

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

October 2018

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 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 Tri-State Joint Fund Retiree Office. Prescription drug and vision care benefits will also be affected if the Tri-State Joint Fund Office does not have your 2019 AIR form on file. During the year, you must notify the Tri-State Joint Fund Office 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!

**Reminder...**

**Chiropractic Benefit**

The Chiropractic Benefit is limited to 40 visits per calendar year and is subject to deductible and co-insurance.

## **Physical Therapy Benefit**

The Physical Therapy Benefit is limited to 60 visits per calendar year subject to deductible and co-insurance.

**The following changes are effective January 1, 2019:**

## **Medical Massage**

Medical Massage visits will be paid up to a maximum of \$100.00 per visit. For medical massage visits prior to January 1, 2019, there is a \$75.00 per visit dollar limit. The 24 visit limit combined with Acupuncture remains the same. All other aspects of the Medical Massage Benefit will remain the same, including the requirements of a prescription from a referring doctor with a medical diagnosis and a detailed receipt for the services.

## **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.

***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.

### ❖ **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**

Due to various Prescription Drug discount cards and Co-Pay Assistance options you will be required to submit proof of payment to the Retiree Department for all Prescription claims \$500.00 and over, as well as any medications under \$500.00 known to the Plan where co-pay assistance *may* be available, in order for you to be reimbursed for those medications.

❖ **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 Tri-State Joint Fund Retiree Office.\*\***

Board of Trustees