

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



SUMMARY OF MATERIAL MODIFICATIONS

TO: Plan Participants
FROM: Board of Trustees
SUBJECT: No Surprises Act & Patient Protection
DISTRIBUTION DATE: September 30, 2021
EIN: 22-6220289
PLAN NUMBER: 501

IMPORTANT NOTICE TO ALL PARTICIPANTS OF THE TEAMSTERS LOCAL 641 WELFARE FUND

Please keep this letter with your Summary Plan Description

This document is a Summary of Material Modifications ("SMM") intended to notify you of important changes being made to the plan of benefits (the "Plan") of Teamsters Local 641 Welfare Fund (the "Plan"). You should take the time to read this SMM carefully. If you have any questions regarding these changes to the Plan, please contact the Fund Office at (908) 687-4488.

CONSOLIDATED APPROPRIATIONS ACT, 2021 NO SURPRISE ACT AND PATIENT PROTECTION AND AFFORDABLE CARE ACT

Effective 1/1/2021, the Board of Trustees is amending the Teamster Local 641 Welfare Fund (the "Plan") to ensure consistency with the No Surprises Act and the Patient Protection and Affordable Care Act which was passed within the Consolidated Appropriations Act, 2021 (CAA).

Prudent Layperson Standard

Emergency Services - The Plan will not restrict the coverage of emergency services based on the final diagnosis; by imposing a time limit between the onset of symptoms and the presentation of the Participant at the emergency department, or because the Participant did not experience a sudden onset of the condition. Additionally, the Plan will not deny benefits for a Participant with an emergency medical condition that receives emergency services based on a general plan exclusion that would apply to items and services other than emergency services, for example denying claims for emergency services provided to dependent women who are pregnant, based on a general plan exclusion for dependent maternity care.

In reviewing emergency services, the Plan will consider the details of the claim, including the Participant's symptoms and apply the Prudent Layperson Standard, which defines an emergency medical condition as a situation in which a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to (1) place the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part. In other words, the Participant's symptoms make it an emergency, not the final diagnosis. For example, severe chest pain that creates a suspicion of heart attack and for which cardiac tests are done will be considered an emergency even if the final diagnosis indicates that it was not actually a heart attack.

Provider Reimbursement for Out-of-Network Emergency Services Claims - All provider reimbursements for out-of-network emergency services claims will be paid at the billed amount up to a maximum of the Plan's in-network rate for that procedure.

If you have any questions on the above modifications to our Plan, please do not hesitate to contact us at the Welfare Fund Office at (908) 687-4488.

Very truly yours,

Diane Florian

Diane Florian
Plan Manager
For the Board of Trustees