

Local 710 Health, Welfare and Pension Funds



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TELEPHONE 773/254-2500
www.710hwp.org



December 5, 2025

Dear Participant:

The Board of Trustees of the International Brotherhood of Teamsters Local No. 710 Health and Welfare Fund is pleased to announce multiple **new benefits**. Please find and read the attached Summary of Material Modifications.

NEW BENEFITS

- HRA FOR ACTIVE PARTICIPANTS – Effective 1/1/2026
- MARC CUBAN COST PLUS PROGRAM – BENZAVVY ONLY Effective 11/1/25
- DENTAL – CHANGE OF NETWORK PROVIDER – Effective 3/1/26
DELTA DENTAL OF IL PPO PLUS PREMIER
- RETIREE HEALTH PLAN ENROLLMENT CHANGES – Effective 10/1/25
- RETIREE HEALTH CARE PREMIUMS CHANGE – Effective 1/1/26

Enclosed is the 2026 Enrollment Form for the Teamsters Local 710 Health and Welfare Fund (“Fund”). It is essential that you fill out this form completely with all information that is requested. Under the terms of the Fund, you are required to enroll all your dependents, as the term is defined in the Fund’s Summary Plan Description. For your convenience, an abbreviated form of the Fund’s definition of a “dependent” is set forth below.

DEFINITION OF DEPENDENT:

1. **Your spouse.** The Fund defines a “Spouse” as the person to whom you are legally married under the laws of the state or country in which you were married.
2. **Your Child.** The Fund defines a “Child” as an individual who is under age 26

and is:

- A. A natural or adopted child of a Participant.
- B. A stepchild, that is, the child of the Participant’s Spouse;
- C. A child who has been placed with the Participant for adoption. The term “placed for adoption,” means the assumption and retention of a legal obligation for total or partial support of such child in anticipation of adoption of such child. The child’s placement with such person terminates upon the termination of such legal obligation. The Participant must provide the Fund with written updates about the progress of the adoption process at least once every six months.

D. A Disabled Child: For purposes of this Plan, a Disabled Child is a Child who is incapable of independent self-support; the Disabled Child is unmarried; the Disabled Child's Earned Income does not exceed a yearly maximum of \$12,000; the Disabled Child was Eligible for Benefits Coverage before reaching age 26; and the Disabled Child was mentally or permanently physically handicapped before reaching age 26.

Please return the enclosed Enrollment Form to this office no later than February 1, 2026. If you fail to submit a fully completed form by February 1, 2026 payment for your claims may be delayed or, in some cases, denied.

In addition to the Enrollment Form, we are also providing you with the information described below.

- The 2026 Summary of Benefits and Coverage is enclosed for your review.
- The 2026 Chip Notice.
- The Health Reimbursement arrangement (HRA) summary.

REQUIRED NOTICES:

➤ Your **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998** Notice appears in your Summary Plan Description, effective February 1, 2018, and can be found on our website at www.710hwp.org. Pursuant to the Women's Health and Cancer Rights Act of 1998, the Plan provides coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and Prosthesis and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending Physician and the patient.

Such coverage may be subject to annual Deductibles and Coinsurance provisions as may be deemed appropriate and are consistent with those established for other Benefits under the plan or coverage.

If you have any questions, please contact the Fund office at 773-254-2500.

Sincerely,
The Board of Trustees

Para obtener asistencia en Español, llame al 773-254-2500