

Teamsters Local 641 Welfare Fund

714 Rahway Avenue, 2nd Floor, Union, New Jersey 07083

Telephone: (908) 687-4488

Fax: (908) 687-8368



SUMMARY OF MATERIAL MODIFICATIONS

TO: Plan Participants

FROM: Plan Trustees

SUBJECT: Occupational Therapy Benefit

Dental Benefits

PLAN EIN: 22-6220289

DISTRIBUTION DATE: December 17, 2008

PLAN NUMBER: 001

OCCUPATIONAL THERAPY BENEFIT

Effective 11/1/08, occupational therapy will be a covered benefit for all participants with medical benefits. The benefit will be limited to 25 visits per year with a \$50.00 daily fee limit and will be administered as follows:

In-network free standing facility: \$20.00 co-pay – 100% of benefit up to \$50.00 daily fee limit;

In-network outpatient hospital: \$20.00 co-pay – 100% of benefit up to \$50.00 daily fee limit;

Non-network free standing facility: 70%, after yearly deductible, up to \$50.00 daily fee limit;

Non-network outpatient hospital: - NOT COVERED

We urge you to contact the Fund office before beginning occupational therapy for more information on what you may expect to pay for the services.

DENTAL BENEFIT CHANGE

For those participants with dental benefits, effective 1/1/09, Teamsters Local 641 Welfare Fund has engaged Delta Dental of New Jersey, Inc. to manage your dental benefits replacing Dentsco as the plan's dental PPO. Any claims you incur or will incur before 1/1/09 will be processed by Dentsco. For any claims you incur on or after 1/1/09, your claims will be processed by Delta Dental of New Jersey, Inc. It is important that you contact your dentist regarding this change in order that you may ascertain whether or not your dentist participates in the **Delta Dental PPO** network and so that your claims will be sent to the correct office for processing.

IN-NETWORK claims for covered services will be paid at 80% of Delta Dental's fee schedule and will be paid directly to your dentist. Your yearly dental maximum remains at \$1000.00 per person. You will be responsible for 20% of the contracted charges and all fees incurred after your paid benefit reaches \$1000 for the calendar year. An important feature of Delta Dental's program is that a Delta Dental participating dentist cannot charge you more than the contracted fee even when your benefits have been exhausted for the year. You will only be responsible for the contracted fees for charges for services incurred after the plan has paid \$1000.00.

(OVER)

OUT-OF NETWORK claims for covered services will be paid at 80% of Delta Dental's fee schedule (not at reasonable and customary rates) and will be paid directly to the insured. You will be responsible for any part of the dentist's fee which exceeds Delta Dental's fee schedule and which exceeds the plan's annual allowance.

By staying in the network you will incur less out of pocket expenses and you will be able to maximize your yearly dental allowance.

Effective 1/1/09 covered dental benefits will be provided for eligible dependent children beginning at age 2.

ORTHODONTIC BENEFITS

Your orthodontic benefit with Delta Dental of New Jersey is still a lifetime benefit of \$2500 covered at 100%. Any services started prior to 1/1/09 will be pro-rated subject to the patient's lifetime benefit balance at 12/31/08.

Orthodontic work in Progress before January 1, 2009: Delta Dental will determine the patient's lifetime benefit balance at 12/31/08. Delta will pay ½ of the amount available when the claim is received and the second ½ 12 months later (subject to continuation of the patient's eligibility with the plan). There will no longer be monthly or any other interim payments made.

Orthodontic cases started on or after January 1, 2009: The benefit will be paid in two installments: ½ of the \$2500, or \$1250, will be paid when the braces are inserted and the second ½ (\$1250) will be paid 12 months later (subject to continuation of the patient's eligibility with the plan). There will no longer be monthly or any other interim payments made.

To obtain a list of participating dentists within your geographic area, visit Delta Dental's Web site at: www.deltadentalnj.com and click the dentist search link under Find a Dentist. Please be sure to search for a **Delta Dental PPO** dentist. Delta has other providers that are not part of the PPO panel. If you incur charges for services rendered by a non-PPO Delta dentist, your out of pocket expense may be significantly greater. You may also call 1-800-DELTA-OK and a list will be mailed to your home. For those participants with dental benefits, we have enclosed a set of ID cards for your new dental plan.

Please contact the Fund office for any questions you have regarding these plan changes.

Very truly yours,

Mary Anne Gerlach
Plan Manager
FOR THE BOARD OF TRUSTEE