

TRI-STATE JOINT FUND

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

June 2022

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

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 2022 will be paid until the completed 2022 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 2022 AIR form on file. During the year, you must notify the Plan if there is a change in the information on your AIR form.

*****REMINDER*****
COVID-19 tests **only** are available at the following Participating Pharmacies:
Rite-Aid, Walgreen's, Sam's Club, Kinney Drugs, Bartell Drugs & Walmart
Be sure to show your ID card at the pharmacy counter. Participants are allowed **eight (8) FDA approved** OTC COVID-19 tests per 30-day period (or calendar month) (no prescription required).

The following changes are effective July 1, 2022:

Fitness Awareness Benefit

The Fitness Awareness benefit was increased to \$350 per calendar year, previously the benefit was \$250. The Fitness Awareness benefit is available to all participants upon completion of any or all of the structured programs offered by a bona fide commercial enterprise:



1. Weight loss program;
2. Gym Memberships, with consistent attendance;
3. Exercise class, excluding participation in a sport, martial art class or any other activity that includes or provides the opportunity for exercise as a by-product, only; and
4. Diet and nutrition classes.

Written proof of completion of the course or program must be provided. A certificate of completion or a letter written on the letterhead of the program and signed by the instructor will be considered written proof. Written proof of consistent gym attendance must be provided.

Increased Frequency for the Hearing Aid Benefit

The Hearing Aid benefit frequency was increased to once every three (3) years, previously new hearing aids were covered once every five (5) years. All other aspects of the Hearing Aid benefit will remain the same.

Weekly Accident & Sickness Benefits

The Plan of Benefits was amended to allow a Doctor of Osteopathic Medicine (DO) to sign the Disability form disabling an Employee in Covered Employment. Previously, only a doctor of medicine (M.D.), podiatrist (D.P.M.) or a Licensed Drug and Alcohol Counselor were allowed to authorize a Disability.

Amendment to the Eligibility Rules for Employees Who Leave Covered Employment or Transfer to a Management Position with a Bargained Employer

Eligibility will terminate at the **end of the month (no pending term period)** for an employee who leaves covered employment under a collective bargaining agreement and is not available to take another position in covered employment such as an employee who transfers to a management position with a signatory employer.

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 Teamsters Plus Plan Summary Plan Description booklet.

❖ Grandfathered Status

The Board of Trustees believes that the Teamsters Plus 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 Mail Order or the 90-day retail option using the CVS Saver Plus network program.

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 Mail Order or the 90-day retail option using the CVS Saver Plus network program**. Your physician fax can fax a prescription to 1-800-491-7997. If you have any questions, call 1-844-805-9802 to speak with an OptumRx representative.

❖ **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