

Important Information
Summary of Recent Changes to Your Benefits Under the
Teamsters Plus Plan – Teamster Plan – Part-Time Plan

The Board of Trustees is pleased to announce the following improvements to the Plan of Benefits in the Teamsters Plus Plan – Teamster Plan – 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.

The required annual notice concerning reconstructive surgery after a mastectomy and reminder to complete your **2014 Annual Information Request Form (AIR) are also included in this mailing (see below).**

The following changes are effective January 1, 2014:

1. Coverage for hearing aids for all participants will be \$2,500 per hearing aid per ear every five years.

2. All “In-Patient Treatment Facilities” are required to be accredited under one of the programs of the Joint Commission on Accreditation of Healthcare Organizations. This includes treatment facilities (or distinct parts thereof) that primarily engage in providing diagnosis, evaluation and treatment of Substance Abuse or Mental Health conditions.

THE FOLLOWING REMINDERS ARE FOR YOUR INFORMATION ONLY

A. Coverage for adult children age 19-23 who are full-time students

The Plan was amended effective July 1, 2011 to cover dependent children up to age 26 in compliance with the health care reform legislation (the Patient Protection and Affordable Care Act [often called “PPACA” or “ACA”]) However, the Plan will not cover a child age 19 to 26 if the child has access to employer-sponsored health coverage (other than through a parent) as allowed by the PPACA.

The Trustees continued coverage for dependent children age 19 to 23 **who are full-time students**. Such dependents remain eligible for coverage even if they have employer-sponsored

group health coverage available to them. Proof of full-time student status is required. Coordination of benefits provisions of the Plan will be applied accordingly.

B. 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.

C. MEDICARE COVERAGE DURING THE PENDING TERMINATION 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.

However, the Trustees have clarified the Plan provision regarding Coordination of Benefits with Medicare during the Pending Termination Period if you are:

- Medicare-eligible (either the Participant or spouse) and
- you are in the Pending Termination Period and
- the Participant is not retired, but is unemployed (perhaps due to a seasonal layoff) with the intention of returning to active employment.

The Plan will be the primary payor for such Participants (including spouses) as long as the Participant has not retired and has not applied for retirement.

D. Prescription Drug Benefit Retail Fill Limitation

If you are having difficulty getting a maintenance medication filled at a retail pharmacy, you may have reached your maximum number of allowed fills and need to change to Teamsters Mail Order.

The Prescription Drug Benefit limits maintenance medications to **one (1) fill and three (3) refills at a retail pharmacy**. Prescriptions that **exceed four (4) fills for a maintenance medication at a retail pharmacy must be obtained through the Teamsters Rx Mail Order**. You can obtain the necessary paperwork from your Health Services **or your physician can contact Teamsters Rx at 1-888-327-9791 for assistance.**

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.

****Please remember to include always your ID Number (TSJ number) on any correspondence sent to the Local Fund Office.****

Complete Your Annual Information Request Form (AIR)

The **2014** 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 2014 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.

Please complete and return your 2014 AIR in the enclosed self addressed, stamped envelope.

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

Board of Trustees