

**TEAMSTERS LOCAL 170
HEALTH & WELFARE FUND**



Administrative Offices
330 Southwest Cutoff
Suite 202
Worcester, MA 01604

*** IMPORTANT BENEFIT ENHANCEMENT INFORMATION ***
For ACTIVE Dental Plan Members

October 20, 2017

Dear Teamsters Local 170 Health & Welfare Fund Member:

This letter is to inform you of coverage enhancements **effective January 1, 2018** for dental benefits offered to all Active members through Blue Cross Blue Shield of Massachusetts (BCBSMA).

ACTIVE Dental Benefit

- 1. The annual calendar year maximum for dental benefits for adults age 19 and over will increase from \$1,750 to \$2,000.**

Effective January 1, 2018, the limit on the amount Teamsters Local 170 Health and Welfare Fund will pay per calendar year for adults age 19+ will increase from \$1,750 to \$2,000. Each individual adult member covered under the plan has a separate annual maximum. This maximum applies to all covered preventive, diagnostic, restorative, periodontal and oral surgery services covered under the plan.

The annual calendar year maximum for children under age 19 will remain unlimited for all services including *medically necessary* orthodontic services.

The annual maximum for standard orthodontic services will also remain unchanged. The orthodontic benefit has a separate *lifetime* (rather than annual) maximum of \$1,250.

All benefits will continue to be subject to clinical guidelines/requirements and all age, frequency, and time limitations outlined in the plan documents.

What does this mean for you?

If you, your spouse and/or your dependents use the BCBSMA dental benefit, Teamsters Local 170 Health and Welfare Fund will pay more annually toward each individual adult member's covered services than it has paid in the past.

2. The coinsurance amount or the percentage the plan will pay for Type III (Major Services) will increase from 50% to 100%.

Coinsurance is a percentage amount the dental plan pays toward the total amount the dentist has agreed to accept as payment for covered services. The remaining amount is the member responsibility. Your plan currently pays 100% of covered preventive and diagnostic services such as cleanings, fluoride treatments, sealants and x-rays, 100% of basic restorative services such as fillings, root canals, periodontal surgery and extractions and 50% of major restorative services such as crowns and dentures. As of January 1, 2018, Teamsters Local 170 Health and Welfare Fund will continue to cover 100% of preventive and diagnostic services and 100% for Type II basic services, but the percentage payment for Type III major services will increase from 50% to 100%.

All benefits will continue to be subject to relevant calendar year maximums, clinical guidelines/requirements and all age, frequency, and time limitations outlined in the plan documents.

What does this mean for you?

If you, your spouse or family members use the BCBSMA dental benefit for Type III services, Teamsters Local 170 Health and Welfare Fund will pay a higher percentage towards the cost of the service/s and you will pay less out of your own pocket.

Should you have questions regarding any of the changes described in this letter, please contact: BCBSMA at 1-800-932-8323.

Respectfully yours,

The Board of Trustees
Teamsters Local 170 Health & Welfare Fund

This document is intended to serve as a "Summary of Material Modifications" (SMM) pursuant to the requirements of Section 104 of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). This SMM is provided to notify you of certain changes to the Teamsters Local 170 Health & Welfare Fund Pharmaceutical Benefit Plan. The effective dates of the changes are noted. Please keep this SMM with your Summary Plan Description for future reference. This document summarizes certain provisions of the Plan. If there is any conflict between the terms of the Plan document and this document, the terms of the Plan document will govern. The Teamsters Local 170 Health & Welfare Fund reserves the right to interpret and resolve any ambiguities in the Plan or any document relating to the Plan. If you have any questions after reviewing the SMM, you may call the Health & Welfare Fund at 1-508-791-3416. The Teamsters Local 170 Health & Welfare Fund reserves the right to change or terminate the health care benefits you currently receive, to change or terminate the eligibility of classes to be covered by the health plan, to change or terminate any health plan term or condition, and to terminate the entire health plan or any part of it at any time and for any reason. No consent of any employee/retiree is required to terminate, modify, amend or change the health care benefits provide by Teamsters Local 170 Health & Welfare Fund.

Teamsters Local 170 Health & Welfare Fund does not discriminate on the basis of race, color, national origin, age, disability or sex.