Health & Welfare Fund Board of Trustees Revise Scheduled Benefit Changes Concerning Eligibility Requirements and Coordination of Benefits

At its August 11, 2005 meeting, the Health & Welfare Fund's Board of Trustees addressed two areas involved in the benefit changes announced last month—one scheduled to take effect on September 1st (Coordination of Benefits) and another scheduled for implementation as of October 1st (changes to the eligibility requirements).

Eligibility

As announced in last month's edition of *Philadelphia Update*, the eligibility requirement was changed, effective with eligibility for the month of October 2005, from a minimum of 15 days in the qualifying month (or 180 days in the qualifying year) to earn monthly eligibility for benefit coverage to a minimum of 18 days in the qualifying month (or 216 days in the qualifying year). *The implementation of this change has been suspended until further notice*. This means that the 15/180 day requirement will continue to be in effect until further notice.

Coordination of Benefits

In the last newsletter, members were advised that their working spouses would be required to enroll in coverage offered for the spouse by the spouse's employer (for the spouse only, unless dependent coverage is also offered at no cost). This requirement has been modified by the Trustees to require enrollment by the spouse in the spouse's employer's plan only in those cases where the spouse works full-time (as defined to mean being regularly scheduled to work 32 or more hours in the work week).

Remember: Your Prescription Drug program changes effective September 1st

Continue to use your current prescription drug card (from General Prescription Programs) for prescriptions filled on or before August 31, 2005. For prescriptions to be filled on and after September 1st, use the new *Express Scripts* card that will be mailed to you during the last week in August. The GPP card will not be valid after August 31st. Further, your prescription drug card can only be used if you are eligible for benefits as of the date the prescription is dispensed.

Members should call the Fund's Member Services Department at 1-800-523-2846 with any questions they might have with regard to these changes or their benefit coverage in general. Fund representatives are available to answer inquiries from 8 AM to 5 PM, Monday through Friday.

Trustees Revise Scheduled Benefit Changes

Important Details Inside

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