

Important Information Summary of Recent Changes to Your Benefits

May 2015

The Board of Trustees is pleased to announce the following improvements to the Plan of Benefits under the:

- The Teamsters Plus Plan
- The Teamsters Plan and
- The Teamsters 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.

Teamsters Family Services

Your Mental Health/Substance Abuse benefit will be administered by HMC Healthworks effective **June 1, 2015**. Pre-certification, concurrent reviews, discharge planning and aftercare services will be handled by HMC.

For **PRE-CERTIFICATION** of Inpatient, Partial Hospitalization or Intensive Out-Patient mental health/substance abuse treatment, please call the toll free number:

877-733-9205

You can call HMC Healthworks 24 hours a day, 365 days a year for information about Mental Health/Substance Abuse referrals, pre-certification of inpatient admissions and other information. All other aspects of the Mental Health/Substance Abuse benefit remain the same. See additional materials included in this mailing.

Claim Filing Limit

- For claims incurred on or after January 1, 2014, the time period for filing a claim has been extended to **24** months from the date the charges were incurred. Prior to this date, claims had to be filed for payment within twelve (12) months of the date of service.

Coverage of Tattoo Services when Performed by a Tattoo Artist as Part of Breast Reconstruction after a Mastectomy

For claims incurred on or after October 1, 2014, the Plan will reimburse participants for tattooing of the nipple/areola as part of breast reconstruction after a mastectomy when performed by a **tattoo artist**. Participants who choose to have services provided by a tattoo artist need to complete a special handling form which can be obtained from the Fund Office, and provide a copy of the invoice for tattoo services in order to be reimbursed. Services will be reimbursed based on the Anthem allowance for the procedure.

Chair Car Van

- The local use of a Chair Car Van as a means of transportation in certain circumstances will be covered when it is beneficial for the patient in lieu of an ambulance. The following criteria applies:
 - Transportation services are ordered or provided by a Physician, Health Care Provider or Allied Health Practitioner
 - The medical treatment for which transportation is needed is covered under the Plan and
 - The Trustees have determined that transportation by the Chair Car Van is Medically Necessary to the exclusion of all available alternate modes of transportation.

******Reminder******

The Board would also like to remind you that the annual dollar maximum was removed for the following benefit in order to comply with the Affordable Care Act:

Bariatric Surgery Benefit

- However, the Trustees instituted a lifetime limit of one such operation per covered individual. All other criteria of the Bariatric Surgery Benefit will remain the same. Claims incurred on or after July 1, 2014 which were denied in whole or in part, will be reconsidered for payment if the lifetime maximum was previously met.

****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 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