

IMPORTANT NOTICE REGARDING COVID-19 COVERAGE

To: All Participants in the Teamsters Local No. 731 Health and Welfare Funds

Diagnostic Testing for COVID-19 is covered for eligible participants and dependents with no cost sharing.

Telemedicine / Telephone Visits (billed under the applicable telemedicine CPT code) from In-Network Providers are covered for eligible participants and dependents under the terms of the Plan (deductible / coinsurance if applicable) until further notice. If the Telemedicine / Telephone Visits are related to COVID-19, coverage is at 100%.

Telemedicine / Telephone Visits from Out-of-Network Providers are subject to Out-of-Network cost sharing (e.g., deductible, copay and/or coinsurance).

Delta Dental will allow for a limited exam only (D0140) for claims utilizing Teledentistry. Any definitive treatment must be seen in-person, as this limited exam is only to determine if a patient needs to be seen for emergency purposes.

For more information, kindly review our website at www.ibt731funds.org or contact the Fund Office at (630) 887-4150.

**PLEASE RETAIN THIS NOTICE WITH YOUR
SUMMARY PLAN DESCRIPTION BOOKLET FOR FUTURE REFERENCE**

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Summary of Material Modifications

EIN 36-2392752/PN 501

EIN 36-6073849/PN 501

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