

Hagerstown Teamsters and Motor Carriers  
Health and Welfare Fund  
Hagerstown Motor Carriers and Teamsters Pension Plan  
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**HAGERSTOWN TEAMSTERS & MOTOR CARRIERS HEALTH AND WELFARE  
FUND**

**SUMMARY OF MATERIAL MODIFICATIONS #6**

The Board of Trustees of the Hagerstown Teamsters & Motor Carriers Health and Welfare Fund (“Fund”) is announcing the following benefit clarifications and changes to the Hagerstown Teamsters & Motor Carriers Health and Welfare Plan. This Summary of Material Modifications (“SMM”) is intended to be read as part of the Summary Plan Description (“SPD”). Please keep this document with your SPD and your Summary of Benefits and Coverage (“SBC”). Terms used but not defined herein shall have the meaning as defined in the SPD. This notice is effective as of **January 1, 2023**.

**1. Routine Clinical Trials are not covered**

Under the section “Other Limitations,” subsection number 3 on page 15 of the SPD is changed to read:

3. Medical procedures that are experimental or not recognized as accepted medical practices, including routine clinical trials.

**2. Laser Eye Surgery is not covered**

Under “Limitations” in the section “Vision Care Benefit,” the following new subsection number 6 is inserted on page 30 of the SPD:

6. Laser eye surgery.

**3. Coverage of Diabetic Testing Supplies**

Under the section “Prescription Drug Plan,” the first paragraph on page 30 of the SPD is changed to read:

The prescription drug plan provides prescription drug benefits for all participants in the Fund. In general, this benefit covers all medications which, by federal law, are obtainable only with a prescription, as well as diabetic testing supplies, insulin, and syringes and needles for insulin injection obtained with a prescription.

Under “Limitations” in the section “Prescription Drug Plan,” subsection number 2 on page 32 of the SPD is changed to read:

2.     Injectable drugs, syringes or needles (except for insulin and syringes and needles to be used for insulin injection, and other diabetic testing supplies, obtained with a prescription). Coverage of injectable drugs (other than insulin and pre-approved life-sustaining drugs) will only be provided through the Plan’s major medical provisions, and not through the prescription card. Insulin and other life-sustaining drugs that are pre-approved by the Fund will continue to be covered through the prescription card.

#### **4. Growth Hormone Therapy is not covered**

Under “Limitations” in the section “Prescription Drug Plan,” the following new subsection number 12 is inserted on page 33 of the SPD:

12.     Growth hormone therapy.

#### **5. Coverage of Occupational Therapy**

Under “Extended Convalescent Expense Benefit” in the section “Health Coverage,” subsection 3 on page 38 of the SPD is changed to read:

3.     Physical or speech therapy provided by the extended care facility or others under arrangements with the extended care facility. Physical, occupational, and speech therapy provided outside of an extended care center, if provided through a prescription or treatment plan approved by a physician, is also covered.

#### **6. Coverage of DME Repair Costs**

Under “Miscellaneous Medical Expenses” in the section “Health Coverage,” subsection number 8 on page 40 of the SPD is changed to read:

8.     Rental of durable medical equipment required for temporary therapeutic use. Under certain circumstances, the Fund may buy such equipment and lend it to a covered individual rather than rent the equipment. Costs for the repair of durable medical equipment are only covered if the repair costs do not exceed the cost to replace such equipment.

#### **7. Coverage of Annual Hearing Aid Exams**

Under “Miscellaneous Medical Expenses” in the section “Health Coverage,” subsection number 15 on page 40 of the SPD is changed to read:

15.     Hearing aids when prescribed by a physician, no more often than once every five years, and an annual hearing aid exam conducted by an audiologist. The Plans will pay no more than \$850 per aid (\$1,700 per pair). Batteries and expenses of maintenance are not covered.

## **8. Application of Deductible to Hair Prosthesis**

Under “Miscellaneous Medical Expenses” in the section “Health Coverage,” subsection number 17 on page 41 of the SPD is changed to read:

17. Coverage of a Hair Prosthesis at 80% of charges once per lifetime up to a maximum amount of \$200.00 for a Member or eligible Dependent whose hair loss results from chemotherapy or radiation treatment for cancer when prescribed by the oncologist in attendance. The deductible does not apply to wigs or hair prosthetics.

## **9. Miscellaneous Benefit Clarifications and Enhancements**

Under “Miscellaneous Medical Expenses” in the section “Health Coverage,” the following new subsections are inserted on page 41 of the SPD:

18. Continuous Positive Airway Pressure (CPAP) machines. Sleep studies are also covered when prescribed by a physician for diagnosis of sleep disorders.
19. Telemedicine and remote medical care.
20. Applied Behavior Analysis (ABA) therapy for autism spectrum disorders.
21. Diabetic education and nutritional counselling for individuals with underlying medical conditions (such as hypertension, COPD, and asthma) that puts them at higher risk for chronic disease.
22. Medically necessary podiatry services and orthotic devices.
23. Charges made for human organ and tissue transplant services, which include solid organ and bone marrow/stem cell procedures at designated facilities throughout the United States or its territories. This coverage is subject to the following conditions and limitations:
  - a. If only the donor is eligible under this Plan, no benefits will be paid, unless no other plan or program will cover these expenses.
  - b. If only the recipient is eligible under this Plan, the Plan provides benefits for both donor and recipient under recipient’s benefits and limits.
  - c. If both donor and recipient are eligible under this Plan, the Plan provides benefits for each under their respective benefits and limits.
  - d. Costs of travel, meals, and lodging are not covered.
24. Medically necessary varicose vein treatment.
25. Abortion procedures in the case of rape or incest or to save the life of the mother.
26. Medically necessary bariatric surgery.

27. Medically necessary treatment of pain or disease by acupuncture if performed by a physician or licensed/certified acupuncturist.

#### **10. Dietary Control Services and Supplies are not covered**

Under “Medical Expense Limitations” in the section “Health Coverage,” subsection 18 on page 42 of the SPD is changed to read:

18. Except to the extent required by applicable law, medical services or supplies primarily for dietary control or weight loss.

#### **11. Sterilization Reversal is not covered**

Under “Medical Expense Limitations” in the section “Health Coverage,” subsection 19 on page 42 of the SPD is changed to read:

19. Treatment to reverse voluntary surgically induced infertility and voluntary surgically induced sterilization.

#### **12. Infertility is not covered**

Under “Medical Expense Limitations” in the section “Health Coverage,” subsection 20 on page 42 of the SPD is changed to read:

20. Services or supplies related to the treatment of infertility, including in vitro fertilization procedures or any care or services associated with such procedures.

#### **13. Additional Benefit Limitations under the Medical Plan**

Under “Medical Expense Limitations” in the section “Health Coverage,” the following new subsections are inserted on page 42 of the SPD:

22. Abortion procedures except in the case of rape or incest or to save the life of the mother.
23. Genetic testing or pre-implantation genetic testing.
24. Growth hormone therapy.
25. Biofeedback and electro convulsive therapy.
26. Private duty nursing except as provided under Extended Convalescent Expense Benefit.
27. Ultraviolet (UV) light therapy.
28. Gene therapy and gene therapy drugs.

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### **BOARD OF TRUSTEES**

The current Board of Trustees is as follows:

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Daryl Jamison, Alternate Teamsters Local Union No. 992 10312 Remington Drive Hagerstown, MD 21740	Gregory Hill, Alternate c/o Fund Office 10312 Remington Drive Hagerstown, MD 21740

**Sincerely,**

**THE BOARD OF TRUSTEES**

**Please place this in your SPD for handy reference. If you do not have a SPD or are missing any of the subsequent SMMs, you may write to the Fund Office and request copies.**

