

October 31, 2014

Summary of Material Modification #6

The Board of Trustees of the Teamsters Local 966 Health Fund announces the following changes:

I. PRESCRIPTION DRUG PROGRAM CHANGES

Effective January 1, 2015, there will be a modest increase in co-payments for covered prescription drugs obtained through Participating Pharmacies in the Prescription Drug Program through Envision Rx. The new co-pays for up to a 30-day supply at retail will be:

	Your co-pay	
	<u>Retail</u>	
Generic:	\$25	(previous co-pay \$20)
Preferred Brand:	\$40	(previous co-pay \$35)
Non-Preferred Brand:	\$65	(previous co-pay \$60)

The Fund also offers the option to obtain medications prescribed for long-term use, (typically referred to as “maintenance medication”) through a mail order facility. You may receive up to a 90-day supply (3-months) of maintenance medications through the Mail Order Program. The co-pay for up to a 90-day supply also increases modestly to:

	Your co-pay	
	<u>Mail</u>	
Generic:	\$ 35	(previous co-pay \$30)
Preferred Brand:	\$ 65	(previous co-pay \$60)
Non-Preferred Brand:	\$115	(previous co-pay \$110)

As a reminder, any medication available “over the counter” *including* non-sedating antihistamines (NSAs) and proton pump inhibitors (PPIs) will not be covered under the Prescription Drug Program or Fund unless required under the Affordable Care Act.

II. CHANGE IN ANNUAL DEDUCTIBLE

Beginning January 1, 2015, Eligible Participants and each Eligible Dependent will have an annual deductible of \$750 with no maximum per family. The deductible prior to this was \$500 per person with no maximum per family. This will apply to any Covered Expense incurred on and after January 1, 2015.

III. PRESCRIPTION AND MEDICAL OUT-OF-POCKET MAXIMUMS

Beginning January 1, 2015 a separate out-of-pocket maximum will be applied to both prescription and medical benefits. The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. The out-of-pocket maximums effective January 1, 2015 will be:

<u>Annual Out-of-Pocket Maximum</u>	<u>Medical</u>	<u>Prescription</u>
Individual	\$ 5,000	\$1,600
Family	\$10,000	\$3,200

The out-of-pocket maximum prior to this was \$6,300 per person, with a family maximum of \$12,700 inclusive of the annual deductible (above) per calendar year. There was no out-of-pocket maximum for prescription drug benefits.

IV. COVERAGE FOR NEWLY ELIGIBLE EMPLOYEES ON AND AFTER MARCH 1, 2014

Previously, new employees becoming eligible AFTER March 1, 2014 have **Single Only Coverage** for the first six months of coverage. Following six-consecutive months of coverage, **Family Coverage** is made available.

New employees AFTER January 1, 2015 **and new employees since March 1, 2014 that had not yet met the six-consecutive months of coverage** will now have **Single Only Coverage** for the first twelve months of coverage. Following twelve-consecutive months of coverage, **Family Coverage** will be made available.

Participants must provide adequate information about marital and dependent status in order to receive dependent coverage.

We suggest that you keep this Summary of Material Modifications with your Summary Plan Description. If you should have any questions about the coverage provided under the Teamsters Local Union 966 Health Fund, the Summary Plan Description or these changes, please contact the Fund Office at 888-490-8800.

Este documento está disponible en español a petición de la oficina del fondo en 888-490-8800 o escribiendo a 7130 Columbia Gateway Drive, Suite A, Columbia, Maryland 21046.

Sincerely,

THE BOARD OF TRUSTEES

SMM#6/SPD 1/2009