# TRI-STATE JOINT FUND

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## Important Information
## Summary of Recent Changes to Your Benefits Under the Teamsters Plus Plan, Teamsters Part-Time Plan and the Teamster Plan

July 2016

With this notice, the Board of Trustees announces the following changes to the Plan of Benefits of the Teamsters Plus Plan, Teamsters Part-Time Plan and the Teamster 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.

**The required annual notice concerning reconstructive surgery after a mastectomy and reminder to complete your **2016 Annual Information Request Form (AIR)** are also included in this mailing (see below).**

### The following change is effective July 1, 2016:

**Vision Benefit**

- Transition Lenses for single, bifocal and trifocal glasses will now be covered in full without a co-pay.

### The following change is effective January 1, 2016:

**Retiree Benefits**

- Retiree benefit coverage will be offered to a Dependent Spouse (the spouse or the Spouse and eligible children) in the event the Employee dies while actively employed, if the Employee met the eligibility requirements for Retiree Benefits at the time of death but had not yet retired.

***THE FOLLOWING REMINDERS ARE FOR YOUR INFORMATION ONLY***
***These are NOT changes to your Plan.***

- **Grandfathered Status**

The Board of Trustees believes that the Teamsters Plus Plan, the Teamsters Part-Time Plan and the Teamster Plan are "grandfathered health plans" 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 **1-203-876-3100 x272** or the **Teamsters Medical Review Program** at **1-800-888-9255** for more information.

- **Coordination of Benefits with Medicare during the Pending Termination Period**

  If a Participant (Employee or Dependent) is covered by Medicare and is *also* covered by the Plan because the Employee is actively employed, the Plan pays first (the Plan is the primary payor), before Medicare (the secondary payor), under federal law (the Medicare Secondary Payor Statute). However, Medicare pays first (primary payor) when coverage in the Plan is not based on active employment, such as COBRA coverage. The Pending Termination Period is the first six months of COBRA coverage. Therefore, during the Pending Termination Period, Medicare is the primary payor (coverage during the Pending Termination Period is *not* based on active employment).

In order for Medicare to pay your benefits as primary you must be enrolled in Medicare Parts A and B. Medicare Part A (coverage for hospitalization) is provided automatically and at no cost. Medicare Part B (coverage for medical professionals) requires that you enroll during an enrollment period and pay the required premiums. AND in order for the Plan to provide secondary coverage, you must have Medicare coverage - you **MUST** enroll in Medicare Part B.

***EXCEPTION***
The Plan provides for an exception to this rule regarding Coordination of Benefits with Medicare during the Pending Termination Period:

If you are:
- Medicare-eligible (either the Participant or Dependent) and
- you are in the Pending Termination Period and
- the Employee is not retired, but is in "lay off" status (a lay-off notice from the employer is required),

*The Plan will be the primary payor during your Pending Termination Period.*

**PLEASE NOTE: the Employee must be "laid-off" and must not have retired or applied for retirement – a lay-off notice from the employer is required.**

If you are covered in your Pending Termination Period and the Employee *IS NOT* laid off and/or is retired or has applied for retirement YOU MUST be enrolled in Medicare Parts A & B in order to get coverage (if eligible, you will be automatically enrolled in Medicare Part A).

- **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 Teamsters Rx 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 Teamsters Rx Mail Order** program. You can obtain the necessary paperwork from your Local Fund Office **or your physician can contact Teamsters Rx 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 Plan 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 Member ID Number (TSJ number) on any correspondence sent to the Local Fund Office.****

**COMPLETE YOUR ANNUAL INFORMATION REQUEST (AIR) FORM**

**Please remember that no medical or dental claims incurred in 2016 will be paid until the completed 2016 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 2016 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