

TRI-STATE JOINT FUND

Executive Director
203-250-2604

Claims Administrator
203-250-2606

Fax
203-250-1232

Accounting
203-250-2602

Information Technology
203-250-2603

Retiree Benefits
203-250-2601
800-292-8340

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

November 2025

With this notice, the Board of Trustees announces the following changes to the Plan of Benefits of the Indemnity Plan. If you have any questions, please contact your Local Fund office.

Please read this notice carefully.

This notice makes you aware of 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.

IN ADDITION TO PLAN CHANGES THIS NOTICE ALSO INCLUDES:

- The required annual notice concerning reconstructive surgery after a mastectomy at the end of this mailing (see below), as well as other required notices.
- **This Reminder to Complete Your Annual Information Request Form (AIR)**

Please remember that no medical or dental claims incurred in 2026 will be paid until the completed 2026 AIR form has been received by the Plan. Prescription drug and vision care benefits will also be affected. Incomplete AIRFORMS will be returned! Please be sure to complete all sections of the AIRFORM, include a copy of your insurance card if you have any other insurance coverage (including Medicare), sign and date the form, and answer the questions on the bottom right hand side!

*****During the year, you must notify the Plan if there is a change in the information on your AIRFORM.*****



Urgent care centers bridge the gap between primary care and emergency rooms, providing immediate care for non-life-threatening illnesses and injuries that require prompt attention but aren't emergencies. They offer accessible, walk-in services, often with extended hours, providing a more convenient and cost-effective option for conditions like coughs, colds, minor cuts, sprains, and infections. The Fund encourages you to use an Urgent care center whenever possible.



The following changes are effective January 1, 2026:

Increase in the Orthodontia Maximum for Dependents Up to Age 26

The lifetime Orthodontia Maximum for dependents up to age 26 has been increased to \$4,000, previously the lifetime maximum was \$3,000.

New Prescription Drug Benefit Partnership

Please see enclosed Prescription Drug Benefit change sheet for details regarding Allegiant Rx partnering with MedOne.

THE FOLLOWING REMINDERS ARE FOR YOUR INFORMATION ONLY

These are NOT changes to your Plan.

❖ **HIPAA Privacy Notice**

You and your dependents each may request a copy of the HIPAA notice of privacy practices, free of charge by contacting the Tri-State Joint Fund Office at (203) 250-2601. This notice can also be found in the Indemnity Plan Summary Plan Description booklet.

❖ **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 Mail Order or the 90-day retail option using the CVS Saver Plus network program.

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 Mail Order or the 90-day retail option using the CVS Saver Plus network program. Your physician can fax a prescription to 1-800-491-7997 up until December 31, 2025. Effective January 1, 2026, your physician can fax a prescription to MedOne at 1-563-588-0173.

❖ **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. If your Child between the ages of 18 and 26 became ineligible for dependent coverage for any reason or was never eligible for coverage in the Plan, but is currently under age 26, your Child may be enrolled in the Plan if you provide the necessary information. Please contact the Fund Office for the proper form. 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 Participant ID Number (for example, TSJ1234567BF) on any correspondence sent to the Local Fund Office.****

Board of Trustees



www.trifund.com

- ✓ For the latest updates to your benefits
- ✓ Summary Plan Description (SPD)
- ✓ Summary of Benefits & Coverage (SBC)
- ✓ Find a provider
- ✓ Documents & Forms
- ✓ Plan notifications
- ✓ & more....