



333 West Vine Street
 Suite 500
 Lexington, KY 40507
 877.432.5246
 www.afciotpa.org

**AFL-CIO HEALTH & WELFARE PLAN
 SUMMARY OF PLAN CHANGES**

Vision Benefit Change

The AFL-CIO Health & Welfare Plan (the Plan) has increased the Vision Care Benefits for Out-of-Network services effective July 1, 2012. If you choose an out-of-network provider, you will be reimbursed up to \$350 every two calendar years, which is an increase of \$50 from the prior out-of-network benefit. If you visit an out-of-network provider, you will need to send your itemized receipts, with the UHC identification number of the primary-insured party and your name and date of birth, to:

United Healthcare Vision
 Claims Department
 PO Box 30978
 Salt Lake City, UT 84130
 Fax: (248) 733-6060

The comprehensive benefits provided for vision services received from a Network Provider remain unchanged.

Board of Trustees Change

The Board of Trustees is composed of the following individuals:

Sujatha Blackstone
 815 16th Street, NW
 Washington, DC 20006
 202-637-5000

Timothy Gray
 815 16th Street, NW
 Washington, DC 20006
 202-637-5000

Shari Cannon
 815 16th Street, NW
 Washington, DC 20006
 202-637-5000

Mack Harrell
 815 16th Street, NW
 Washington, DC 20006
 202-637-5000

Samantha Connolly
 815 16th Street, NW
 Washington, DC 20006
 202-637-5000

Michael Noonan
 815 16th Street, NW
 Washington, DC 20006
 202-637-5000

General Contact Information Change

Below is an updated chart that incorporates changes to general contact information. This information replaces the information provided on page 4 of the Summary Plan Description.

Type of Claim	Claims Administrator
General: Care Coordination SM / Notification, Customer Service Representatives and 24-hour Optum [®] Nurseline SM	United Healthcare 800-996-0592 www.myUHC.com

Type of Claim	Claims Administrator
Medical Claims	United Healthcare Insurance Company Attn: Claims PO Box 740800 Atlanta, GA 30374-0800
Requests for Review of Denied Medical Claims	United Healthcare Attn: Appeals PO Box 30573 Salt Lake City, UT 84130
Dental Claims	United Healthcare Dental Attn: Claims Unit PO Box 30567 Salt Lake City, UT 84130-0567
Requests for Review of Denied Dental Claims	United Healthcare Dental Attn: Appeals PO Box 30569 Salt Lake City, UT 84130-0569
Vision Claims	United Healthcare Vision Claims Department PO Box 30978 Salt Lake City, UT 84130
Requests for Review of Denied Vision Claims	United Healthcare Vision Attn: Appeals 5959 Northwest Pkwy San Antonio, TX 78249
Life Insurance & Accidental Death and Dismemberment Claims	The Union Labor Life Insurance Company 1625 Eye Street, NW Washington, DC 20006
Requests for Review of Denied Life Insurance & Accidental Death and Dismemberment Claims	The Union Labor Life Insurance Company 1625 Eye Street, NW Washington, DC 20006

Eligibility or Contribution Rate Changes

Your employer may have adopted new eligibility rules concerning the criteria that its employees must satisfy in order to receive benefits from the Plan or changes concerning the contribution rates that employees and/or retirees are required to contribute for coverage. If your employer has adopted new eligibility rules or changes, attached is a revised Employer Participation Summary describing your employer's current eligibility rules and/or contribution rates. If an Employer Participation Summary is not enclosed, then your employer did not make any changes to its eligibility rules or contribution rates.

If you have questions or need additional information, please contact the Plan Administrator:

AFL-CIO Health & Welfare Plan
333 West Vine St., Suite 500
Lexington, KY 40507
(877) 423-5246
email@afcliotpa.org

In addition, this and other information is posted on the Plan's website, www.afcliotpa.org.

**THIS IS A MATERIAL MODIFICATION TO THE SUMMARY PLAN DESCRIPTION
AND SHOULD BE RETAINED WITH THAT DOCUMENT**