TEAMSTERS LOCAL 639 – EMPLOYERS HEALTH FUND
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SUMMARY OF MATERIAL MODIFICATIONS **#20**

Date: May 20, 2024

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 Contraception Coverage and Dental Coverage

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

The Board of Trustees of the Teamsters Local 639 – Employers Health Trust Fund is pleased to announce the following benefit improvements **effective June 1, 2024.**

Expanded Contraception Coverage

Previously, the Fund covered oral contraceptives, including Plan B, for participants and spouses only. Coverage for dependents was provided only after being pre-authorized for medically necessary reasons.

Effective June 1, 2024, the Fund will provide contraception coverage with a doctor's prescription under the pharmacy benefit for participants, eligible spouses **and** dependents and it will also expand the forms of contraception covered to include the following without prior authorization:

- Hormonal methods, such as birth control pills and vaginal rings;
- Emergency contraception, such as Plan B® and Next Choice;
- Barrier methods, such as diaphragms;
- Injectables, transdermal patches and pH modulators
- Implanted devices, such as intrauterine devices (IUDs)

Under the Fund's agreement with its Pharmacy Benefit Manager, CVS Health, regular generic and brand co-payments will apply including the requirement that you must pay the cost difference for a brand medication if a generic is available. You also need to begin mail order

after the third fill from a retail pharmacy. Additionally, the regular terms of CVS Health's formulary will apply in terms of preferred and non-preferred products, as well as quantity limits for injectables, implantable devices, barriers and rings.

Further, the Fund will cover the cost of fitting a diaphragm, IUD or other implant under the medical benefit at the regular coinsurance cost after you have met your deductible.

Expanded Dental Coverage in the Medical Plan

Previously, the Fund excluded coverage for hospital administered anesthesia or general anesthesia for restorative dentistry procedures or fillings in the medical plan. Additionally, the Fund excluded coverage of the facility charges for dental procedures performed outside of the dentist's office.

Effective June 1, 2024, the Fund will allow coverage in the medical plan for medically necessary in-network outpatient facility and anesthesia charges with pre-authorization for restorative and oral surgery dental procedures that cannot be safely performed in the dentist's office. This means that if you or your eligible spouse or dependent require general anesthesia at an out-patient hospital setting or other outpatient facility for a dental procedure covered under the dental plan, the Fund will cover the cost of the anesthesia and the facility under the medical plan of benefits at the regular participant cost-sharing charges (deductibles and co-insurance rates) provided the following conditions are met:

- The anesthesia and in-network facility must be pre-authorized by CareAllies; and
- The treatment must be medically necessary and performed at an in-network facility.

Note that the Fund will **not** cover charges for dental procedures performed at an out-of-network facility nor will the Fund cover charges for dental procedures performed if CareAllies does not pre-authorize the in-network facility and determine that the anesthesia is medically necessary. The dental plan covers the services of the dentist for dental procedures according to the terms of that plan. The other provisions of the medical plan in terms of excluding coverage for the care and treatment of the teeth remain unchanged.

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. You can also find information about participating providers on the Fund's website at www.ourbenefitoffice.com/teamsterslocal639trustfunds/benefits.

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.