

**SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS**

**NEW YORK STATE TEAMSTERS COUNCIL
HEALTH & HOSPITAL FUND
MEDICAL BENEFITS**

(Plan No.: 501; I.D. No.: 15-0551885)

February 9, 2021

Dear Participant:

The following is an updated notice for your Medical booklet, reflecting recent changes made by the Board of Trustees.

I.

Effective December 23, 2020, Section 4 of the SPD, Medical Necessity and Prior Authorization, was amended to add new number 7 concerning a special rule related to certain services for which the Plan's prior approval requirements are being temporarily relaxed due to the COVID-19 pandemic:

"7. Temporary Suspension of Certain Prior Approval Requirements.

Due to the COVID-19 pandemic, prior approval requirements under the Plan will be suspended for 60 days, and for any subsequent extensions by New York State for the following:

- A. Urgent or non-elective scheduled inpatient surgeries or admissions. Prior approval will still be required for non-essential elective surgeries and non-urgent procedures as defined by the New York State Department of Health.
- B. Patient transfers between hospitals.
- C. Home health care following discharge from an inpatient stay.

D. Inpatient rehabilitation and inpatient mental health services following an inpatient hospital stay.

If this applies, you will only be responsible for your In-Network Benefit, even if you are transferred to an Out-of-Network Provider, following an inpatient admission, when an In-Network Provider has no other option but to transfer you to the Out-of-Network Provider due to hospital capacity issues, regardless of the diagnosis.”

II.

Section 10 of the booklet, Professional Services, was amended to add new number 21 to clarify the vision therapy benefits provided by the Plan:

“21. **Vision Therapy.** Vision therapy (also known as visual therapy, visual training, vision training, and eye training) involves a range of treatment modalities that include the use of lenses, prisms, filters, optometric phototherapy (Syntonics), occlusion therapy (eye patching), behavioral modalities, and eye exercises (orthoptics, pleoptics). The therapeutic goal of vision therapy is to correct or improve specific visual dysfunctions. Vision therapy is performed in an optometrist’s or ophthalmologist’s office 1-2 times weekly for a number of months, with additional home exercises done as reinforcement. We will provide coverage for Medically Necessary vision therapy services performed by a Professional Provider that are not experimental or investigational as defined in Section 14.”

These benefits were also added to the Schedule of Benefits attached to your booklet as Exhibit A, as follows:

- In-Network and Out-of-Network vision therapy benefits are treated like other In-Network and Out-of-Network Benefits in your Schedule.
- Effective January 1, 2021, there is a special rule for Out-of-Network vision therapy treatment for convergence insufficiency. If your Schedule has Copayments for Out-of-Network benefits, you must pay a Copayment, and if it does not have Copayments, you must pay your Deductible and 20% Coinsurance. Then, you will be required to pay the Balance after the greater of the Allowable Amount or the balance of a \$5,000 lifetime amount (and the Balance after the Allowable Amount after this \$5,000 has been exhausted).

III.

Section 11 of the booklet, Additional Benefits, was amended to update number 7, Novel Coronavirus (COVID-19) (“Coronavirus”) as follows:

- “3. Effective April 9, 2020, the Fund will pay in full benefits for any Coronavirus-related treatment, for services otherwise covered by the Plan, through the date the New York State of Emergency related to the Coronavirus ends. This includes co-pays for inpatient admissions, observation care, skilled nursing, ambulance, home care, or any claim for an otherwise-covered service that is filed with a confirmed diagnosis for the Coronavirus. Previously, this rule was in effect only through May 31, 2020 and was then extended to be in effect through September 7, 2020.”

IV.

Section 14 of the booklet, Exclusions, was amended to update number 39 related to vision and hearing therapy and supplies:

- “39. **Vision and Hearing Therapy and Supplies.** We will not provide coverage for any service or care related to:
- A. Eyeglasses, lenses, frames, or contact lenses except for the initial prescription for contact lenses or lenses and frames after cataract surgery; and
 - B. Hearing therapy or over-the-counter hearing aids. We will provide coverage for hearing aids prescribed by a physician.”

V.

Effective November 1, 2020, the respective Schedules of Benefits attached to the booklet as Exhibit A were amended by updating the “Hearing Aid Benefit” Sections to read as follows:

PLAN BENEFIT GUIDE	IN NETWORK BENEFITS YOU PAY	OUT OF NETWORK BENEFITS YOU PAY	PAGE # MEDICAL PLAN
Hearing Aids (Allowance combined between in-network, out-of-network and TruHearing providers)	\$4,000 Allowance Adult - every 3 years Children under 13 - Allowed every calendar year per EAR Option to buy TruHearing Aids (subject to Allowance and frequency): <ul style="list-style-type: none"> • TruHearing Advanced Aids - \$0 copayment per aid • TruHearing Premium Aids - \$300 copayment per aid 	\$4,000 Allowance and Balance up to Charge Adult - every 3 years Children under 13 - every calendar year per EAR	27

If you have any questions, please contact the Health Fund at 315.455.9790 or toll free at 1.877.698.3863, Option 1 to speak to a Health Analyst.

Sincerely,

BOARD OF TRUSTEES
 NEW YORK STATE TEAMSTERS COUNCIL
 HEALTH & HOSPITAL FUND