

TEAMSTERS LOCAL 639 – EMPLOYERS
HEALTH & PENSION TRUST FUNDS



Teamsters Local 639 Center
3130 Ames Place, NE
Washington, DC 20018-1513
(202) 636-8181 / (800) 983-2699
Fax: (202) 526-7959

SUMMARY OF MATERIAL MODIFICATIONS

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

RE: Improved Mental Health Benefits, Network Provider and Other Changes

Dear Participant:

The Board of Trustees is pleased to announce the following improvements in your Health Plan Benefits for expanded mental health and drug and alcohol dependency benefits, effective January 1, 2014.

1. The Trustees have elected to contract with Cigna Healthcare to replace MHN Services ("MHN") as the provider of mental health benefits and Drug & Alcohol Dependency health services under the Health Plan. These health care services will be available to Plan Participants and Eligible Dependents through the Cigna network of preferred providers. Claims for these services will be processed by Zenith American Solutions similar to the medical plan services. Cigna will also provide Mental Assistance Program services providing professional assessment, counseling, education and referral services for personal mental health problems. The phone number to call to access MAP services will be shown on the ID card. Business Health Services ("BHS") and American Substance Abuse Professionals ("ASAP"), will continue to administer Department of Transportation ("DOT") and non-DOT United Parcel Service ("UPS") substance abuse referrals.

To determine the providers in your area, you can request a provider directory from the Fund Office or from Cigna at 800-768-4695 or you can access the most up-to-date version on the internet at www.cignasharedadministration.com. All in-patient in-network admissions and out-of-network alcohol and drug dependency admissions must be pre-authorized with Cigna. Cigna will be responsible for utilization management/care management similar to your medical benefits. A new ID card reflecting this change is enclosed.

2. Your Mental Health and Drug and Alcohol Dependency benefits have been improved. The Plan has added annual Out-of-Pocket limits to these benefits. This means that there is now a cap on the amount of money you have to pay in coinsurance for these benefits and your other medical benefits. In other words, once you reach the Out-of-Pocket limit with your share (coinsurance) of medical, mental health or drug and alcohol dependency treatment covered charges (or any combination of the three), the Plan will pay 100% of

covered charges for all of these benefits for the remainder of that year. The Plan also eliminated Day and Visit limits for these benefits. Finally, the Plan added Out-of-Network benefits for Alcohol and Drug Dependency treatment. The current and new schedules of benefits are as follows:

	Inpatient Mental Health (Current)		Inpatient Mental Health (New-Effective 1/1/2014)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	None		None	
Coinsurance	90%	70%	90%	70%
Annual Out-of-Pocket Limit for Medical, Mental Health and Alcohol and Drug Dependency Benefits (excluding deductibles)	None		\$400/\$800	\$4,000/\$8,000
Day Limits	30 Days Annual		None	
Pre-authorization	Pre-authorization required. Otherwise 70% Paid.	None	Pre-authorization required. Otherwise 70% Paid.	None

	Outpatient Mental Health (Current)		Outpatient Mental Health (New-Effective 1/1/2014)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	None		None	
Coinsurance	90%	70%	90%	70%
Annual Out-of-Pocket Limit for Medical, Mental Health and Alcohol and Drug Dependency Benefits (excluding deductibles)	None		\$400/\$800	\$4,000/\$8,000
Visit Limits	50 Days Annual		None	
Pre-authorization	Pre-authorization required. Otherwise 70% Paid	None	None	

	Inpatient Alcohol & Drug Dependency (Current)		Inpatient Alcohol & Drug Dependency (New-Effective 1/1/2014)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	None	No Coverage	None	
Coinsurance	100%		100%	60%
Annual Out-of-Pocket Limit for Medical, Mental Health and Alcohol and Drug Dependency Benefits (excluding deductibles)	None		\$400/\$800	\$4,000/\$8,000
Day Limits	One admission unless aftercare program was followed and/or it was determined that additional detoxification is necessary.		None	
Pre-authorization	Pre-authorization required. Otherwise 70% paid.		Pre-authorization required. Otherwise 70% Paid	Pre-authorization required. Otherwise 80% of normal coverage paid.

	Outpatient Alcohol & Drug Dependency (Current)		Outpatient Alcohol & Drug Dependency (New-Effective 1/1/2014)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	None	No Coverage	None	
Coinsurance	100%		100%	60%
Annual Out-of-Pocket Limit for Medical, Mental Health and Alcohol and Drug Dependency Benefits (excluding deductibles)	None		\$400/\$800	\$4,000/\$8,000
Visit Limits	None		None	
Pre-authorization	Pre-authorization required. Otherwise 70% paid.		None	

3. For the purpose of eligibility for benefits under the Plan, the definition of “children” is amended to include foster children by adding the following bullet point to page 12 of the Summary Plan Description:

“Foster children placed with the Participant by an authorized placement agency or by order of a court of competent jurisdiction.”
4. With respect to coverage other than life insurance coverage, adult children under the age of 26 shall qualify as eligible dependents regardless of whether they are eligible for other employer sponsored healthcare coverage.

Benefits 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.