

TRI-STATE JOINT FUND

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

November 2020

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.

The required annual notice concerning reconstructive surgery after a mastectomy is included at the end of this mailing (see below).

❖ Complete Your Annual Information Request Form (AIR)

Please remember that no medical or dental claims incurred in 2021 will be paid until the completed 2021 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 2021 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.

We hope that you and your families are staying safe, and you are following the suggestions from the CDC and other government agencies regarding handwashing, "social distance," and following your local authorities' rules about public gatherings.

The following changes are effective January 1, 2021:

Inpatient Hospitalizations Related to COVID-19 covered with no Participant Cost-Sharing extended thru April 30, 2021

In response to the continued public health crisis, the Trustees have extended through April 30, 2021 the policy of covering COVID-19-related inpatient hospital costs with no Participant out-of-pocket costs. Eligible inpatient medical expenses for covered services will be paid at 100% (copayments, deductibles & coinsurance will be waived) when associated with a COVID-19 diagnosis thru April 30, 2021. Treatment must be considered medically necessary and would



include hospital, physician services and prescription drug items received in the hospital for the treatment of COVID-19 conditions, provided such services are not otherwise excluded under the Plan. If a Participant is receiving inpatient care for another condition and is diagnosed with COVID-19, regular cost-sharing requirements apply to treatment for the other condition (including general inpatient charges) for which the hospitalization was originally required.

Dental Benefit Improvements

Enclosed please find the Schedule of Dental Allowances for **Type III: Major Restorative Services** (i.e. crowns, bridges, dentures & implants) which was updated to increase the amount the Fund will pay and decrease the member cost share for these services. Type I: Preventative and Diagnostic Services & Type II: Basic Restorative Services, Schedule of Dental Allowances last updated January 1, 2020 will remain the same.

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 Office.****

Board of Trustees