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PLAN CHANGE NOTICE
Summary of Material Modifications
Amendment to Plan V-A Indemnity Medical Plan
Reduction of Calendar Year Deductible– Effective 1-1-11
RETAIN WITH YOUR BENEFIT PACKAGE FOR
FUTURE REFERENCE

December 29, 2010

To: TBT Plan V-A Participants & Dependents:

We are pleased to inform you that effective January 1, 2011 Plan V-A’s Indemnity Medical Calendar Year Deductible will be reduced to \$100 for individual coverage and \$300 for family coverage (the deductibles were formerly \$200 per individual and \$600 per family).

PLAN BENEFIT	FORMER CALENDAR YEAR DEDUCTIBLES	NEW CALENDAR YEAR DEDUCTIBLES AS OF 1-1-11
For Indemnity Medical Plan participants under Plan V-A, effective 1-1-11.	Calendar Year Deductible for individual coverage \$200 and for family coverage \$600.	Calendar Year Deductible for individual coverage \$100 and for family coverage \$300 .

Sincerely,

Nora Johnson
Fund Manager
On behalf of the Board of Trustees

NJ/mr

YOUR TBT PLAN IS A “GRANDFATHERED HEALTH PLAN”

The TBT Board of Trustees has concluded that the Plans discussed in this notice are “grandfathered health plans” 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 Plan Administrator at the address listed on this notice. 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.

PLEASE NOTE

This Notice is intended to amend all TBT documents, notices and correspondence, including (but not limited to) Guide To Your Benefits and Summary of Coverage.

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 of the *Guide To Your Benefits*. 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 gustaria una copia en espanol, por favor de contactar la oficina de administracion de Teamsters Benefit Trust.