

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

**NEW YORK STATE TEAMSTERS COUNCIL -  
UNITED PARCEL SERVICE (“UPS”) RETIREE HEALTH FUND**

**(Plan No.: 501; I.D. No.: 46-411565)**

November 20, 2021

Dear Participant:

The following is a notice describing recent changes to the Summary Plan Description (“SPD”) for the New York State Teamsters Council – United Parcel Service (“UPS”) Retiree Health Fund (“Fund” or “Plan”). You should keep this notice with your SPD for permanent reference. If you have any questions, please contact the Fund Office at 315-455-9790.

**I. Section 4 – Major Medical Benefits**

Effective September 22, 2021, the following changes have been made:

A. Subsection L (“Additional Benefits”) was amended to add the following new number (5) under **“7. Novel Coronavirus (COVID 19) (“Coronavirus”)”**:

“5. The benefits related to the Coronavirus in this subsection 7 will only be provided by the Fund as set forth herein until the relevant Federal mandate or voluntarily followed New York State mandate requiring such benefits expires or is no longer in force.”

B. Subsection O (“Exclusions”) was amended to add the following as new

Exclusion number 39:

**“39. Anti-Amyloid Agents.** We will not provide coverage for anti-amyloid agents including, without limitation, Aduhelm.”

## II. Section 5 – Prescription Drug Benefits

Effective January 1, 2022, the Fund is implementing a new specialty medication co-pay assistance program (the “Program”). Your participation in the Program will make eligible specialty medications available to you at no cost. You will be receiving additional information about the Program from the Fund, Express Scripts, and SaveOnSP. The following has been added to the SPD in Section 5, Subsection D to replace “The ESI Special Care Pharmacy” in connection with this Program:

### **“Specialty Medication Co-Pay Assistance Program**

Effective January 1, 2022, the Fund is implementing a specialty medication co-pay assistance program (the “Program”). Under the Program, certain specialty pharmacy drugs are considered non-essential health benefits under the Plan. The specialty drugs currently covered under the Program are set forth in the attached Schedule.<sup>1</sup>

Co-pays for the drugs in the Program will be set to the maximum amount of any available manufacturer-funded co-pay assistance program. However, because the cost of these co-pays will be reimbursed by the manufacturer, you will receive them at no cost. These medications may be filled at your approved specialty pharmacy.

**If your specialty medication is on the Program list, you must participate in the Program to receive the medication free of charge, and you must speak with SaveOnSP prior to the first fill under the Program. You can contact SaveOnSP at 1-800-683-1074 for this purpose. If you do not participate in the Program for a specialty medication on the Program list, you will be responsible for a 30% co-insurance payment on the cost of the medication.**

In no event will any amount paid related to a specialty medication on the Program list count towards any deductible or out-of-pocket maximum under the Fund.

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<sup>1</sup> Please note that this list is subject to change. Changes to the list will be made available to you. You should also contact SaveOnSp at 1-800-683-1074 to request information about whether your specialty medication is covered under the Program.

### **Specialty Medications not Covered under the Program**

Express Scripts utilizes Accredo Health Group, a special care pharmacy, to administer specialty medications not covered under the Program described above to treat some complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis. Whether the medication is administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service.

**Under the Plan, some specialty medications not covered under the Program may only be covered when ordered through Accredo.** To find out whether any of your specialty medications need to be ordered through Accredo or whether limitations apply, please call Express Scripts Member Services at 1-800-939-2108.”

### **III. Dental Administration**

Effective January 1, 2021, the Fund’s Dental Benefits are administered by Excellus BlueCross BlueShield of Central New York, Inc. (“Excellus”). Therefore, all references in the SPD to Lifetime Benefit Solutions, Inc. (the previous administrator) related to these benefits, including those in Section 6 (“Dental Benefits”) and Section 10 (“Claims and Appeals Procedures”) are replaced with references to Excellus.

### **IV. Updated Vision Benefits Certificate of Insurance**

Effective January 1, 2022, the Fund has an updated Policy and Certificate of Insurance with HM Life Insurance Company, which are attached to this notice. The following amendments have been made to Section 7 in connection with the Policy and Certificate, which are also incorporated into the SPD by reference. As set forth in the SPD, to the extent that the terms of the operative Policy/Certificate conflict with the terms of the SPD or this notice, the term of the Policy/Certificate will control with respect to the Fund’s Vision Benefit.

A. The phone number for Davis Vision in the opening paragraph of the Section was amended to “1-800-328-4728.”

B. Subsection A, under the title “**Obtaining Services from Non-Davis Network Providers**” was deleted in its entirety and replaced with the following:

**“Obtaining Services from Non-Davis Providers**

When you elect to utilize the services of a Non-Davis Provider for a covered service, benefit payments for the services will not be based on the amount billed, but will be determined according to the Schedule of Benefits below listed under “Non-Davis Provider Benefit,” and you are responsible for payment of any additional amounts billed by the Non-Davis Provider. You must pay the Non-Davis Provider in full at the time of service and file a claim with Davis for reimbursement.

You must file notice of a claim with Davis within 20 days after the covered expense is incurred or as soon as reasonably possible. You will then be sent a claim form, which must be completed and sent to Davis with all other necessary information about your expense within 120 days. More information on how to file a claim with Davis is in the Certificate of Insurance.”

C. In Subsection B, the text under the title “**General**” is deleted in its entirety and replaced with the following:

**“General**

This Schedule lists the vision care benefits to which Covered Persons are entitled, subject to any applicable Copayments and other conditions, limitations and exclusions stated herein. Discounts do not apply for vision care benefits obtained from Non-Davis Providers.”

D. In Subsection B, the text under the title “**Additional Discount**” is deleted in its entirety and replaced with the following:

**“Additional Discounts**

In addition to the Schedule of Benefits, Covered Persons are eligible for certain discounts, which are negotiated between Davis Network Doctors

and Davis Providers. ***NOTE: These discounts are not Plan Benefits and are not guaranteed by the Plan nor Davis Vision. These discounts are not provided by Non-Davis Network Providers. Further, not all Davis Network Providers participate in these discounts, and you should call your provider prior to scheduling an appointment to confirm if he or she offers the discount pricing. Neither Davis nor the Plan will be responsible if a provider fails or refuses to give you a discount.***

#### ***Discounts for Frames, Spectacle Lenses, and Evaluation & Fittings***

A 20% discount is offered for frames and lenses purchased from a Davis Network Provider's own collection (i.e. not the Davis Collection). The full amount of the charge is your responsibility.

A 15% discount is offered for contact lenses and the contact lenses evaluation and fitting from Davis Network Providers. The full amount of the charge is your responsibility.

#### ***Discount for Laser Vision Correction***

Certain providers will offer a 40%-50% discount off the national average price of traditional LASIK.

#### ***Ancillary Product Discount***

A 15% courtesy discount is offered from most Davis Network Providers for the purchase of items that either the Plan does not cover or which you are not currently eligible for. Disposable contact lenses are available at a 10% discount."

E. Subsection C, "Exclusions and Limitation of Benefits," is deleted in its entirety and replaced with the following:

#### **"Exclusions and Limitation of Benefits**

Benefits will not be paid for charges arising from:

1. Any covered expense not shown in the Schedule of Benefits or any expenses shown as "Not Covered" in the Schedule of Benefits in this booklet or the Certificate of Insurance.
2. Eye examinations required by an employer as a condition of employment except as otherwise provided in the Certificate of Insurance.

3. Services or materials provided in connection with special procedures such as orthoptics and visual training (including but not limited to “Corneal Refractive Therapy” (“CRT”), or “orthokeratology”), or in connection with medical or surgical treatment (including laser vision correction) except as provided herein.
4. Materials which do not provide vision correction, except as provided in the Certificate of Insurance.
5. Charges for the replacement of lost or stolen lenses or frames within the applicable benefit frequency period in the Schedule of Benefits.
6. Sickness or injury for which benefits are provided by a workers’ compensation act or other similar legislation.
7. Illness, accident, treatment or condition arising out of war or act of war (declared or undeclared), or while performing service in the Armed Forces or units auxiliary thereto.
8. Illness, accident, treatment or condition arising out of intentionally self-inflicted injury or injury sustained while participating in a felony, riot or insurrection.
9. Services or supplies furnished to a Covered Person before the effective date of his or her insurance under the Plan or after the date a Covered Person’s insurance ends.
10. Any medical treatment rendered outside the United States, its possessions, Mexico or Canada.
11. Services rendered by practitioners who do not meet the definition of Provider in the Certificate of Insurance.
12. Expenses covered by any other group insurance.
13. Expenses covered by a health maintenance organization or hospital or medical services prepayment plan available through an employer, union or association.
14. Expenses for which benefits are provided by any other union welfare plan or governmental program or a plan required by law.
15. Comprehensive low vision evaluations, subsequent follow-up visits following such evaluation or low vision aids for which prior approval was not obtained from Davis or its authorized representative.
16. For Visually Necessary contact lenses prescribed for a Covered Person for which prior approval was not obtained from Davis or its authorized representative.
17. Refraction-only claims.”

F. Subsection F was amended by replacing the definition of “Visually

Necessary or Appropriate” with the following:

“Medically or Visually Necessary or Appropriate: A service, supply or treatment which is (1) ordered by a provider; (2) required for treatment or

management of a medical condition or symptom; and (3) provided in accordance with approved and generally accepted medical and surgical practice.”

**V. Updated Provider Contact Information**

In connection with the changes described above related to dental and prescription drug administration, Section 12 (“General Information and ERISA Rights”) is amended as follows:

A. Effective January 1, 2022, on page 109, the following was added at the end of the section under the “***Prescription Drug Benefits are self-funded and administered by:***” heading:

“Effective January 1, 2022, the Fund utilizes the SaveOnSP program to help Participants save money on certain specialty medications. You can contact SaveOnSp at 1-800-683-1074 for more information or to enroll in the program.”

B. Effective January 1, 2021, on page 109, the information under the “***Dental Benefits are self-funded and administered by:***” heading was deleted and replaced with the following:

“Excellus BlueCross BlueShield  
Central New York Region  
33 Butternut Drive  
Syracuse, New York 13214-1803  
Telephone: 1-877-650-5840  
Website: [www.excellusbcbcs.com](http://www.excellusbcbcs.com)”

Sincerely,

BOARD OF TRUSTEES  
NEW YORK STATE TEAMSTERS COUNCIL –  
UNITED PARCEL SERVICE (“UPS”)  
RETIREE HEALTH FUND