

Important Information Summary of Recent Changes to Your Benefits

October 2016

With this notice, the Board of Trustees announces the following changes to the Plan of Benefits of the:

- Teamsters Plus Plan
- Teamsters Plan
- Teamsters Indemnity 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 **2017 Annual Information Request Form (AIR) are also included in this mailing (see below).**

The following changes are effective January 1, 2017:

Orthodontia Benefits

- The Plan was expanded, for claims incurred on or after January 1, 2017, to include Orthodontia benefits to Employees and Spouses up to age 26. The Plan previously only covered Orthodontia benefits for Dependent Children up to age 26.

Nutritional Counseling Benefit

- For claims incurred on or after January 1, 2017, if you participate in a Teamsters Take Charge program, expenses are payable at 100% up to a maximum of \$500 per calendar year. The Plan previously only covered Nutritional Counseling up to a maximum of \$300 per calendar year and if you participated in a Teamsters Take Charge program such benefit would have been payable at 100%. If you are not participating in a Teamsters Take Charge program, the benefit remains at \$300 per calendar year, subject to deductible and coinsurance.

Effective prior to January 1, 2017

Dental Benefits

- For claims incurred on or after January 1, 2016, the Plan has been amended to allow for two (2) dental exams, cleanings and fluoride treatments per calendar year. Prior to this date, such claims were payable once every six months based on the date of service.

Prescription Drugs

Teamsters Rx monitors Prescription Drug claims above a certain dollar amount to determine if:

- The claims are being filled in the appropriate way (retail or mail order);
- The “first line” FDA-approved therapy is being prescribed rather than a more expensive “second line” medication (prior approval is required to obtain the second line medication); and
- A starter dose of a Specialty Drug is dispensed prior to a maintenance quantity (e.g., 30 days).

Teamsters RX has lowered the cost threshold limits for such review effective immediately.

Teamsters RX will review Retail Prescription Drug claims of \$1,000 or more and Mail Order Prescription Drug claims of \$3,500 and all claims for Specialty Drugs for appropriateness and medical necessity. (Previously, Teamsters RX reviewed Retail claims of \$1,500 or more and Mail Order claims of \$4,500 or more. Teamsters Rx always reviewed all Specialty Drug claims).

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 2017 will be paid until the completed 2017 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 2017 AIR form on file. During the year, you must notify the Local Fund Office if there is a change in the information on your AIR form.

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

Board of Trustees

Important Information
Summary of Recent Changes to Your Benefits under the
Teamsters Part Time Plan

October 2016

With this notice, the Board of Trustees announces the following changes to the Plan of Benefits of the Teamsters Part Time Plan.

Please read this notice carefully.

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