

TRI-STATE JOINT FUND

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Important Information Summary of Recent Changes to Your Benefits Under the Special Retiree Plan (SR)

November 2024

With this notice, the Board of Trustees announces the following changes to the Plan of Benefits of the Teamsters Special Retiree Plan. If you have any questions, please contact the Tri-State Joint Fund Retiree Department.

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 2025 will be paid until the completed 2025 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.*****



Blood Glucose Monitors - If you are in need of a blood glucose meter for your diabetic testing, our plan only covers the Contour Next meter. The Contour Next meter can be obtained for free by contacting Ascensia at 1-800-401-8440 and providing ID code CTR-OPX. The meter itself is not covered under our pharmacy benefit, however, the test strips and lancets are covered. Test strips and lancets for other meters are not covered.

The following changes are effective January 1, 2025:



Mandatory Low-Cost Biosimilar Substitution

609 WEST JOHNSON AVENUE, 2ND FLOOR, CHESHIRE, CT 06410

Mandatory Low-Cost Biosimilar Substitution

In July 2023, the first Biosimilar medication for Humira, was introduced. In 2025, a Biosimilar for Stelara is forthcoming and more are in the pipeline. These two (2) specialty medications represent the highest drug spend for the Fund. As a result, the Trustees have approved the mandatory substitution of Low-Cost Biosimilar medications for all Participants currently on, and all new prescriptions for specialty medications where a Biosimilar is available.



What is a Biosimilar? A biosimilar product is a biologic product that is approved based on the demonstration that it is highly similar to an FDA-approved biologic product, known as a reference product, and has no clinically meaningful differences in terms of safety and effectiveness from the reference product. Only minor differences in clinically inactive components are allowable in biosimilar products.

Increased Annual Contact Lenses Allowance

The Contact Lens allowance for the first pair will increase to \$300 **for members and spouses only**. Previously, the allowance was \$200. The allowance for the second (2nd) pair will remain the same (\$175). Contact lenses must be purchased thru the VSP network. There is **no** out-of-network contact lens benefit.

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 Special Retiree 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 Part-Time 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 Part-Time 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.

❖ 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 Tri-State Joint 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
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