

Important Information
Summary of Recent Changes to Your Benefits Under the
Tri-State Teamsters Health Services and Insurance Plan
Teamsters Plus Plan & Teamsters Part-Time Plan

The Board of Trustees is please to announce the following improvements to the Plan of Benefits under the Tri-State Teamsters Health Services and Insurance Plan (the "Plan"). Please read this notice carefully. This notice makes certain changes to your benefits and amends the provisions of your Summary Plan Description (SPD). Please keep a copy with your SPD and share it with your family. The required annual notice concerning reconstructive surgery after a mastectomy and reminder to complete your Annual Information Request Form (AIR) are also included.

The following change was effective July 1, 2008:

The Teamsters Part-Time Plan was modified to include a Weekly Accident & Sickness benefit of \$75 per week, payable on the 8th day of an illness or injury with a maximum benefit duration of 26 weeks for disabilities that began on or after July 1, 2008.

The following change was effective September 1, 2008:

The Teamsters Rx was selected to be the Fund's Pharmacy Benefit Manager. Medications that have a generic equivalent available can no longer be obtained through the Mail Order benefit. These medications may only be obtained at a retail pharmacy with the required co-payment for a 30 day supply.

The following changes will be effective January 1, 2009:

The Prescription Drug benefit was modified to require maintenance medication to be filled through the Mail Order, if available, after one fill and three (3) refills at a retail pharmacy.

The Contact Lens benefit was modified to increase the quantity of disposable lenses new contact lens wearers may obtain from two (2) to four (4) boxes. In addition, formulary co-pays for contact lenses were combined to a single amount of \$35 and the fitting fee was reduced to \$60. The allowance for Non-Plan contact lenses was increased from \$50 to \$200.

Definitions/Benefit Eligibility/Limitation Clarifications effective immediately:

The Bariatric Surgery benefit eligibility criteria were modified to include a Body Mass Index (BMI) of 35 – 39.9 if the patient has one or more of the following co-morbidities:

Cardiovascular Disease;

Sleep Apnea;
Insulin-resistant type II diabetes; or
Weight related disabling joint disease

The definition of a Child was modified to include a “Child for whom you have legal guardianship who is not eligible for health coverage through a parent or other legal guardian”.

Limitations under the Health Care Credit provision of the Plan was modified to allow use of Health Care Credits to reimburse you for expenses that may be covered by a health reimbursement plan or account which is 100% funded by the Participant.

Reminder of the Home Health Equipment Benefit

The Plan provides certain **Durable Medical Equipment**, at no cost to you, with a prescription from your physician. If the required equipment is not available through this benefit, it may be available under the Major Medical Expense Benefit, if prior authorization is obtained.

Please contact either the **Home Health Equipment Department** at 1-203-876-3100 x272 or the **Teamsters Medical Review Program** at 1-800-888-9255 for more information.

Annual Notice Concerning Benefits for Reconstructive Surgery after a Mastectomy

The Plan is required to inform you that coverage is provided for the reimbursement of expenses associated with reconstructive surgery following a mastectomy, expenses for reconstructive surgery on the other breast to achieve symmetry, the cost of prostheses and costs for treatment of physical complications at any stage of the mastectomy including lymphedemas. The Plan deductible, co-payments and out-of-pocket limits apply. Payment of these expenses will accumulate toward your lifetime maximum.

Complete Your Annual Information Request Form (AIR)

The **2009** Annual Information Request Form (AIR) is included in this envelope. Please complete and return it in the enclosed self addressed stamped envelope.

Please remember that no medical or dental claims for 2009 will be paid until the completed form has been received by the Fund. Prescription drug and vision care benefits will also be affected without an AIR on file with your Fund Office. You must notify the Fund if there is a change during the year in the information on your AIR form.

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

Board of Trustees