

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

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

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

August 20, 2015

Dear Participant:

The following is an updated notice for your Health & Hospital Fund Medical Benefits Plan Booklet regarding **Hearing Aids in Appendix A – Schedule of Benefits** effective August 18, 2015:

Medical Benefits Plan Booklet, page 27: E. Hearing Aids. We will provide coverage for hearing aids as prescribed by a physician as set forth in the Schedule of Benefits. Over-the-counter hearing aids are not covered by the Plan.

In Network Benefit:

\$2,000 Allowance

Adult – every 3 years
Children under 13 – Allowed
every calendar year per ear

Out of Network Benefit:

**\$2,000 Allowance and responsible for
Balance up to Charge**

Adult – every 3 years
Children under 13 – Allowed
every calendar year per ear

(Previous allowance was \$1,000)

Please keep this information with your Health & Hospital Fund Summary Plan Description for permanent reference.

If you have any questions regarding it, please contact the Fund Office at (315) 455-9790.

Sincerely,

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