Summary of Material Modification #7

The Board of Trustees of the Teamsters Local 966 Health Fund announces the following changes:

I. CLARIFICATION ON CHANGE IN ANNUAL DEDUCTIBLE

Beginning January 1, 2015, Eligible Participants and each Eligible Dependent will have an annual deductible of \$750 with no maximum per family. The deductible prior to this was \$500 per person with no maximum per family. This will apply to any **in-network** Covered Expense incurred on and after January 1, 2015. The Fund's **in-network** Preferred Provider Organization (PPO) is **Cigna.**

Also effective January 1, 2015, if you obtain covered services at an **out-of-network** provider or facility, the annual deductible is \$1,000 per Eligible Participant and each Eligible Dependent, with no maximum per family. The **out-of-network** deductible prior to this was \$750 per person with no maximum per family. This deductible will apply to any **out-of-network** Covered Expense incurred on and after January 1, 2015.

We suggest that you keep this Summary of Material Modifications with your Summary Plan Description. If you should have any questions about the coverage provided under the Teamsters Local Union 966 Health Fund, the Summary Plan Description or these changes, please contact the Fund Office at 888-490-8800.

Este documento está disponible en español a petición de la oficina del fondo en 888-490-8800 o escribiendo a 7130 Columbia Gateway Drive, Suite A, Columbia, Maryland 21046.

Sincerely,

THE BOARD OF TRUSTEES

SMM#7/SPD 1/2009