

Important Information
Summary of Recent Changes to Your Benefits Under the
Tri-State Teamsters Health Services and Insurance Plan
Teamsters Plus Plan & Teamsters Part-Time Plan

The Board of Trustees is pleased to announce the following improvements to the Plan of Benefits under the Tri-State Teamsters Health Services and Insurance Plan (the "Plan"). Please read this notice carefully. This notice makes certain changes to your benefits and amends the provisions of your Summary Plan Description (SPD). Please keep a copy with your SPD and share it with your family. The required annual notice concerning reconstructive surgery after a mastectomy and reminder to complete your Annual Information Request Form (AIR) are also included.

The following changes will be effective January 1, 2010:

- The Pre-Existing Condition Exclusion for participants who become eligible on or after January 1, 2010 will be eliminated.
- A separate benefit for an annual, routine mammography for participants (male or female) age 40 and over will be established. The expense will be payable at 100% of the allowable charges.
- The Plan provision requiring use of Davis Vision network providers for non-routine vision expenses will be eliminated. Davis Vision providers will continue to be required for all routine vision related expenses.

Mental Health Parity and Addiction Equity Act of 2008

This legislation requires review and changes to the benefit structure for mental health and substance abuse benefits. No changes are required to be made to the Plan until July 1, 2014.

Reminder of the Home Health Equipment Benefit

The Plan provides certain **Durable Medical Equipment**, at no cost to you, with a prescription from your physician. If the required equipment is not available through this benefit, it may be available under the Major Medical Expense Benefit, if prior authorization is obtained.

Please contact either the **Home Health Equipment Department** at **1-203-876-3100 x272** or the **Teamsters Medical Review Program** at **1-800-888-9255** for more information.

Annual Notice Concerning Benefits for Reconstructive Surgery after a Mastectomy

The Plan is required to inform you that coverage is provided for the reimbursement of expenses associated with reconstructive surgery following a mastectomy, expenses for reconstructive surgery on the other breast to achieve symmetry, the cost of prostheses and costs for treatment of physical complications at any stage of the mastectomy including lymphedemas. The Plan deductible, co-payments and out-of-pocket limits apply. Payment of these expenses will accumulate toward your lifetime maximum.

Complete Your Annual Information Request Form (AIR)

The **2010** Annual Information Request Form (AIR) is included in this envelope. Please complete and return it in the enclosed self addressed, stamped envelope.

Please remember that no medical or dental claims for 2010 will be paid until the completed form has been received by the Fund. Prescription drug and vision care benefits will also be affected without an AIR on file with your Fund Office. You must notify the Fund if there is a change during the year in the information on your AIR form.

If you have any questions, please contact the Fund Office.

Board of Trustees