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

October 2018

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

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 is included in this mailing (see below).

- **Complete Your Annual Information Request Form (AIR)**

Please remember that no medical or dental claims incurred in 2019 will be paid until the completed 2019 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 2019 AIR form on file. During the year, you must notify the Plan if there is a change in the information on your AIR form.

New Location…

The **Tri-State Joint Fund Office** has moved:
Please make a note of our ***new address*** and ***phone numbers*** located on this letterhead!

The following changes are effective January 1, 2019:

Weekly Accident and Sickness Benefits

The Weekly Accident and Sickness maximum benefit will increase to $125.00 weekly for disabilities that begin on or after January 1, 2019. Previously, the maximum benefit was $60.00.

The Weekly Accident and Sickness benefit pays 2/3 of weekly earnings up to the maximum ($125.00) and begins on the 8th consecutive day of disability and is payable for up to 26 weeks.

Vision Benefits

A non-Plan Frame Allowance of $150.00 for all Plan participants was added to the Plan. For employees and spouses, this allowance will apply to ***one*** frame outside the Davis Vision network per 24 months, instead of one of the Davis Vision frames allowed for this period. For Dependent children, it will apply to ***one*** frame outside the Davis Vision network per 12 months instead of the one Davis Vision frame allowed for this period.

Prior to this amendment, there was no non-Plan frame allowance. With this change, participants can apply the $150 non-Plan frame allowance to **one** non-Davis Vision frame.

All other vision services, frequencies and supplies (eyeglass lenses, contact lenses and eye exams) remain the same including the requirement that you ***must*** use a Davis Vision provider for all routine eye care. Vision services obtained outside the Davis Vision network are not payable under the Plan.

Well Baby Care Benefit

The Well Baby Care Benefit was amended to follow the American Academy of Pediatrics (AAP) schedule covering Well-Baby appointments as follows:

- 0 – 6 months: exam for newborn, at or about 3 – 5 days, 1 month, 2 months, 4 months, and 6 months [6 appointments, two more than the current benefit]
- 9 – 18 months: exams at or about 9, 12, 15, and 18 months [4 appointments, same as the current benefit]
- 2 – 26 years: one (1) exam per year, but with an exam at or about 30 months (2 ½ years) [26 appointments, one more than the current 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 Teamster Plan Summary Plan Description booklet.

- **Grandfathered Status**

The Board of Trustees believes that the Teamsters 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.

- **Home Health Equipment Benefit**

The Plan provides certain **Durable Medical Equipment,** at no cost to you, with a prescription from your physician. Even if the equipment you've been prescribed is not available at no cost, it may be covered under the Major Medical Expense Benefit. Prior authorization is required for coverage of Durable Medical Equipment under the Major Medical Expense Benefit. Please contact either the **Home Health Equipment Department** at **1-203-250-2601 x109** or the **Teamsters Medical Review Program** at **1-800-888-9255** for more information.

- **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 Express Scripts 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 Express Scripts Mail Order** program. You can obtain the necessary paperwork from your Local Fund Office **or your physician can contact Express Scripts 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. 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 (TSJ number) on any correspondence sent to the Local Fund Office.****

Board of Trustees