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: Summary Plan Description Update & Plan Changes

DISTRIBUTION DATE: December 28, 2015

EIN: 226220289
PLAN NUMBER: 501

Dear Participant:

This notice contains important information regarding 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.

Out of Network Laboratories and Radiology Centers

EFFECTIVE MARCH 1, 2016, THE PLAN WILL NO LONGER COVER OUT OF NETWORK LABORATORIES AND RADIOLOGY CENTERS. It will be your responsibility to make sure your physician sends lab work to an in-network laboratory for processing. We urge you to verify that any radiology service or laboratory service you schedule is **in-network** with Blue Cross/Blue Shield PPO.

The Following Statement Is Added To "Definitions" Of The General Provision Section On Page 15 Of The Summary Plan Description:

"Claim Allowance" An amount determined by the Plan as the least of the following amounts: (a) the actual charge made by the provider for the service or supply; or (b) in the case of In-Network Providers, the amount that the provider has agreed to accept for the service or supply; or (c) in the case of Out-of-Network Providers, the amount determined for the service or supply based on the 80th percentile of Fair Health UCR database; or (d) in the case of Out-of-Network Providers, an amount determined for the service or supply based on: (i) the prevailing payments made to providers for similar services or supplies in specific geographical areas; or (ii) similar profiles compiled by outside vendors.

Benefit Coverage Clarifications:

1) Days of Hospice coverage count toward the 120 day hospital limit; and
2) CPAP soft supplies are limited to 2 purchases per year.

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

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SUMMARY OF MATERIAL MODIFICATIONS

TO: Plan Participants

FROM: Board Of Trustees

SUBJECT: Benefit Changes

DISTRIBUTION DATE: July 20, 2015

EIN: 226220289
PLAN NUMBER: 501

Dear Participant:

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.

Dental Coverage

Effective July 1, 2015, the Trustees have increased the annual dental maximum from $1,000 per person to $1,500 per person. If you have already met the maximum prior to July 1, 2015 you will be granted an additional $500 but only for claims incurred after July 1, 2015.

Initial Coverage

Immediate coverage will be provided for those employees who have active coverage with Teamsters Welfare Fund of Northern New Jersey Local 723 and transfer to a contributing employer in the Teamsters Local 641 Welfare Plan. This change is effective 6/1/15. This will not apply to the maximum life insurance benefit.

Durable Medical Equipment

Effective 6/1/15, the Plan will cover the replacement of CPAP machines that do not have the monitoring chip that is required by the DOT. The replacement will be covered for the member only

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

Very truly yours,

Mary Anne Gerlach

Mary Anne Gerlach
FOR THE BOARD OF TRUSTEES

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Notice to Participants

TO: Plan Participants

FROM: Board Of Trustees

SUBJECT: Welfare Fund Summary Plan Description

DATE: April 21, 2015

Dear Plan Participant:

Please be advised that there was an ommission on Page 35 of the recently published Summary Plan Description. Below is the correct information regarding coverage for Physical Therapy:

5. PHYSICAL THERAPY (HOME OR OFFICE SETTING ONLY)

In-Network	Subject to $20 copayment, and 100% coinsurance. Up to 25 Visits per year
Out-Of-Network	Not covered.

If you have any questions, please contact the Plan Office.

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January 23, 2015

To: All Plan Participants
Re: **IMPORTANT APRIL 1, 2015 CHANGES**

Dear Participant:

Enclosed please find a Summary of Material Modifications describing the changes the plan will make effective 4/1/15. We urge you to read the notice carefully. If you are utilizing an out of network provider for any service listed, they will no longer be covered effective 4/1/15.

We have also enclosed a Summary of Benefit Coverage (SBC) effective 4/1/15. This updates the SBC that was distributed last week that was effective 3/1/15.

If you have any questions, please feel free to contact the plan office for assistance.

Very truly yours,

Mary Anne Gerlach
Plan Manager

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