

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

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

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

February 2017

Dear Participant:

The following is an updated notice for your Health & Hospital Fund Dental Plan Booklet effective November 28, 2016:

The change is summarized as follows:

Section 3, **ELIGIBILITY FOR FUND BENEFITS**, Section 5, Dental Care Limitations, is hereby amended by deleting the reference to ORTHODONTIA on page 9 and replacing it with the following, with the new language shown in italics:

ORTHODONTIC:

Predetermination Required

If the Fund has previously paid for a preliminary appliance, the amount will be deducted from the appliance benefit.

Habit breaking devices or adjustments thereof are **not covered**.

Each period of active monthly orthodontic treatment is considered a separate dental service. Benefits will not be paid for treatment received for orthodontic services after the termination of coverage or for the monthly treatments when an appliance is inserted before a person is eligible for benefits. However, the full course of treatment, including ongoing monthly treatments, required for *orthodontic care with Invisalign® or similar providers shall be considered active monthly orthodontic treatment and covered up to the Lifetime Limit.*

If you have any questions, please contact the Fund Office at 315.455.9790.

Sincerely,

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