

Important Information
Summary of Recent Changes to Your Benefits Under the
Teamsters Plus Plan

October 2015

With this notice, the Board of Trustees announces the following changes to the Plan of Benefits of the Teamsters Plus 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 **2016 Annual Information Request Form (AIR) are also included in this mailing (see below).**

The following changes are effective January 1, 2016:

Prescription Drugs

1. Strict Mandatory Generic Substitution for Multi-Source Brand-Name Drugs

- When you are prescribed a “multi-source brand name drug,” which means a brand-name drug that has a generic version available, the Plan will automatically substitute the generic equivalent and you will be charged for the generic co-pay: \$10 at retail and \$15 at mail order. The multi-source brand-name drug will not be covered ***unless*** your physician marks the prescription “DAW” (“dispense as written”). In that case, the multi-source brand-name drug will be dispensed, even though a chemically-equivalent generic exists and you will be charged for the generic co-pay ***plus*** the difference in cost between the brand-name drug and the generic drug.

2. Cover Increased Dosage of Cialis for Treatment of BPH

- Coverage for Cialis has been increased for prescriptions to treat Benign Prostatic Hyperplasia (BPH), which is a non-cancerous enlargement of the prostate that can cause urinary symptoms identical to prostate cancer. The prescribing physician must provide documentation that Cialis is being prescribed for you to treat BPH. If such documentation is not provided, the Plan limit of 6 pills per month will apply.

Dental Benefits

- The twelve-month waiting period for Children to be eligible for orthodontia benefits will be eliminated.

Biofeedback

- The Plan has been amended to specifically exclude biofeedback treatment.

Coordination of Benefits

- The Coordination of Benefits provision of the Plan was expanded as follows:
 - If a Dependent is covered under another plan as a student or based on participation in an activity, such as a sport, the Plan is secondary.
 - If a Dependent is covered under another plan based on his or her spouse's employment, the Plan is secondary.

Speech Therapy

For claims incurred on or after January 1, 2016, coverage for speech therapy will be provided for Dependent Children up to the age of six (6).

Nutritional Counseling Benefit

For claims incurred on or after January 1, 2016, Nutritional Counseling expenses will be considered as follows:

- If you participate in the Teamsters Take Charge program, expenses are payable at 100% up to a maximum of \$300 per calendar year;
- If you do not participate in the Teamsters Take Charge Program, expenses are payable at 80% of the covered charges up to a maximum of \$300 per calendar year **after** the annual deductible is met.

THE FOLLOWING REMINDERS ARE FOR YOUR INFORMATION ONLY

- **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.

- **COORDINATION OF BENEFITS WITH MEDICARE DURING THE PENDING TERMINATION PERIOD**

If a Participant (Employee or Dependent) is covered by Medicare and is *also* covered by the Plan because the Employee is actively employed, the Plan pays first (the Plan is the primary

payor), before Medicare (the secondary payor), under federal law (the Medicare Secondary Payor Statute). 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. AND in order for the Plan to provide secondary coverage, you must have Medicare coverage - you **MUST** enroll in Medicare Part B.

The Plan provides for an exception to this rule regarding Coordination of Benefits with Medicare during the Pending Termination Period:

If you are:

- Medicare-eligible (either the Participant or Dependent) and
- you are in the Pending Termination Period and
- the Employee is not retired, but is in "lay off" status (a lay-off notice from the employer is required),

The Plan will be the primary payor during your Pending Termination Period. PLEASE NOTE: the Employee must be "laid-off" and must not have retired or applied for retirement – a lay-off notice from the employer is required.

If you are covered in your Pending Termination Period and the Employee IS NOT laid off and/or is retired or has applied for retirement YOU MUST be enrolled in Medicare Parts A & B in order to get coverage (if eligible, you will be automatically enrolled in Medicare Part A).

- **Prescription Drug Benefit Retail Fill Limitation**

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

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

- **Dependent Children between the ages of 18-26**

Effective July 1, 2014, Dependent Children between the ages of 18-26 are covered under the Plan even if they have access to employer-sponsored group health coverage through their own employment or the employment of their spouses. If your Child between the ages of 18 and 26 became ineligible for dependent coverage because they had employer-sponsored group health coverage available to them (or if they previously "aged out" of coverage at age 19, but are

currently under 26), your Child may enroll in the Plan. Normal coordination of benefit provisions will apply.

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.

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

Complete Your Annual Information Request Form (AIR)

Please remember that no medical or dental claims incurred in 2016 will be paid until the completed 2016 AIR form has been received by the Plan. Prescription drug and vision care benefits will also be affected if your Local Fund Office does not have your 2016 AIR form on file. During the year, you must notify the Plan if there is a change in the information on your AIR form.

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Board of Trustees

Important Information
Summary of Recent Changes to Your Benefits Under the
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October 2015

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Please read this notice carefully.

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Life Insurance and AD&D

- **Effective October 1, 2015**, Life Insurance and AD&D benefit has been increased from \$5,000 to \$20,000 for participants.

Dental Benefits

The nine-month waiting period for Employees in Covered Employment and the eighteen-month waiting period for Dependents to be eligible for Dental Benefits are eliminated for claims incurred on or after July 1, 2014. If you had claims for dental benefits that were denied in whole or in part for this reason, present them to the Plan and they will be reconsidered for payment.

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Prescription Drugs

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Dental Benefits

- The twelve-month waiting period for children to be eligible for orthodontia benefits will be eliminated.

Biofeedback

- The Plan has been amended to specifically exclude biofeedback treatment.

Coordination of Benefits

- The Coordination of Benefits provision of the Plan was expanded as follows:
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Speech Therapy

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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.

- **Prescription Drug Benefit Retail Fill Limitation**

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