SUMMARY OF MATERIAL MODIFICATIONS AND NOTICE TO PARTICIPANTS

NEW YORK STATE TEAMSTERS COUNCIL HEALTH & HOSPITAL FUND

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

April 25, 2008

Dear Participant:

This letter contains important information regarding a change adopted by the Board of Trustees of the New York State Teamsters Council Health and Hospital Fund (the "Fund"), as well as certain additional notices required under federal law. You should keep this letter with your copy of the Summary Plan Description for the Fund.

The Fund change is summarized as follows:

CHANGE IN THE DENTAL PLAN – OPTION 1

Effective July 1, 2008, the Fund will implement a five thousand dollar (\$5,000) annual limit per individual for all Basic and Major Dental services. This design limit will be administered on a calendar year basis.

Additionally, the Fund is providing the following required notices:

WOMEN'S HEALTH AND CANCER RIGHTS ACT ANNUAL NOTICE

Federal Law requires that in the case of a participant or beneficiary who receives benefits under the Fund in connection with a mastectomy and who elects breast reconstruction, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- (1) Reconstruction of the breast on which the mastectomy has been performed; and
- (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance; and

(3) Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

These benefits are subject to normal deductibles and co-insurance limitations consistent with those established for other benefits under the Fund.

NOTIFICATION OF AVAILABILITY OF PRIVACY NOTICE

[As required by 45 Code of Federal Regulations Part 164.520 (c)(1)(ii)]

In the course of providing you with health coverage, this Fund has access to medical information about you which may be considered protected health information ("PHI") under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regulations. As a participant in this Fund, you were previously provided with a Privacy Notice which described, in detail, how medical information about you may be used and disclosed and how you could get access to that information.

If you would like to receive another copy of that Privacy Notice from the Fund or have any questions about the Privacy Notice, please contact the Fund's Privacy Officer, Kenneth R. Stilwell, by telephone at 1-877-698-3863 or by submitting a written request for a copy of the Privacy Notice to:

Kenneth R. Stilwell
Executive Administrator and HIPAA Privacy Officer
New York State Teamsters Council
Health and Hospital Fund
P.O. Box 4928
Syracuse, New York 13221-4928

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

Sincerely,

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