

**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)

October 18, 2024

Dear Participant:

This Summary of Material Modifications (“SMM”) provides notice of a recent change to the Medical booklet of the Summary Plan Description (“SPD”) for the New York State Teamsters Council Health & Hospital Fund (“Fund” or “Plan”). Effective January 1, 2025, the Board of Trustees has increased Plan coverage for hearing aids as more fully described below. You should keep this SMM with your SPD for permanent reference. Effective January 1, 2025 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)	<p style="text-align: center;"><i>\$5,000 Allowance</i> Adult - every 3 years Children under 13 - Allowed every calendar year per EAR</p> <p>Option to buy TruHearing Aids (subject to Allowance and frequency):</p> <ul style="list-style-type: none"> • TruHearing Advanced Aids - \$0 copayment per aid • TruHearing Premium Aids - \$300 copayment per aid 	<p style="text-align: center;"><i>\$5,000 Allowance</i> and Balance up to Charge Adult - every 3 years Children under 13 - every calendar year per EAR</p>	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

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