

Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



SUMMARY OF MATERIAL MODIFICATIONS

The Board of Trustees of the Teamsters Joint Council No. 83 of Virginia Health and Welfare Fund (“Fund”) is pleased to announce the following benefit improvements to the Teamsters Joint Council No. 83 of Virginia Health and Welfare Plan, effective April 1, 2025. This Notice describes the benefit improvements and amends certain sections of your Summary Plan Description. Please keep this Notice with your Summary Plan Description so that you can refer to it when necessary. For more information regarding these changes to the Plan, please contact the Trust Fund Office at (804) 282-3131 or toll-free at (800) 852-0806.

Increase to the Dental Annual Maximum

- For Plan 9 (Series I and II), the maximum will increase from \$750 per year to \$1,400 per year.
- For Plan 9 ACME, the maximum will increase from \$1,500 per year to \$2,800 per year.
- For Plans 11 and 12 (Series I and II), the maximum will increase from \$3,000 per year to \$5,600 per year.
- For Plan ZR (Retiree Plan), the maximum is increasing to \$1,900.

Orthodontic maximums are not changing.

Increase to Weekly Disability Benefits

- For Plan 9 (Series I) and Plan 9 ACME, the weekly disability benefit will double from \$200 to \$400.
- For Plan 11 and Plan 12 (Series I), the weekly disability benefit will double from \$250 to \$500.

Disability benefits are not changing for any other Plan number.

Increase in Chiropractic Benefits

- For participants in Plans 11 and 12 (Series I and II), the annual benefit limit is increasing to 24 visits per year.

Plans 9 and ZR (Retiree Plan) do not cover chiropractic benefits.

Pre-Certification of Durable Medical Equipment (Rentals)

You no longer need to request pre-certification/prior authorization of any Durable Medical Equipment (DME) you are renting. Pre-certification/prior authorization is still required for purchases of Durable Medical Equipment that cost \$1,000 or more.

Prescription Drug Expense Benefit — Generic Drugs

A “generic drug” is a medication created to be the same as an already marketed brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. The Plan previously

covered generic drugs in Tier 1 at no charge to you. The Trustees have now modified the Plan so that any generic drug (at any Tier level) is covered at no charge to you.

Your receipt of this notice does not constitute a determination of your eligibility for benefits under the Plan. If you wish to verify eligibility, or if you have any questions about these Plan changes, contact the Trust Fund Office at (804) 282-3131 or toll-free at (800) 852-0806.