



UNITED TEAMSTER FUND

2137-2147 UTICA AVENUE
BROOKLYN, NY 11234
PHONE 718-859-1624

Customer Service Dept. Fax (718) 421-0885 Acct Dept. Fax (718) 421-6319 Adm. Fax (718) 943-0159

SUMMARY OF MATERIAL MODIFICATIONS (“SMM”) REGARDING CHANGES TO THE UNITED TEAMSTER FUND

TO: ALL PARTICIPANTS

The Trustees met recently to address proposed changes to the United Teamster Fund (the “Plan”). The Trustees approved several changes to the Plan. Below is a summary of the changes. This summary is intended to satisfy the requirements for issuance of a Summary of Material Modifications (“SMM”) under the Employee Retirement Income Security Act of 1974, as amended. This SMM amends the Summary Plan Description (the “SPD”) that was previously provided to you and should be read together with the SPD. Please read this SMM carefully and keep it with your SPD. If you need another copy of the SPD or if you have any questions regarding these changes to the Plan, please contact the Fund Office during normal business hours at: 2137-2147 Utica Avenue, Brooklyn, New York, 11234, telephone number: (718) 859-1624.

The following changes are being made, effective on May 1, 2012, to the United Teamster Fund.

ELIGIBLE SERVICES AND SUPPLIES	IN-NETWORK Prior to May 1, 2012	IN-NETWORK Effective May 1, 2012
Adult Preventative Care	\$25 co-pay	Plan Pays 100%
Specialist Office Visits	\$40 co-pay	\$25 co-pay
Allergy Care	\$40 co-pay	\$25 co-pay
Chiropractic Care	\$40 co-pay, \$1,000 deductible per year*	\$25 co-pay, Maximum 25 visits per year*
Podiatric Services	\$25 co-pay, \$1,000 deductible per year*	\$25 co-pay
Outpatient Facility Surgery	\$100 co-pay, 20% coinsurance Cap of \$3,000 per year*	\$100 co-pay
MRIs, MRAs, PET ScanCAT, Scan, Ultrasound, and Radiology	20% coinsurance	\$50 co-pay

* The year is May 1st to April 30th



**UNITED TEAMSTER FUND
MAY 1, 2012 BENEFITS**

ELIGIBLE SERVICES AND SUPPLIES	IN-NETWORK Prior to May 1, 2012	IN-NETWORK Effective May 1, 2012
Physician's and Surgeon's Services (in-hospital)	\$1,000 deductible 20% coinsurance	Plan Pays 100%
Inpatient Hospital	\$1,000 deductible 20% coinsurance	\$100 co-pay per day Maximum \$500 out of pocket per year*
Emergency Room Physician	20% coinsurance	Plan Pays 100%
Anesthesia	20% coinsurance	Plan Pays 100%
Elective Termination of Pregnancy	\$40 co-pay	\$25 co-pay

DEDUCTIBLES AND ANNUAL MAXIMUMS

<u>Annual</u> Deductibles	\$1,000 Single; \$2,000 Family	\$250 Single; \$500 Family
<u>Annual</u> Benefit Period Maximums	\$750,000	\$1,250,000

**UNITED TEAMSTER FUND
MAY 1, 2012 BENEFITS**

ELIGIBLE SERVICES AND SUPPLIES	OUT OF NETWORK Prior to May 1, 2012	OUT OF NETWORK Effective May 1, 2012
Chiropractic Care	Deductible and 40% of Magnacare Allowance; Cap of \$1,000 per year*	Deductible and 40% of Magnacare Allowance; Max 25 visits per year*
Podiatric Services	Deductible and 40% of Magnacare Allowance; Cap of \$1,000 per year*	Deductible and 40% of Magnacare Allowance
Emergency Room Physician	20% coinsurance	Plan pays 100% of UCR~
Anesthesia	Deductible and 40% of Magnacare Allowance	You pay 20% of UCR~

ANNUAL MAXIMUMS

<u>Annual</u> Benefit Period Maximums	\$750,000	\$1,250,000
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IMPORTANT NOTICE REGARDING THE PLAN'S GRANDFATHERED PLAN STATUS

The Board of Trustees believes that the Plan is a "grandfathered health plan" under the Affordable Care Act. As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered

~ Usual, Customary and Reasonable ("UCR") refers to the cost of the service or supply that falls within the range of fees charged by most medical providers in your location for similar services within a geographic region as determined by the Plan's Schedule.

UNITED TEAMSTER FUND
MAY 1, 2012 BENEFITS

health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at 718-859-1624. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

This SMM is intended to provide you with an easy-to-understand description of certain changes to the Plan. While every effort has been made to make this description as complete and accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. If any conflict should arise between this SMM and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases.

The Board of Trustees or its duly authorized designee, reserves the right, in its sole and absolute discretion, to amend, modify, or terminate the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Plan and the Agreement and Declaration of Trust establishing the Plan (the "Trust Agreement").

No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the plan documents, make any promises to you about benefits under the Plan, or to change any provision of the Plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Plan and decide all matters arising under the Plan.