

IMPORTANT NOTICE REGARDING BENEFIT CHANGES

To All Participants Enrolled in the following Teamsters Local 731 Health and Welfare Funds:

- Health & Welfare Fund of the Excavating, Grading and Asphalt Craft Local No. 731;
- Local No. 731, I.B. of T. Private Scavengers Health and Welfare Fund;
- Local No. 731, I.B. of T. Garage Attendants, Linen and Laundry Health and Welfare Fund (Hereinafter referred to as "Funds")

■ **Health Plan Merger**

The Board of Trustees of the Private Scavengers Health & Welfare Plan and the Garage Attendants, Linen and Laundry Health & Welfare Plan have merged, effective July 1, 2018. The purpose of the merger is to gain and secure administrative efficiencies.

All benefit plan design, eligibility, rates, ID cards, etc. remain as they were prior to the merger. The only plan design changes are contained within this notice herein provided below.

The merged Plan name is the "Local No. 731, I.B. of T., Health and Welfare Fund".

■ **Prescription Out-of-Pocket Maximum**

The co-payment that you pay with regards to out-of-pocket expenses for covered prescriptions under the Plan apply to the out-of-pocket maximum. Effective January 1, 2019, the annual out-of-pocket maximums will increase as follows:

- Individual from \$3,950.00 to \$4,500.00
- Family from \$7,500.00 to \$8,600.00

The medical out-of-pocket maximums remain the same.

The out-of-pocket limits for covered services and prescriptions do not exceed the limits as allowed by the Affordable Care Act.

Plan Note: The Trustees have adopted programs to minimize your out-of-pocket expenses. For example, prescriptions ordered through mail order have a maximum out-of-pocket cost for non-formulary covered prescriptions of \$95.00 for a 90-day supply. Please contact the Fund Office at (630) 887-4150 to learn how you can minimize your out-of-pocket costs.

■ **Oral Surgery**

Effective August 1, 2018, a medically necessary major oral surgery has been recategorized as a medical plan expense rather than a dental expense. This allows for more to be paid for by the plan. Under the dental plan, the maximum payable is \$2,000.00. By transferring oral surgery to the medical plan, the cap of \$2,000.00 is removed, allowing the Plan to pay more.

■ **Eligibility for Retiree Health Care**

For the Garage Attendants Linen and Laundry Welfare Plan section of the Local No. 731, I.B. of T., Health and Welfare Fund, the Summary Plan Description has been expanded to read as follows, refer to page 14 as noted in italics below.

ELIGIBILITY FOR EMPLOYEES RETIRING BEFORE AGE 65 AND THEIR SPOUSES PRIOR TO REACHING AGE 65

An Eligible Employee, who is retired from work as a Local No. 731, I.B. of T., Garage Attendants, Linen and Laundry Member and whose eligibility for benefits is terminated in accordance with the eligibility rules, may apply to continue eligibility for medical benefits by making self-payments in a manner prescribed by the Trustees providing:

1. He/she has retired from active employment on or after October 1, 1979, and
2. He/she (a) is receiving either Normal, Early or Disability Retirement Benefits under the Local 731, I.B. of T., Private Scavengers and Garage Attendants Pension Trust Fund or the Local 731, I.B. of T., Textile Maintenance and Laundry Craft Pension Plan (b) *is entitled to a retirement benefit by a plan sponsored by the Union or Funds* or (c) *has entered into a retirement arrangement with the Union or Funds and*
3. At the time of retirement, he/she was eligible to receive the benefits of the Plan, and
4. Has been eligible during the 60 consecutive months immediately preceding the date of retirement. (5 consecutive years)

■ **Weight Loss**

Effective October 1, 2018, the Plans will begin covering weight loss if the participant is diagnosed with morbid obesity and satisfies either

- a. BMI (Body Mass Index) greater than or equal to 45 kg/meter squared.
- b. BMI greater or equal to 40 kg/meter squared with at least one of the following comorbid conditions (1) hypertension (2) dyslipidemia (3) diabetes or (4) coronary heart disease

Medication and a treatment plan will be covered as approved by the Prescription Benefit Manager and the Plan's medical review organization.

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| ■ Prescription Benefit Manager: | MagellanRx | 1(800) 424-5961 |
| ■ Medical Review Organization: | MedCare Mangement | 1(800) 367-1934 |

The intent of this plan change is to allow our plan participants to obtain professional medical and nutritional assistance. Commercial weight loss programs such as Jenny Craig and health clubs/gyms are not a covered benefit.

■ **Questions?**

Kindly review our website at www.ibt731funds.org or contact the Fund Office at (630) 887-4150.

**PLEASE RETAIN THIS NOTICE WITH YOUR
SUMMARY PLAN DESCRIPTION BOOKLET FOR FUTURE REFERENCE**

■■■ **October 2018** ■■■

**Summary of Material Modifications
EIN 36-6073848/PN 501
EIN 36-2392752/PN 501
EIN 36-6073849/PN 501**

