accident & Sickness Benefit.

Dental Benefit Changes

Effective June 1, 2025, the Teamsters Local 639 – Employers Health Trust Fund (the "Plan") will transition to a new self-insured dental plan administered by Cigna. Starting on this date, dental benefits under the Plan will be provided through the Cigna Dental EPO Plan ("Cigna EPO") instead of Cigna Dental Care ("Cigna DHMO").

Here's how the change may impact you:

Finding a Cigna EPO Dentist

As we explained previously in our letter to you dated April 14, 2025, the Cigna EPO includes all dentists in the Cigna Dental DPPO Plan because it uses the same Cigna Total DPPO network. The Cigna Total DPPO network is a much broader network with more local options than that utilized by the Cigna DHMO. **Like the Cigna DHMO, the Cigna EPO does not include any out-of-network coverage. Therefore, no dental benefits will be provided by the Plan if you choose to go to an out-of-network dentist.** Because the network of dentists available through the Cigna EPO is much larger than the network available under the Cigna DHMO, you should be able to find an in-network dentist near you.

If your current dentist participates in the Cigna DHMO network, they may likely also participate in the Cigna Total DPPO network and will, therefore, be in-network for the Cigna EPO. If your dentist participated in the Dental Health Centers ("DHC") network, they may participate in the Cigna Total DPPO network, even if they did not participate in the Cigna DHMO network. If your DHC dentist does not currently participate in the Cigna Total DPPO network, they may be willing to join the network, even if they were unwilling to join the Cigna DHMO network. You can nominate a dentist that is not currently in the Cigna Total DPPO network. A provider nomination form is available from the Fund Office.

To find in-network dentists, search for general dentists on www.mycigna.com or by calling 800.Cigna24 (800.244.6224). You can use the same or a different dentist for each of the covered members of your family.

Cigna EPO Coverage

Most, but not all, of the dental benefits covered under the Cigna EPO will remain similar to those provided under the Cigna DHMO, and to those provided by DHC prior to that. However, while the Cigna EPO provides a broader network and better access to providers, certain services under the Cigna EPO may result in additional out-of-pocket costs to you.

The Cigna EPO is a coinsurance plan, meaning that there will be a set percentage of discounted fees that you are required to pay out-of-pocket for certain services. There is no deductible. Under the Cigna EPO, you will have a $3,000 calendar year maximum benefit ***per person*** for all covered dental expenses (Class I, II, and III), excluding orthodontia (Class IV). There is a separate $4,000 lifetime benefit per child under the Cigna EPO for orthodontia expenses.

“Class I” expenses (which include oral evaluations, x-rays, and routine cleanings) and “Class II” expenses (which include fillings, extractions, and endodontics) will be covered under the Cigna EPO at 100%. “Class III” expenses (which include crowns, dentures and bridges) and “Class IV” expenses (orthodontic care for children under age 19) will be subject to 25% coinsurance under the Cigna EPO.

The attached benefit summary provides more information about the services covered under the Cigna EPO.

If you obtain services from a specialist, you are not required to obtain a referral under the Cigna EPO. This is a change from the Cigna DHMO, which did require a referral from a general dentist to obtain coverage for services provided by a specialist.

Continuation of Care

If you or one of your dependents is in the middle of a dental treatment for major services such as crowns, dentures or bridges that was started before May 31, 2025 with a dentist in the Cigna DHMO network, you will be able to continue treatment with that DHMO dentist until the procedure is completed. The Fund Office is also working with Cigna to provide continuation care for dependents who are in the middle of orthodontia treatment to allow them to continue treatment with their current orthodontists.

Claims and Appeals

Claims and appeals for dental benefits will be determined by Cigna, not the Fund Office. While dentists in the Cigna EPO network are expected to submit claims on your behalf, if you need to submit a claim for dental benefits, it may be sent to:

Cigna Dental
P.O. Box 188037
Chattanooga, TN 37422-5037

If Cigna denies your claim, you will be notified in accordance with the "Claim Appeal" section of the Summary Plan Description, and you (or your duly authorized representative) may appeal the denial to Cigna.

Plan Materials

Detailed description of the benefits, including covered services, coinsurance rates, limitations and exclusions, will be available on the Plan's website at www.ourbenefitoffice.com/teamsterslocal639trustfunds/benefits. We will also post an initial listing of all local dentists participating in the Cigna Total DPPO network on our website, but the most up-to-date information will always be found on the Cigna website – www.mycigna.com.

ID Cards

You will receive a **new** Cigna dental ID card in the mail. You will also receive a new medical ID card from the Fund Office.

Accident & Sickness Benefit Changes

The Plan provides weekly accident and sickness disability benefits to replace income lost when you are out of work due to a non-occupational accident or sickness that prevents you from performing any and every duty pertaining to employment.

Effective June 1, 2025, the weekly payment amount has increased from $225 per week for up to the first 26 weeks of disability and $275 per week for up to the second 26 weeks of disability, respectively, to $350 per week for up to 52 weeks of disability. Accordingly, the "Schedule of Benefits" that appears on page 67 of the Summary Plan Description has been updated as follows:

SCHEDULE OF BENEFITS	
Maximum weeks for One Continuous Period of Disability	**52**
Weekly payment amount	**$350**
Commencement date of payments	
Accident/Injury	Day 1
Illness/Sickness	Day 8

In addition, the list of "Exclusions" that appears on page 67 of the Summary Plan Description has been modified to provide that the Plan will not pay Accident & Sickness benefits to a participant who is out of work due to injuries that were intentionally self-inflicted or that were sustained as a result of committing a crime.

SPECIAL NOTE FOR UPS PARTICIPANTS: UPS provides long-term disability benefits for disabilities lasting longer than 26 weeks under the UPS National Long Term Disability Plan (the "UPS LTD Plan"). Therefore, the disability benefits you receive from the Fund will end after 26 weeks (if not before, in accordance with the Fund's terms). To review the UPS LTD Plan or confirm if you are eligible to receive disability benefits under the UPS LTD Plan if your disability lasts longer than 26 weeks, you must contact the UPS LTD Plan Administrator, The Hartford Life and Accident Insurance Company, as soon as possible, as there may be applicable time limits on filing a claim. You can reach them toll-free at 866-825-0186 or visit their website at https://abilityadvantage.thehartford.com. If the UPS LTD Plan denies your claim for disability benefits, you may be eligible to receive disability benefits from the Fund if your disability continues to meet the Fund's terms. If you file a claim with the UPS LTD Plan and your claim is denied, please contact the Fund Office.

If you are a UPS Participant, the terms of eligibility for and the level of disability benefits provided to UPS employees are described in the UPS LTD Plan. If there is any discrepancy between our understanding of the UPS LTD Plan as outlined in this Summary of Material Modification and the actual UPS LTD Plan, the terms of the UPS LTD Plan will govern. Neither the Fund nor the Trustees have any relationship with or control over the UPS LTD Plan.

All other existing exclusions and procedures related to the Plan's Accident & Sickness benefit remain unchanged.

Questions

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, you may visit the Fund Office in-person.

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.

Please Note: *The Trustees reserve the right to amend, modify, or terminate the Plan and any or all benefits provided thereunder.*

Cigna Dental Benefit Summary
Teamsters Local 639 – Employers Health Trust Fund
Plan Effective Date: 6/1/2025

Administered by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations.

DEPO		
Network	**Total Network**	
Reimbursement Levels	Based on Contracted Fees	
Calendar Year Benefits Maximum Per Person Applies to: Class I, II, & III expenses	$3,000	
Calendar Year Deductible Individual Family	 None None	
Benefit Highlights	***Plan Pays***	***You Pay***
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	No Charge
Class II: Basic Restorative Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments	100% No Deductible	No Charge
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures	75% No Deductible	25% No Deductible
Class IV: Orthodontia Coverage for Dependent Children to age 19 Lifetime Benefits Maximum Per Person: $4,000	75% No Deductible	25% No Deductible

Benefit Plan Provisions:	
Reimbursement	For services provided by a Cigna Dental EPO network dentist, Cigna Dental will reimburse the dentist based on the dentist's contracted fees. There is no balance billing, which means that network dentists are not allowed to bill above the negotiated, discounted fees for covered services.
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of $200 is proposed.
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Benefit Limitations:	
Oral Evaluations/Exams	2 per 12 consecutive months.
X-rays (routine)	Bitewings: 2 sets per 12 consecutive months.
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.
Diagnostic Casts	Payable only in conjunction with orthodontic workup.
Cleanings	2 per 12 consecutive months, including periodontal maintenance procedures following active therapy.
Fluoride Application	1 per 12 consecutive months for children under age 19.
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.
Tooth-colored (Composite) Fillings	Covered on anterior (non-molar) teeth only.
Crowns, Bridges, Dentures and Partials	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once.
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation.
Prosthesis Over Implant	1 every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.

Benefit Exclusions:

Covered Expenses will not include, and no payment will be made for the following:

- Procedures and services not included in the list of covered dental expenses;
- Diagnostic : cone beam imaging
- Preventive Services: instruction for plaque control, oral hygiene and diet;
- Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;
- Periodontics: bite registrations; splinting;
- Prosthodontic: precision or semi-precision attachments;
- Implants: implants or implant related services;
- Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;
- Athletic mouth guards;
- Services performed primarily for cosmetic reasons;
- Personalization or decoration of any dental device or dental work;
- Replacement of an appliance per benefit guidelines;
- Services that are deemed to be medical in nature;
- Services and supplies received from a hospital;
- Drugs: prescription drugs;
- Charges in excess of the Scheduled Amount.

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, Inc.