

PLEASE READ THIS DOCUMENT CAREFULLY AND KEEP IT IN A SAFE PLACE

SUMMARY OF MATERIAL MODIFICATIONS #17

Date: January 13, 2025

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 Dental Benefit Changes

This Notice announces important changes to the Plan's Dental Benefit Program.

Effective February 1, 2025, the Teamsters Local 639 – Employers Pension Trust Fund – 401(h) Retiree Medical Plan (the “Plan”) will transition to a new dental provider. Starting on this date, dental benefits for all participants who have elected dental coverage will be provided through Cigna Dental Care (“Cigna DHMO”) instead of Dental Health Centers (“DHC”), except for those residing in certain states.

Retired participants living in the following states will receive dental benefits through the Cigna Indemnity Policy (“Indemnity Plan”):

- Alaska
- Maine
- Montana
- New Hampshire
- New Mexico
- North Dakota
- South Dakota
- Vermont or
- Wyoming

The Cigna DHMO and Indemnity Plans are described below:

The Cigna DHMO Network

DHMO has a large network with over 18,000 participating dentists to choose from as well as 6,900 participating dental specialists. You **must** select a general dentist in the Cigna DHMO network to manage your overall care, and you **must** visit that dentist in order to have your dental benefits covered. **No dental benefits will be provided by the Plan if you choose to go to an out-of-network dentist.** The good news is that with such a large network, you should be able to see an in-network dentist and have many of your dental needs covered at no charge (see below). Also, several dentists who participate in the DHC network also participate in the Cigna DHMO network.

If your dentist is not in the Cigna DHMO network, you can nominate them for Cigna to recruit into the Cigna DHMO network. A provider nomination form is available from the Fund Office.

You can search for general dentists on www.mycigna.com, or by calling 800.Cigna24 (800.244.6224). You can select the same or a different dentist for your covered spouse. Cigna will assign a network general dentist to you that is within 25 miles of your location. You may change this selection on or after February 1, 2025. If needed, your general dentist will refer you to an appropriate specialist. This referral from your general dentist is required; without it, any services rendered by the specialist will not be covered.

Cigna DHMO Coverage

Most of the dental benefits coverage under the Cigna DHMO will remain the same as the coverage you received under the DHC plan, and many benefits and costs are improving. However, the Cigna DHMO is a copayment plan – meaning you pay a fixed dollar amount to your network dentist for the covered service(s) you receive in addition to any allowable charge for upgraded materials, and you do not have to meet a deductible before coverage begins. For example, diagnostic and preventive care services (e.g., biannual cleanings, x-rays, and exams) are generally covered with a \$0 copay, but basic restorative services (e.g., fillings) are subject to a copay between \$0 and \$40 depending on the service. More complex services, like endodontics (e.g., root canal treatment, excluding final restorations), are subject to a copay of up to \$90 depending on the service, and periodontics (e.g., treatment of gum and bone that supports the teeth) are subject to a copay between \$30 and \$255.

This difference in how services are billed under the Cigna DHMO plan may result in a modest cost increase to you for certain services, but in most instances, you would have had to pay more under the DHC plan. Under the DHC plan, you were responsible for 25% of the cost of the entire service, which is more than most of the applicable copays under the Cigna DHMO. In addition, while the DHC plan imposed an annual maximum benefit of \$4,000 per family, there are no annual dollar maximums under the Cigna DHMO. The Cigna DHMO only has a 24-month active treatment limitation on orthodontia, which means that orthodontic cases beyond 24 months generally require an additional payment.

A listing of the Cigna DHMO services covered and the copay schedule is posted on the Plan's website at www.ourbenefitoffice.com/teamsterslocal639trustfunds/benefits.

The Indemnity Plan

If you live in one of the states listed above, the Cigna DHMO is not available in your area. The Fund has therefore contracted with Cigna to provide you with the Indemnity Plan.

The Indemnity Plan provides you and your spouse with comprehensive benefits similar to those provided by Cigna DHMO. But unlike the Cigna DHMO, you may go to any dentist you choose and Cigna will reimburse you and your spouse for all, or a portion of, your out-of-pocket costs up to a maximum of \$4,000 per year per person in accordance with their Maximum Reimbursable Charge (i.e., 50th percentile of provider allowed amounts in the geographic area for covered services). The amount of the reimbursement depends on the type of service you receive. Like the DHC plan, Cigna will pay 100% for the cost of routine diagnostic and preventive care services (e.g., biannual cleanings, x-rays, and exams). Similarly, basic restorative services (e.g., fillings) are paid at 90% which is roughly equivalent to the copays paid by participants in the Cigna DHMO.

Major restorative services (e.g. crowns, bridges, and dentures) are paid at 85%. Under the Indemnity Plan, you do not have to meet a deductible before coverage begins.

Although your dentist is not in the DHMO network, they may nonetheless participate with Cigna through another Cigna network. If so, they generally will file a claim for the services rendered with Cigna at the claim address on the back of your dental ID card (see below) and Cigna will either reimburse you or your dentist depending on your dentist's payment process. Dentists that are not in the Cigna network may not file a claim on your behalf. For more information on the claims process, go to www.mycigna.com or call Cigna customer service 24/7 at 800.Cigna24 (800.244.6224).

The Indemnity Plan Benefit Summary is posted on the Plan's website at www.ourbenefitoffice.com/teamsterslocal639trustfunds/benefits.

Continuation of Care

If you or your spouse is in the middle of a dental treatment that was started before January 31, 2025 (e.g., a root canal, crown or bridge work), you will be allowed to complete that treatment with your current dentist, even if the work is performed after January 31, 2025, at the costs provided through DHC. You will need to contact DHC to complete the work before February 28, 2025. If continuation of care is not available through DHC, you must complete and submit a transition of care/continuity of care request to Cigna within 30 days of becoming active for Cigna to cover the remainder of the treatment. Call Cigna customer service 24/7 at 1-800-Cigna24 to request the transition of care/continuity of care paperwork.

Plan Materials

You will soon be receiving a welcome packet from Cigna which will include information about the DHMO and choosing an in-network dentist. You will also receive more detail about the specific benefits of the Cigna DHMO and, if applicable, the Indemnity Plan. Until then, you can find more information on the Plan's website at www.ourbenefitoffice.com/teamsterslocal639trustfunds/benefits.

ID Cards

You will receive a NEW medical/prescription identification card with the new which include Cigna's contact information on the back. You will also receive a separate Cigna dental ID card in the mail.

Dental Contribution Rates

With respect to cost, please note:

For Non-Medicare Retirees, your dental benefits are included as part of your monthly contribution rate which were already communicated to you for 2025.

For Medicare Retirees, your monthly contribution rate for Cigna DHMO or Indemnity Plan coverage (as applicable) for you and your spouse for 2025 is \$30.00 per individual.

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.

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