

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 Teamsters Plus Plan

June 2024

With this notice, the Board of Trustees announces the following changes to the Plan of Benefits of the Teamsters Plus 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 2024 will be paid until the completed 2024 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 2024 AIR form on file. **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.*****



Hinge Health - New Benefit Added 01/01/24

Hinge Health is an optional benefit to address Musculoskeletal (MSK) conditions, such as injuries, inflammation and/or osteoarthritis. This benefit is available for all participants over the age of 18 at no cost to you. If you have problems that can affect your joints, bones and muscles and, sometimes, associated tissues such as your nerves, please refer to the brochure included in this mailing!



The following change is effective July 1, 2024:

Updated Eligibility Rules for Dependent Children with a Disability

The Plan covers unmarried dependent Children age 26 and older who are incapable of self-sustaining employment because of a disability if they were covered by the Plan prior to age 26. That coverage will now continue even if they are eligible for coverage under any public program, such as Medicaid, HUSKY or Mass Health. Previously, such coverage ended on the date they became eligible for coverage under any public program. Such coverage will *still* end when the dependent is eligible for any group insurance plan. Proof of a disability must be submitted to the Plan Office within 31 days of such Child's 26th birthday. Continued proof of disability must be furnished upon request.

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 Teamsters Plus Plan Summary Plan Description booklet.

❖ **Grandfathered Status**

The Board of Trustees believes that the Teamsters Plus Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans; for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Tri-State Joint Fund at the number on this letterhead. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

❖ **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. If you have any questions, call 1-844-805-9802 to speak with an OptumRx representative.

❖ **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....