



Post Office Box 5820
Fremont, California 94537
39420 Liberty Street, Suite 260
Fremont, California 94538
www.tbtfund.org

Telephone (510) 796-4676 • (800) 533-0119 • FAX (510) 795-0680

SUMMARY OF MATERIAL MODIFICATIONS
July 15, 2016

To: Teamsters Benefit Trust Active Participants, Dependents and COBRA Enrollees
Covered Under Plans I, I-A, I-85, III, III-A, IV, V, V-A, VI and RSP Retirees

Re: **(1) Change to Your Prescription Drug Benefits Coverage (“New To Market” Program)**
and (2) Disenrollment from Vision and Dental Coverage

CHANGE TO YOUR PRESCRIPTION DRUG PROGRAM
“NEW TO MARKET” PROGRAM

The drug industry introduces many new drugs each year, but it is unclear whether many of these new drugs are better than existing drugs. Effective August 1, 2016, the Trust has implemented a program that will allow sufficient time for review of a new drug’s effectiveness compared to existing drugs already in the market before it covers new drugs. This means that if you attempt to fill a prescription for one of these “new to market” drugs, during the first six months this drug is on the market, the drug will not be covered by the Trust. This program will not affect any drugs you are currently prescribed.

If your doctor prescribes you a drug excluded under the New Drugs to Market Program, you should discuss alternative drugs with your doctor. If you attempt to fill a medication that has been temporarily excluded under the program at a retail pharmacy, OptumRx will notify the pharmacy at point of sale that the medication is temporarily excluded by the Plan. The “Price a Medication” tool on Optum’s website, www.optumrx.com, can help you or your doctor find lower-cost options and suggests covered alternatives for excluded medications. You, your doctor, or pharmacist may also call Optum Rx at 1-800-797-9791 to discuss alternative medications.

If you disagree with the decision to deny coverage for a certain drug, you (or your authorized representative), may file a written appeal within one hundred eighty (180) days after your receipt of the denial. You should include the reasons you believe the claim was improperly denied and all additional facts and documents that you consider relevant in support of your appeal. If you do not appeal on time, you may lose your right to file suit in a state or federal court, because you have not exhausted your internal administrative appeal rights (which is generally a requirement before you can sue in state or federal court). Send your appeal to: Teamsters Benefit Trust, P.O. Box 5820, Fremont, California 94537.

You are entitled to receive, free of charge upon request, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits. If the denial is based on a medical judgment, you have the right to receive an explanation of the scientific or clinical judgment, free of charge upon request. You also have the right to request the identity of any medical or vocational experts consulted by the Plan. If an internal rule, guideline, protocol, or similar criterion was relied upon in making this determination, a copy will be provided free of charge, upon request.

A decision on your appeal will be made by the Board of Trustees at the Trustees' meeting following the receipt of your appeal. If your appeal is not received at least thirty (30) days prior to the next scheduled Trustees' meeting, then the appeal determination will be made at the following Trustees' meeting. In making their decision, the Trustees will not defer to the initial adverse benefits determination. If you receive an adverse benefit determination following the final appeal, you have the right to bring a civil action under Section 502(a) of ERISA. Please be advised that the Plan provides that any lawsuit brought based on a denial of a claim or appeal will be untimely if filed more than twelve (12) months from receipt of the denial.

DISENROLLMENT FROM VISION AND DENTAL COVERAGE

As of July 1, 2016, the Plan will allow you and your dependents to disenroll from your vision and dental coverage. You may only disenroll from vision or dental coverage if you have not changed your coverage within the past twelve (12) months. Please note that except in very rare circumstances, disenrolling from vision or dental coverage will not be in your best interest. Your employer's monthly contribution for coverage (and your share of the contribution) will not be reduced. After you disenroll, you will not be able to re-enroll in vision or dental coverage for twelve (12) months. Please call the Trust Fund Office at 1-800-533-0119 to discuss whether disenrolling from vision or dental coverage makes sense for you.

"GRANDFATHERED" PLAN (Not Applicable to Non-Grandfathered Plans V-A and VI)

Because your Teamsters Benefit Trust is a "grandfathered health plan," we are required by law to provide this notice to you:

The Teamsters Benefit Trust believes your Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Trust Fund Office at 1-800-528-4357. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

This document is a Summary of Material Modifications ("SMM") intended to notify you of important changes made to your Plan of benefits. You should take the time to read this SMM carefully (and share it with your family) and keep it with your copy Summary Plan Description ("SPD"). While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. If any conflict should arise between this summary and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases. The Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify, terminate or interpret and decide all matters under the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason.

Si Usted gustaría una copia en español, por favor de contactar la oficina de administración de Teamsters Benefit Trust.