

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

July 2016

With this notice, the Board of Trustees announces the following changes to the Plan of Benefits of the Teamsters Indemnity 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 May 1, 2016:

Accident & Sickness Benefit

- The Weekly Accident and Sickness Benefit was increased to \$300 per week from \$150 per week. Such benefits are available for Eligible Employees only and are equal to 2/3 of weekly earnings up to a maximum of \$300 per week. Benefits are payable for a maximum of 26 weeks and begin on the 8th day of disability.

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

- **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.

- **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 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