

HAGERSTOWN TEAMSTERS AND MOTOR CARRIERS
Health and Welfare Fund
10312 Remington Drive
Hagerstown, MD 21740
(301) 733-2602 - 1 (800) 962-3972

SUMMARY OF MATERIAL MODIFICATIONS #13

The Board of Trustees of the Hagerstown Teamsters & Motor Carriers Health and Welfare Fund (“Fund”) is pleased to announce the following retiree benefit improvements to the Hagerstown Teamsters & Motor Carriers Health and Welfare Plan (“Plan”). This Summary of Material Modifications (“SMM”) amends the Plan’s Summary Plan Description (“SPD”). Please keep this document with your SPD for reference.

Item 1. Personal and Dependent Health Coverage for Retirees

Effective January 1, 2025, the Trustees have aligned the Personal and Dependent Health Coverage for retired eligible members and dependents with the coverage provided to active eligible members and dependents:

- Deductible: The Trustees have reduced the individual deductible per calendar year from \$350 to \$100 and the family deductible from \$700 to \$200.
- Coinsurance: The Trustees have increased the amount the Plan will pay towards claims incurred at an in-network provider from 80% to 90%. This means that after you meet your annual deductible, your coinsurance responsibility is only 10%. Prior to this change, your coinsurance amount was 20%. This improvement includes coverage for Chiropractic Services (which continues to be subject to an annual limit of \$1,000) and Hair Prosthesis (which continues to be subject to an annual limit of \$200). The Plan will pay 70% towards claims incurred at an out-of-network provider after you meet your annual deductible.
- Out-of-Pocket Maximum (excluding deductible): The Trustees have reduced the in-network out-of-pocket maximum per calendar year from \$5,000 per person to \$1,500 for individual coverage and \$3,000 for family coverage.

Page 20 of your SPD is revised accordingly.

Item 2. Prescription Drug Plan for Retirees

Effective May 1, 2025, the Trustees have aligned the Prescription Drug Plan for retired eligible members and dependents with the coverage provided to active eligible members and dependents. This change includes a reduction in member coinsurance/copayments to the following amounts:

- Retail (30-day supply): Copayment is reduced to 20%, with a minimum payment of \$5 for generic drugs, \$15 for preferred brand-named drugs, and \$25 for non-preferred brand-named drugs.
- Mail or CVS Store with Maintenance Choice (90-day supply): Copayment is reduced to 20%, with a minimum payment of \$15 for generic drugs, \$45 for preferred brand named drugs, and \$75 for non-preferred brand-named drugs.
- Maintenance Medication Purchased at Retail (30-day supply): Copayment is 20%, with a minimum payment of \$20 for generic drugs, \$45 for preferred brand named drugs, and \$75 for non-preferred brand-named drugs.
- Maximum Copayment Per Calendar Year: The maximum copayment per person per calendar year remains at \$3,000.

Page 21 of your SPD is revised accordingly.

Item 3. Dental Expense for Retirees

Effective January 1, 2025, the Trustees have aligned the Dental Expense benefit for retired eligible members and dependents with the coverage provided to active eligible members and dependents. The Plan is providing these benefits through an expanded dental network offered by Fidelio Dental Insurance. This change includes an increase to the annual maximum and 100% preventive coverage. In addition, coverage for orthodontic treatment has been added, with limits as indicated below:

Plan Pays

Examinations, Cleanings, Bitewings and Panorex.....100%

General.....80%

However, the Plan will pay 100% of actual charges if the actual charges are less than 50% of the usual and customary cost.

Orthodontic Treatment50%

Maximum benefit per calendar year

(Exams, Cleanings & Bitewings limited to two per calendar year and Panorex limited to once every three calendar years).....\$4,000

Orthodontic Lifetime Maximum\$4,000

Pediatric Dental (children age 17 and under) - No annual cap; however, limited to two exams, cleanings and bite wings per calendar year (Panorex limited to once every three calendar years) and subject to standard medical protocols and reasonable and customary limitations. Orthodontia still subject to \$4,000 lifetime maximum.

Page 20 of your SPD is revised accordingly. Additional dental benefit details as outlined on pages 28 and 29 of your SPD apply to the retiree dental benefit.

Item 4. Personal Life Insurance for Retirees

Effective March 1, 2025, the Trustees have increased the Personal Life Insurance Benefit for Retirees from \$2,700 to \$10,000. Page 20 of your SPD is revised accordingly.

Item 5. Personal Accidental Death and Dismemberment Insurance

Effective March 1, 2025, the Trustees have increased the Personal Accidental Death and Dismemberment Insurance Benefit for Retirees from \$2,700 to \$10,000. Page 20 of your SPD is revised accordingly.

Item 6. Retiree Contributions/One-Time Enrollment Opportunity

Effective January 1, 2025, the Trustees have reduced the required monthly premium for retiree health benefits from \$620 to \$310. This amount is required for each family member covered by the Plan. Members that retired on or after January 1, 2024 that previously declined coverage are offered a one-time opportunity to enroll on January 1, 2025. If you would like to enroll, please contact the Fund Office by May 1, 2025. Please note that while enrollment would be retroactive to January 1, 2025, some of the benefit changes take effect at later dates. Additionally, please note that Personal Life Insurance and Personal Accidental Death and Dismemberment Insurance benefits will only be payable for claims incurred on or after the date that you enroll in coverage.

Item 7. Dependent Coverage for Retirees

Effective January 1, 2025, the Trustees have expanded dependent eligibility for retiree coverage to include your Dependent child or children. A Dependent child is a child who is under 26 years of age, regardless of the adult child's marital status, financial dependency on the participant, residency with the participant, student status, or any other dependency test. The term "child" includes a natural or legally adopted child.¹ The term "child" also may include a stepchild, foster child or grandchild. A foster or grandchild is not considered a Dependent unless you have court-ordered custody of the foster child or grandchild. As noted in Item 6 above, each family member covered by the Plan is responsible for the monthly premium amount of \$310. Newly eligible dependents have the opportunity to enroll effective January 1, 2025. If you have dependents that you would like to enroll, please contact the Fund Office by May 1, 2025.

Item 8. Dental Implants are Covered (Benefit Clarification)

Dental implants are included in "Covered Dental Expenses" as defined on page 28 of your SPD.

¹ Note however, that the Fund does not provide adoption expense benefits for Retirees.

The current Board of Trustees are as follows:

Tom W. Krause, Chairman Teamsters Local Union No. 992 10312 Remington Drive Hagerstown, MD 21740	Robert Cowie, Secretary c/o Fund Office 10312 Remington Drive Hagerstown, MD 21740
Ron Fischer Teamsters Local Union No. 992 10312 Remington Drive Hagerstown, MD 21740	Daniel Schmidt c/o Fund Office 10312 Remington Drive Hagerstown, MD 21740
Richard Blume, 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.