

Teamsters Miscellaneous Security Trust Fund

c/o Southwest Administrators • 1000 South Fremont Avenue, Unit 11 • Alhambra, California 91803
P.O. Box 1121, Alhambra, California 91802 • (626) 284-4792

IMPORTANT NOTICE

Revised Claim Determination and Appeals Procedures

The Department of Labor has issued new regulations shortening the time the Plan may take to make claim determinations and extending the appeals period. Only written requests for payment (or preauthorization when it is required) are "Claims" covered by these procedures. These new regulations are effective for claims submitted on or after January 1, 2003. Under the new regulations, the new time periods for the member claims and appeals are:

If you submit a Claim for urgent care, you will be notified within 72 hours whether benefits are covered. If additional supporting documentation is needed in order to make the determination, you will be notified within 24 hours of the initial receipt of your claim.

For non-urgent claims requiring preauthorization, your Claim will, in most cases, be decided within 15 days. If additional information is needed in order to make the determination, you will be notified within 5 days of the initial receipt of your Claims.

If you make a Claim for benefits after you receive the treatment, your Claim will, in most cases, be decided within 30 days of receipt of your Claim.

If your Claim is denied, you will be provided with the specific reasons for the denial, including any Plan provisions upon which the denial is based. Should you choose to appeal the decision, you will have 180 days in which to submit your appeal.

Claims appeals will be decided as soon as possible, but not later than:

Urgent Care Claims - 72 hours after receipt of appeal
Claims made before treatment - 30 days after receipt of appeal
Claims made after treatment - By the next regularly-scheduled meeting of the Board of Trustees that is at least 30 days after your written appeal is received.

If the Board of Trustees denies your appeal, you have the right to file suit in Federal court against the Plan, but you must do so within 90 days after your appeal is denied.

The above only summarizes the changes required by the Department of Labor with respect to claims and appeals procedures. For more details, please refer to the Restated Claims and Appeal Procedures in your Summary Plan Description. These restated procedures refer to medical, dental and prescription drug claims.