

Tri-State Joint Fund
May 2012
Important Information

Summary of Recent Changes to Your Benefits

The Board of Trustees of the Tri-State Joint Fund is pleased to announce the following improvements to the Plan of Benefits under the

- The Teamster Plus Plan,
- The Teamster Plan and
- The Teamster Part-Time 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.

I. GENETIC COUNSELING & TESTING

In recent years, more and more claims being received for genetic testing, but the genetic testing benefit has not been clearly defined. To ensure that such claims are covered on a consistent basis and so that you can clearly understand your benefit, the Trustees approved the following changes to the Plan and the SPD language, effective immediately:

Genetic counseling and testing benefits are payable when ordered by a Physician, performed by a qualified Genetic Counselor and provided in conjunction with a genetic test that is payable by the Plan.

Prior authorization by the Teamsters Medical Review Program (TMRP) is required. Prior authorization can be obtained by contacting TMRP at 1-800-888-9255.

The Plans will cover the following genetic tests:

- State mandated newborn screening tests for genetic disorders;
- Analysis of fluid/tissue obtained as a result of amniocentesis, chorionic villus sampling (CVS), and alpha-fetoprotein (AFP) in covered pregnant women;
- Tests to determine sensitivity to FDA approved drugs;
- Tests to detect or evaluate chromosomal abnormalities or genetically transmitted characteristics in covered participants under all of the following criteria:
 1. The testing is considered scientifically valid for identification of a genetically heritable disease; and
 2. The covered individual displays clinical features/symptoms, or is at direct risk of developing the genetically linked heritable disease/condition in question (pre-symptomatic); and
 3. The results of the test will directly impact the clinical decision-making, clinical outcome or treatment being delivered to the covered individual.

Limitations:

No coverage for pre-parental genetic testing (also called carrier testing) intended to determine if a prospective parent or parents have chromosomal abnormalities that may be transmitted to a child of that parent or parents.

No coverage for genetic testing of Plan participants if the testing is performed primarily for the medical management of individuals who are not covered under this Plan.

II. YOUR PRESCRIPTION DRUG BENEFIT

Effective July 1, 2012, there are two (2) new programs that will be added to the Teamsters Rx/Medco Prescription Drug Benefit:

- Suboxone Prior Authorization Program
- High Utilization Program

Suboxone Prior Authorization Program

The manufacturer of Suboxone has established protocols for Prior Authorization of coverage for the Suboxone therapy. Any participants receiving Suboxone are required to have their prescriber complete the necessary Prior Authorization forms on a monthly basis in order for Suboxone to be covered by the Plan. Such Prior Authorization forms can be obtained by contacting Teamsters Rx at 1-866-888-0103. Teamsters Rx/Medco will monitor compliance with the Prior Authorization requirement.

High Utilization Program

Teamsters Rx/Medco will also administer a program to monitor potential over-utilization of the prescription benefit. This program consists of quarterly contact to physicians of participants based on a review of the participants' prescription drug utilization during the prior 90-day period. The program includes coordination with multiple prescribing physicians and/or multiple pharmacies.

The Trustees have added these programs to help make sure that the Plan is paying only for covered benefits. They will help to protect the Plan's assets from misuse, so that the Plan can continue to provide the same high level of benefits to all Plan participants.

III. MEDICARE COVERAGE DURING THE PENDING TERM PERIOD

If a member or dependent is covered by Medicare and is *also* covered by the Plan because the member is actively employed, federal law (the Medicare Secondary Payor Statute) makes the Plan pay first (the Plan is the primary payor), before Medicare (the secondary payor). However, Medicare pays first (primary payor) when coverage in the Plan is not based on active employment, such as COBRA coverage.

The Pending Termination Period is the first six months of COBRA coverage. Therefore, during the Pending Termination Period, Medicare is the primary payor (coverage during the Pending Termination Period is *not* based on active employment).

In order for Medicare to pay your benefits as primary you must be enrolled in Medicare Parts A and B. Medicare Part A (coverage for hospitalization) is provided automatically and at no cost. Medicare Part B (coverage for medical professionals) requires that you enroll during an enrollment period and pay the required premiums.

This situation unfairly impacts Medicare-eligible participants (including spouses) in the Pending Termination Period who are not retired and who are unemployed due to a seasonal layoff. These participants fully intend to return to active employment. *The Trustees have changed the Plan provision regarding Coordination of Benefits with Medicare during the Pending Termination Period to allow the Plan to be the primary payor for participants (including spouses) who are eligible for Medicare and who are covered by the Plan in a Pending Termination if the member has not retired or has not applied for retirement.*

If you have any questions, please contact your Local Fund Office.

Sincerely,

Board of Trustees