

TRI-STATE JOINT FUND

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

May 2021

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 (as well as other reminders and notices) are also 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.

Effective April 21, 2021, the federal government extended the COVID-19 public health emergency. That means the public health emergency will last for at least an additional 90 days, until July 20, 2021.

The following changes are effective July 1, 2021:

Vision Benefits

The non-Plan frame allowance was increased to \$300.00, previously the allowance was \$150.00. Non-Plan frames (outside the Davis Vision network options) must be obtained from a Davis Vision provider.



Vision benefits for spouses will be at the same level as the retired employee allowing a spouse to receive up to two (2) pairs of eyeglasses or contacts, or three (3) pairs in lieu of bifocals every 24 months.

Eye exams are currently covered every 12 months for both retired employees and spouses.

Cologuard

Cologuard will now be covered under the Plan, subject to the same medical necessity criteria that colonoscopies are currently covered. Pre-Certification will not be required. Participants will be allowed to choose Cologuard over a traditional colonoscopy. If a participant tests positive, the Plan will cover a follow-up colonoscopy **in the same calendar year**. Cologuard will be covered the same as a traditional colonoscopy subject to deductible and co-insurance. Pre-Certification is required for a traditional colonoscopy.

Telemedicine

With the outbreak of the Coronavirus, Telemedicine became the only way, in many cases to be able to access medical care. Going forward, as participants have established care thru Telemedicine, the Plan will continue to cover Telemedicine beyond when the pandemic is declared over. Beyond the end of COVID, Telemedicine will be covered subject to deductible & coinsurance. Currently, Telemedicine is covered at 100%.

Inpatient Hospitalizations Related to COVID-19 covered with no Participant Cost-Sharing extended thru July 20, 2021

In response to the continued public health crisis, the Trustees have extended through July 20, 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 July 20, 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.

***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 Special Retiree Plan Summary Plan Description booklet.

❖ 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