



## TEAMSTERS LOCAL 639 – EMPLOYERS HEALTH FUND

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### **SUMMARY OF MATERIAL MODIFICATIONS**

**DATE:** January 2020

**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 Plan Changes

Dear Participant:

***The Board of Trustees of the Teamsters Local 639 - Employers Pension Trust Fund – 401(h) Retiree Medical Plan is pleased to announce, through this Summary of Material Modifications, changes to the Plan's coverage for Medicare Eligible Participants. As described below, effective March 1, 2020, the Plan will now offer Vision and Dental benefits to Medicare Eligible Retirees and Spouses for a low monthly cost.***

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

**Effective March 1, 2020**, the Plan, with the help of its vision and dental providers – Vision Service Plan (VSP) and Dental Health Centers (DHC), will offer vision and dental coverage to Medicare Eligible Retirees and their Medicare Eligible Spouses on a voluntary Retiree/Spouse pay all basis. These programs are designed to allow Retirees who are eligible for Medicare and/or their Medicare Eligible Spouses to purchase vision and dental benefits. Currently, vision and dental benefits are provided only to non-Medicare Eligible Retirees and Spouses. Specifically, this new, added coverage is offered as follows:

### **VISION COVERAGE**

**WHO IS ELIGIBLE?** Effective March 1, 2020, a Medicare Eligible Retiree will have the option to purchase vision coverage for

- Himself/herself only (Retiree only), or for
- Both himself/herself and the Medicare Eligible Spouse (Retiree + Spouse), or for
- Just the Medicare Eligible Spouse (Spouse only). Please note that if your Spouse is not yet eligible for Medicare and is receiving his/her healthcare from the 401(h) Plan, then your Spouse **already** receives vision care from the 401(h) Plan. You should **NOT**

elect vision coverage for your non-Medicare Spouse.

**WHAT BENEFITS ARE OFFERED?** The vision coverage for Medicare Eligible Retirees and Medicare Eligible Spouses is the same as that provided to non-Medicare Retirees and Spouses. It is as follows:

VSP Choice Plan	Retirees
Exam Every:	12 Months
Lenses Every:	12 Months
Frame Every:	24 Months
Contact Lenses (in lieu of lenses and frames) Every:	24 Months
	VSP Provider
Exam	Copayment: \$0 Exam / \$0 Materials
Contact Lens Exam (Fitting & Evaluation)	15% discount
Retail Frame Allowance	\$120
Elective Contact Lenses Allowance	\$120
Covered Lens Options (Standard Progressives, Scratch Resistant Coating)	Covered in Full
	Out-of-Network Provider
	Reimbursement
Examination up to:	\$30
Single Vision, up to:	\$9
Bifocal Lenses, up to:	\$15
Trifocal Lenses, up to:	\$15
Frame, up to:	\$32 <sup>1</sup>
Elective Contact Lenses, up to:	\$93

Please see pages 37-39 of your Summary Plan Description (“SPD”) for additional details about the vision coverage.

**WHAT IS THE COST OF VISION COVERAGE?** The cost of coverage to the Medicare Eligible Retiree and/or Spouse is \$3.61 per person per month.

**HOW DO I SIGN UP FOR THIS NEW COVERAGE?** If you and/or your Spouse is currently eligible for Medicare, enclosed is a form for you to elect vision coverage if you so choose. If you do wish to make such an election, simply send the form back to the Fund Office and the cost of coverage for you and/or your Spouse will be deducted from your monthly pension check beginning with your March 2020 check. If you and/or your Spouse is not yet eligible for Medicare, you will receive a form, similar to the one that is enclosed, shortly before becoming eligible for Medicare. You may complete and return the form at that time.

**HOW LONG WILL THESE RATES STAY THE SAME?** The \$3.61 per person per month rate is good from March 1, 2020 through November 30, 2020. After that, the rate may change. You will receive advance notice of any rate changes.

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<sup>1</sup> The November 1, 2012 Summary Plan Description states that the reimbursement rate for frames from Out-of-Network Providers is \$70. That is incorrect. The correct reimbursement rate is \$32. This applies to both Medicare and Non-Medicare Eligible Retirees and Spouses.

**DO I HAVE TO COMMIT TO BUY COVERAGE FOR A CERTAIN PERIOD OF TIME?** No. You can cancel your coverage effective the first of any month with 15 days advance written notice to the Fund Office. For example, if you advise the Fund Office, in writing, on July 5<sup>th</sup>, that you wish to cancel coverage, your coverage will terminate effective August 1<sup>st</sup>. However, if you do not inform the Fund Office, in writing, of your wish to cancel coverage until July 25<sup>th</sup>, your coverage will terminate September 1<sup>st</sup> and you will be charged for the cost of coverage for the month of August. **Please be aware that once you cancel your coverage, you cannot re-elect to continue this coverage at a later date. Cancellation of coverage is permanent.**

**CAN I ELECT TO PURCHASE JUST VISION COVERAGE AND DROP MY CURRENT MEDICAL COVERAGE?** No. In order to purchase the additional vision coverage, you must be enrolled in the 401(h) Plan's medical coverage.

**CAN I ELECT TO PURCHASE JUST VISION COVERAGE AND NOT DENTAL COVERAGE?** Yes. You may choose vision coverage, but decline dental coverage.

**CAN I DECLINE VISION COVERAGE NOW, BUT PURCHASE IT LATER?** No. If you and/or your Spouse are Medicare Eligible and do not elect and return the enclosed form to the Fund Office postmarked, hand delivered or faxed **by Friday, February 14, 2020**, you will not be able to purchase vision coverage at a later date. This is designed to help protect the Plan and keep the cost of coverage low. Allowing participants to decline vision coverage now and purchase it later only when they may need an eye exam or glasses would result in higher costs for everyone.

**HOW/WHEN CAN I TERMINATE MY VISION COVERAGE?**

As explained above, you can cancel your coverage effective the first of any month with 15 days advance written notice to the Fund Office. For example, if you advise the Fund Office, in writing, on July 5<sup>th</sup>, that you wish to cancel coverage, your coverage will terminate effective August 1<sup>st</sup>. However, if you do not inform the Fund Office, in writing, of your wish to cancel coverage until July 25<sup>th</sup>, your coverage will terminate September 1<sup>st</sup> and you will be charged for the cost of coverage for the month of August. **Please be aware that once you cancel your coverage, you cannot re-elect to continue this coverage at a later date. Cancellation of coverage is permanent.**

## **DENTAL COVERAGE**

**WHO IS ELIGIBLE?** Effective March 1, 2020, a Medicare Eligible Retiree will have the option to purchase dental coverage for

- Himself/herself only (Retiree only), or for
- Both himself/herself and the Medicare Eligible Spouse (Retiree + Spouse), or for
- Just the Medicare Eligible Spouse (Spouse only). Please note that if your Spouse is not yet eligible for Medicare and is receiving his/her healthcare from the 401(h) Plan, then your Spouse **already** receives dental care from the 401(h) Plan. You should **NOT** elect dental coverage for your non-Medicare Spouse.

**WHAT BENEFITS ARE OFFERED?** The dental coverage for Medicare Eligible Retirees and Medicare Eligible Spouses is the same as that provided to non-Medicare Retirees and Spouses. It is as follows:

Service	Covered at 100% For participating dentists
Examinations	Routine, Emergency Examinations
X-Rays	including those for a complete diagnosis, required due to accidents, emergencies or unusual circumstances
Consultations	
Cleaning	with fluoride paste and routine plaque removal
Restorative dentistry	silver and tooth colored fillings (with local anesthesia)
Emergency gum treatment for infection	includes emergency treatment for toothaches, oral pain, and accidents not requiring hospitalization
Oral Surgery under local or general anesthesia	by a general dentist or oral surgeon to include extractions, impactions, cyst removal, bone reshaping for dentures, biopsies and other surgical procedures not requiring hospitalization.
Prosthodontic procedures required to make new full and partial dentures	every five years
Repair and relining of dentures	
Reimbursement of charges for emergency care	performed anywhere in the U.S., and paid for by the participant, up to \$50 per person per year upon presentation of a paid bill
	<b>Member pays 25% of UCR \$4,000 Annual Maximum Benefit*</b>
Crowns	Maximum of a total of 5 crown and/or bridge units per member per year
Bridges	Maximum of a total of 5 crown and/or bridge units per member per year
Endontia (root canals)	
Periodontia (gum surgery)	

Please see pages 33-36 of your Summary Plan Description (“SPD”) for additional details about the dental coverage.

**WHAT IS THE COST OF DENTAL COVERAGE?** The cost of coverage to the Medicare Eligible Retiree and/or Spouse is \$28.50 per person per month.

**HOW DO I SIGN UP FOR THIS NEW COVERAGE?** If you and/or your Spouse is currently eligible for Medicare, enclosed is a form for you to elect dental coverage if you so choose. If you do wish to make such an election, simply send the form back to the Fund Office and the cost of coverage for you and/or your Spouse will be deducted from your monthly pension check beginning with your March 2020 check. If you and/or your Spouse is not yet eligible for Medicare, you will receive a form, similar to the one that is enclosed, shortly before becoming eligible for Medicare. You may complete and return the form at that time.

**HOW LONG WILL THESE RATES STAY THE SAME?** The \$28.50 per person per month rate is good from March 1, 2020 through July 31, 2020. Effective August 1, 2020 the rate will increase slightly. The amount has not yet been determined. You will receive advance notice of any rate changes.

**DO I HAVE TO COMMIT TO PURCHASE COVERAGE FOR A CERTAIN PERIOD OF TIME?** No. You can cancel your coverage effective the first of any month with 15 days advance written notice to the Fund Office. For example, if you advise the Fund Office, in writing, on July 5<sup>th</sup>, that you wish to cancel coverage, your coverage will terminate effective August 1<sup>st</sup>. However, if you do not inform the Fund Office, in writing, of your wish to cancel coverage until July 25<sup>th</sup>, your coverage will terminate September 1<sup>st</sup> and you will be charged for the cost of coverage for the month of August. **Please be aware that once you cancel your coverage, you cannot re-elect to continue this coverage at a later date. Cancellation of coverage is permanent.**

**CAN I ELECT TO PURCHASE JUST DENTAL COVERAGE AND DROP MY CURRENT MEDICAL COVERAGE?** No. In order to purchase the additional dental coverage, you must be enrolled in the 401(h) Plan's medical coverage.

**CAN I ELECT TO PURCHASE JUST DENTAL COVERAGE AND NOT VISION COVERAGE?** Yes. You may choose dental coverage, but decline vision coverage.

**CAN I DECLINE DENTAL COVERAGE NOW, BUT PURCHASE IT LATER?** No. If you and/or your Spouse are Medicare eligible and do not elect and return the enclosed form to the Fund Office postmarked, hand delivered or faxed **by Friday, February 14, 2020**, you will not be able to purchase dental coverage at a later date. This is designed to help protect the Fund and keep the cost of coverage low. Allowing participants to decline dental coverage now and purchase it later only when they may need a dental cleaning or repair would result in higher costs for everyone.

**HOW/WHEN CAN I TERMINATE MY DENTAL COVERAGE?** You can cancel your coverage effective the first of any month with 15 days advance written notice to the Fund Office. For example, if you advise the Fund Office, in writing, on July 5<sup>th</sup>, that you wish to cancel coverage, your coverage will terminate effective August 1<sup>st</sup>. However, if you do not inform the Fund Office, in writing, of your wish to cancel coverage until July 25<sup>th</sup>, your coverage will terminate September 1<sup>st</sup> and you will be charged for the cost of coverage for the month of August. **Please be aware that once you cancel your coverage, you cannot re-elect to continue this coverage at a later date. Cancellation of coverage is permanent.**

This SMM describes changes to the Plan's benefits and should be kept with your SPD for handy reference and safekeeping.

If you have any questions, please do not hesitate to contact the Fund Office at (800) 983-2699.

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

Sincerely,  
The Board of Trustees

Enclosure

