

May 2016

Re: Summaries of Benefits and Coverage (SBC)

Dear Member and Family:

Enclosed is an updated Summary of Benefits and Coverage (SBC) for July 1, 2016 through June 30, 2017. This document reflects benefit improvements adopted by the Teamsters Local 251 Health Services and Insurance Plan (the "Plan") effective July 1, 2016. You are receiving this revised SBC because it is required by the Affordable Care Act (ACA)/Federal Health Care Reform. It does not affect your health coverage under the Plan.

The federal government developed SBCs primarily to help people who will be shopping for individual coverage in the new health insurance marketplaces (formerly called "exchanges"). Each year, these marketplaces will conduct an Open Enrollment Period to enroll new participants. Each SBC contains similar categories of information about the health plan it describes so individuals can compare "apples to apples" when considering the various marketplace health plans available to them. For that reason, we were not allowed to customize much of the SBC.

Fortunately, you do not have to take any action at this time. You already have health coverage that meets the ACA's requirements based on a Collective Bargaining Agreement between your employer(s) and Teamsters Local 251 Health Services and Insurance Plan. In fact, your SBC states that your Fund's health coverage provides minimum essential coverage that meets the ACA's minimum value of benefits for a health plan. Consequently, you don't need to shop for health coverage in your state's health insurance marketplace.

To best understand the benefits provided by the Plan, we recommend that you refer to the materials that the Plan has created: www.teamsters251hsip.org, the Summary Plan Description (SPD), and other documents that you are used to seeing.

You may find that the SBC discusses the Plan's benefits in ways that may seem unfamiliar to you. For instance, there may be terms you haven't seen before, or terms that you have seen before but are being used differently. The SBC also refers to a "Glossary of Health Coverage and Medical Terms," which the law does not allow to be customized for our Fund. The Glossary is intended to familiarize you with standard terms used in insurance and can be accessed here: <https://www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf>

If you read the SBC or the Glossary and find yourself confused at any time, we recommend that you refer to your SPD and the other materials describing your benefits that you may receive from the Plan.

For More Information

Please keep the SBC with your SPD for easy reference. Receipt of this document does not constitute a determination of your eligibility. If you have any questions about Fund-provided coverage, please call the Fund Office at (401) 467-3323. If you have general questions about the SBC or the Glossary, you may want to contact the Employee Benefits Security Administration of the U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at (877) 267-2323 Ext. 61565 or www.cciio.cms.gov.

Sincerely,

The Board of Trustees