

October 2014

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

The Board of Trustees is pleased to announce the following improvements to the Teamsters Plus Plan's Plan of Benefits.

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 **2015 Annual Information Request Form (AIR)** are also included in this mailing (see below).\*\*

**The following changes are effective January 1, 2015:**

**Dental Benefit Schedule**

- The Dental Schedule has been updated to reflect the latest trends in treatment and benefits recognized by the American Dental Association (ADA). The lifetime maximum for Orthodontic treatment has also been increased to \$3,000.00. This change will be applied to any dependent receiving active Orthodontic treatment on January, 1, 2015.

**Chiropractic Benefit**

- The annual maximum Benefit of \$2,000.00 for Chiropractic treatment will be eliminated and replaced with an annual maximum of 40 office visits. All other aspects of the Chiropractic Benefit will remain the same.

**Prescription Drug Benefit**

- Compound Drugs  
Teamsters Rx will review Prescriptions for compound medications billed at \$250.00 or more to ensure that only FDA approved medications prescribed for FDA approved therapies are covered.
- Claim Reviews  
Teamsters Rx will implement reviews of prescriptions at the following cost thresholds:  
-\$1500.00 for Retail Claims

-\$4,500.00 for Mail Order Claims

-All Specialty Drug Claims

Teamsters Rx will monitor these claims to determine if:

- 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).

### ***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. 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, 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 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 2015 will be paid until the completed 2015 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 2015 AIR form on file. During the year, you must notify the Plan 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

October 2014

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

The Board of Trustees is pleased to announce the following improvements to the Teamsters Part-Time Plan's Plan of Benefits.

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 **2015 Annual Information Request Form (AIR)** are also included in this mailing (see below).\*\*

**The following changes are effective January 1, 2015:**

**Dental Benefit Schedule**

- The Dental Schedule has been updated to reflect the latest trends in treatment and benefits recognized by the American Dental Association (ADA). The lifetime maximum for Orthodontic treatment has also been increased to \$3,000.00. This change will be applied to any dependent receiving active Orthodontic treatment on January, 1, 2015.

**Chiropractic Benefit**

- The annual maximum Benefit of \$2,000.00 for Chiropractic treatment will be eliminated and replaced with an annual maximum of 40 office visits. All other aspects of the Chiropractic Benefit will remain the same.

**Prescription Drug Benefit**

- Compound Drugs  
Teamsters Rx will review Prescriptions for compound medications billed at \$250.00 or more to ensure that only FDA approved medications prescribed for FDA approved therapies are covered.
- Claim Reviews  
Teamsters Rx will implement reviews of prescriptions at the following cost thresholds:  
-\$1500.00 for Retail Claims

-\$4,500.00 for Mail Order Claims

-All Specialty Drug Claims

Teamsters Rx will monitor these claims to determine if:

- 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).

### ***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). The Pending Termination Period is considered coverage based on active employment. Therefore, during the Pending Termination Period, the Plan is still the primary payor for Participants covered by Medicare.

After your Pending Termination Period YOU MUST be enrolled in Medicare Parts A & B in order to get Medicare 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. 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, 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 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 2015 will be paid until the completed 2015 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 2015 AIR form on file. During the year, you must notify the Plan 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

October 2014

**Important Information**  
**Summary of Recent Changes to Your Benefits Under the**  
**Teamster Plan**

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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 **2015 Annual Information Request Form (AIR)** are also included in this mailing (see below).\*\*

**The following changes are effective January 1, 2015:**

**Chiropractic Benefit**

- The limitation of \$50.00 per office visit for Chiropractic treatment will be eliminated. All other aspects of the Chiropractic Benefit will remain the same, including the annual maximum of 24 visits.

**Prescription Drug Benefit**

- Compound Drugs  
Teamsters Rx will review Prescriptions for compound medications billed at \$250.00 or more to ensure that only FDA approved medications prescribed for FDA approved therapies are covered.
- Claim Reviews  
Teamsters Rx will implement reviews of prescriptions at the following cost thresholds:
  - \$1,500.00 for Retail Claims (billed amount)
  - \$4,500.00 for Mail Order Claims (billed amount)
  - All Specialty Drug ClaimsTeamsters Rx will monitor these claims to determine if:
  - 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).

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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.

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**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.**

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Board of Trustees