

Teamsters Local 641 Welfare Fund

714 Rahway Avenue, 2nd Floor, Union, New Jersey 07083

Telephone: (908) 687-4488

Fax: (908) 687-8368

www.641funds.org



December 26, 2013

The Affordable Care Act prohibits health plans from applying arbitrary dollar limits for coverage for key benefits. This year, if a plan applies a dollar limit on the coverage it provides for key benefits in a year, that limit must be at least \$750,000.

Your health insurance coverage, offered by Teamsters Local 641 Welfare Fund, does not meet the minimum standards required by the Affordable Care Act described above. Instead, it puts an annual limit of:

\$100,000 on major medical benefits

In order to apply the lower limits described above, your health plan requested a waiver of the requirement that coverage for key benefits be at least \$750,000 this year. That waiver was granted by the U.S. Department of Health and Human Services based on your health plan's representation that providing \$750,000 in coverage for key benefits this year would result in a significant increase in your premiums or a significant decrease in your access to benefits. This waiver is valid through February 28, 2104.

If the lower limits are a concern, there may be other options for health care coverage available to you and your family members. For more information, go to: www.HealthCare.gov.

If you have any questions or concerns about this notice, contact the Fund Office.

Very truly yours,

Mary Anne Gerlach
Plan Manager

Teamsters Local 641 Welfare Fund

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December 26, 2013

To All Participants and Beneficiaries:

The Women's Health and Cancer Rights Act of 1998 (the "ACT") which was signed into law by President Clinton on October 11, 1998, provides that any group health plan or health insurance issuer that provides medical and surgical benefits with respect to a mastectomy must also provide coverage for reconstructive surgery following the mastectomy. Specifically, if a participant or beneficiary is receiving benefits in connection with a mastectomy, the plan must also provide coverage for:

- reconstruction of the breast on which the mastectomy was performed.
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and physical complications at all stages of mastectomy, including lymphedemas.

This coverage is subject to all of the Fund's rules regarding benefits, including the Fund's an annual deductibles and coinsurance provisions.

Please note that this Fund already provides coverage for the items listed above and did no prior to the enactment of the Act and will continue to provide such coverage. Nonetheless, federal law requires the Fund to notify you of this coverage.

If you have any questions, please feel free to contact this office assistance.

Very truly yours,

Mary Anne Gerlach
Plan Manager

/mag

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TEAMSTERS LOCAL 641 WELFARE PLAN SUMMARY OF MATERIAL MODIFICATIONS

TO: Plan Participants
FROM: Board Of Trustees
SUBJECT: Vision Benefit

DISTRIBUTION DATE: October 31, 2013

EIN: 226220289

PLAN NUMBER: 501

Dear Participant:

The Trustees have elected to contract with Davis Vision Inc. to provide the Fund's vision benefit effective January 1, 2014.

Effective January 1, 2014, you must use a Davis Vision Provider in order to receive your annual vision benefit. **This will replace the current annual vision benefit of \$600 per family.** There will be **no** benefits available for services rendered by a provider who is not in the Davis Vision Network. A list of providers can be found at or by calling **1-800-999-5431**.

You will be receiving a more detailed description of the benefits along with additional information direct from Davis Vision.

If you have any questions concerning these changes or your Welfare Plan benefits, please contact the Fund Office.

Very truly yours,

A handwritten signature in cursive script that reads "Mary Anne Gerlach".

Mary Anne Gerlach

Plan Manager

FOR THE BOARD OF TRUSTEES

Union Trustees:

William Cunningham
Anthony Artificio, Jr.
Jan Katz

Employer Trustees:

David Mazzella
John Kerins

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TEAMSTERS LOCAL 641 WELFARE PLAN SUMMARY OF MATERIAL MODIFICATIONS

TO: Plan Participants

FROM: Board of Trustees

SUBJECT: Plan Changes – Affordable Care Act (ACA)

DISTRIBUTION DATE: December 27, 2013

**EIN: 226220289
PLAN NUMBER: 501**

This notice contains important information regarding changes to the Teamsters Local 641 Welfare Fund. Please take the time to read this carefully and share it with your family. Keep this notice with your Welfare Plan documents.

The Board of Trustees of the Plan has made the following changes to the Plan, in order to comply with the requirements of the new health reform law formally known as the Affordable Care Act. These changes will be effective March 1, 2014.

Benefit	Current Provision	ACA Change Effective March 1, 2014
Annual Limit	Annual Limit of \$100,000 excluding inpatient hospital charges	No Annual Limit
Acupuncture	In-Network - \$25 per visit, 25 visits per year Out of Network - \$25 per visit after deductible at 70%.	In-Network - \$20 copay then Horizon Allowance, 25 visits per year Out of Network - After deductible, Plan pays 70% of R&C. 25 visits per year.
Mental/Nervous - Inpatient	In-Network - 85% coinsurance; 30 day maximum Out of Network - Not Covered	In-Network -85% Coinsurance for 120 days * Out of Network - Not Covered
Mental/Nervous - Outpatient	In-Network - \$20 copay per visit; 30 visits per calendar year Out of Network - After deductible plan pays 70%. 30 visits per calendar year	In-Network - \$20 copay per visit; No visit Limit Out of Network - After deductible, Plan pays 70%. No visit limit.
Substance Abuse - Inpatient	In-Network -100% - One course of treatment per year up to 30 days	In-Network -100% Coinsurance for 120 days *
Substance Abuse - Outpatient	Not Covered In or out of network	In-Network - \$20 copay per visit; No visit Limit Out of Network - After deductible, Plan pays 70% of R&C. No visit limit.
Occupational Therapy	In-Network - \$20 copayment and 100% up to \$50 per visit, 25 visits per year Out of Network - subject to deductible; then 70%. up to \$50, 25 visits per year	In-Network - \$20 copay then Horizon Allowance, 25 visits per year Out of Network - After deductible, Plan pays 70% of R&C. 25 visits per year.
		(CONTINUED)

Benefit	Current Provision	ACA Change Effective March 1, 2014
Physical Therapy	In-Network - \$20 copayment and 100% up to \$50 per visit, 25 visits per year Out of Network - subject to deductible; then 70% up to \$40, 25 visits per year	In-Network - \$20 copay then Horizon Allowance, 25 visits per year Out of Network - After deductible, Plan pays 70% of R&C. 25 visits per year.
Therapeutic Manipulations	In-Network - \$25 per visit, 25 visits per year Out of Network - \$25 per visit after deductible at 70%.	In-Network - \$20 copay then Horizon Allowance, 25 visits per year Out of Network - After deductible, Plan pays 70% of R&C. 25 visits per year.
Pain Management	\$1,000 per Calendar year limit	Limited to 2 Treatments per year
Sleep Apnea	\$1,000 per calendar year limit	Limited to 2 Treatments per year

* 120 Annual Inpatient Days combined for all confinements.

Additional Plan Changes

Dental Eligibility

Eligibility for dental coverage will be changed to be the same as medical eligibility

Hospice Benefit

Effective March 1, 2014, the plan will cover charges for In-Network Only Hospice care services and supplies. The Plan will pay 85% for charges for hospice care services and supplies the covered person's attending Physician has diagnosed the Covered Person's condition as being terminal, and has determined that the person is not expected to live more than six months and placed the person under a Hospice Care Plan.

Routine Colonoscopy


Effective March 1, 2014, the plan will cover a routine colonoscopy once every 10 years for eligible participants over the age of 50. This In-Network only benefit will be paid at 85%.

Dependent Coverage Up to Age 26

Dependents will be covered under the plan up to Age 26 even if they have other medical insurance available to them. If your dependent is currently not enrolled you can enroll them for coverage starting March 1, 2014 provided you fill out the necessary enrollment forms available from the Fund Office. If your dependent is covered under other insurance as an employee coverage under the Teamsters Local 641 Welfare Fund will be secondary.

If you have any questions concerning these changes or your Welfare Plan benefits, please contact the Fund Office.

Very truly yours,



Mary Anne Gerlach
Plan Manager

FOR THE BOARD OF TRUSTEES

Premier Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

Paid-in-full eye examinations, eyeglasses and contacts!

Frame Collection: Your plan includes a selection of designer, name brand frames that are completely covered in full.¹¹

Contact Lens Collection: Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.¹¹

One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

How to locate a Network Provider...

Just log on to the Open Enrollment section of our Member-site at davisvision.com and click "Find a Provider" to locate a provider near you including:



Contact Davis Vision today.

For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call 1-877-923-2847 and enter Client Code 3356.

IN-NETWORK BENEFITS	
Eye Examination	Every January 1, Covered in full
Eyeglasses	
Spectacle Lenses	Every January 1, Covered in full For standard single-vision, lined bifocal, or trifocal lenses
Frames	Every January 1, Covered in full Any Fashion, Designer or Premier frame from Davis Vision's Collection ¹¹ (value up to \$225) OR \$150 retail allowance toward any frame from provider, plus 20% off balance
Contact Lenses	
Contact Lens Evaluation, Fitting & Follow Up Care	Every January 1, Collection Contacts: Covered in full OR Non Collection Contacts: Standard Contacts: Covered in full Specialty Contacts ² : \$60 allowance with 15% off balance
Contact Lenses (in lieu of eyeglasses)	Every January 1, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection ¹¹ OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance

ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
MOST POPULAR OPTIONS	Without Davis Vision	With Davis Vision
<i>Savings based on in-network usage and average retail values.</i>		
Scratch-Resistant Coating	\$40	\$0
Polycarbonate Lenses	\$64	\$0
Standard Anti-Reflective (AR) Coating	\$62	\$35
Standard Progressives (no-line bifocal)	\$154	\$0
Plastic Photosensitive (Transitions ^{®3})	\$123	\$65

Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$100	\$0
Lenses		
Bifocals	\$80	\$0
Scratch-Resistant Coating	\$40	\$0
Transitions ^{®3}	\$123	\$65
Frame	\$150	\$0
Total	\$493	\$65

Save up to \$428

¹¹The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.
²Including, but not limited to toric, multifocal and gas permeable contact lenses.
³Transitions[®] is a registered trademark of Transitions Optical Inc.
 Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

Davis Vision plans offer...

Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

Value-Added Features:

- Replacement contacts through LENS123[®] mail-order contact lens replacement service, saving both time and money.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

Contact Info

For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call 1.877.923.2847 and enter Client Code 3356.

ADDITIONAL OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
FRAMES		
Fashion Frame (from the Davis Vision Collection)	\$125	\$0
Designer Frame (from the Davis Vision Collection)	\$175	\$0
Premier Frame (from the Davis Vision Collection)	\$225	\$0
LENSES		
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$33	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$20	\$0
Scratch-Resistant Coating	\$40	\$0
Polycarbonate Lenses	\$64	\$0
Ultraviolet Coating	\$28	\$0
Standard Anti-Reflective (AR) Coating	\$62	\$35
Premium AR Coating	\$80	\$48
Ultra AR Coating	\$113	\$60
Standard Progressive Addition Lenses	\$154	\$0
Premium Progressives (Varilux [®] 12, etc.)	\$248	\$40
Ultra ¹² Progressive Addition Lenses	\$430	\$90
High-Index Lenses	\$120	\$55
Polarized Lenses	\$103	\$75
Plastic Photosensitive Lenses	\$123	\$65
Scratch Protection Plan (Single vision Multifocal lenses)		\$20 \$40

¹¹ Varilux[®] is a registered trademark of Societe Essilor International

¹² Category includes digital free-form progressive lenses.

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December 21, 2012

The Affordable Care Act prohibits health plans from applying dollar limits below a specific amount on coverage for certain benefits. This year, if a plan applies a dollar limit on the coverage it provides for certain benefits in a year, that limit must be at least \$2,000,000.

Your health coverage, offered by the Teamsters Local 641 Welfare Fund Plan A does not meet the minimum standards required by the Affordable Care Act described above. Your coverage has an annual limit of:

- \$100,000 on major medical benefits

This means that your health coverage might not pay for all of the health care expenses you incur.

Your health plan has requested that the U.S. Department of Health and Human Services waive the requirement to provide coverage for certain key benefits of at least \$2,000,000 this year. Your health plan has stated that meeting this minimum dollar limit this year would result in a significant increase in your premiums or a significant decrease in your access to benefits. Based on this representation, the U.S. Department of Health and Human Services has waived the requirement for your plan until December 31, 2013.

If you are concerned about your plan's lower dollar limits on key benefits, you and your family may have other options for health care coverage. For more information, go to: www.HealthCare.gov.

If you have any questions or concerns about this notice, contact Mary Anne Gerlach, Plan Manager, Teamsters Local 641, 714 Rahway Ave. Union, NJ 07083, (908) 687-4488. In addition, you can contact the New Jersey Department of Health and Senior Services at (800) 367-6543.

Very truly yours,

Mary Anne Gerlach
Plan Manager

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SUMMARY OF MATERIAL MODIFICATIONS

TO: Plan Participants

FROM: Board Of Trustees

SUBJECT: Immunizations and Dental Benefits

EIN: 226220289

DISTRIBUTION DATE: October 7, 2014

PLAN NUMBER: 501

Dear Plan Participant:

The Trustees of the Teamsters Local 641 Welfare Fund are pleased to announce the following improvements to the plan **effective July 1, 2014. THESE BENEFITS ARE IN-NETWORK ONLY.**

Immunizations

Effective July 1, 2014 the plan will now cover Flu shots and pneumonia vaccinations, Shingles vaccinations for adults age 60 and over, and all state required immunizations for school age children at 100%. *You are urged to use your Horizon Blue Cross/Blue Shield card at your local retail pharmacy as this will minimize any out of pocket cost at a doctor's office.*

Preventative Dental

Effective July 1, 2014 the plan will pay 100% for two routine exams and cleanings per year. Please be advised that these services will still count toward your \$1,000 annual maximum.

Very truly yours,

A handwritten signature in cursive script that reads "Mary Anne Gerlach".

Mary Anne Gerlach

Plan Manager

FOR THE BOARD OF TRUSTEES

UNION TRUSTEES:

EMPLOYER TRUSTEES:

William Cunningham

James Kilkenny

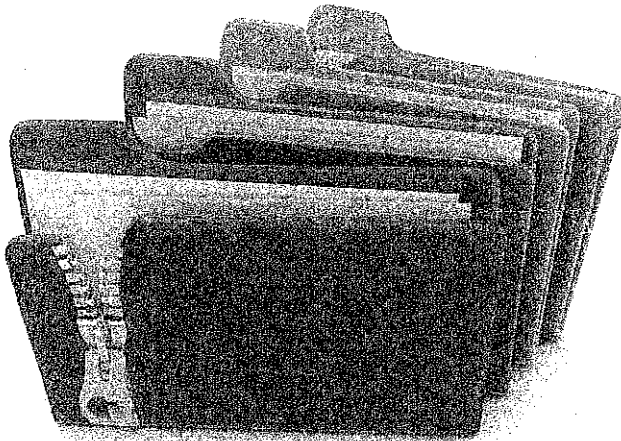
Gary Mills

David Mazzella

John Kerins

Teamsters Local 641 Welfare Fund

714 Rahway Ave. 2nd Floor
Union, NJ 07083 (908) 687-4488
Privacy Officer: Mr. Victor Pesantez
vpp@641funds.org; www.641funds.org



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

continued on next page

Your Rights *continued*

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date of Notice: September 23, 2013

This Notice of Privacy Practices applies to the following organizations.

Teamsters Local 641 Welfare Fund

Privacy Officer: Mr. Victor Pesantez; Teamsters Local 641 Welfare Fund, 714 Rahway Ave. 2nd Floor, Union, NJ 07083 email: vpp@641funds.org; website: www.641funds.org

