

# TRI-STATE JOINT FUND

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

October 2019

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 2020 will be paid until the completed 2020 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 2020 AIR form on file. During the year, you must notify the Plan if there is a change in the information on your AIR form.

Participants are ultimately responsible for knowing the Plan of Benefits. Please contact your Local Fund Office with questions regarding whether expenses for services, supplies or treatment are covered under the Plan and/or if Pre-Certification is required.

The following changes are effective January 1, 2020:

### Changes to the Pharmacy Benefit...



#### New Pharmacy Network – OptumRx (currently Express Scripts)



Allegiant Rx has partnered with OptumRx to provide prescription drug benefits at Retail Pharmacies and at Mail Order. Your existing prescriptions with refills will be transferred\* over to OptumRx. There is nothing for you to do at this time. **You will receive an information packet from OptumRx and a new ID card from the Tri-State Joint Fund Office in December 2019.**

Allegiant Rx's role will remain the same and participants can still contact them (as well as their Local Fund Office) for any pharmacy benefit related questions. This change will not affect your existing prescription drug benefits, including the Co-payments and Plan limitations. This change will provide the greatest value to participants going forward and will allow the Fund to maintain a high level of benefits.

\*Additional details are included in the attached document "Your Prescription Drug Benefit." In addition, the attached document outlines **Other Changes** to your Prescription Drug Benefit, effective January 1, 2020:

- A Premium Formulary list has been added
- Walgreens is an "in-network" pharmacy, again
- You now have an option to get 90 day prescriptions at a retail pharmacy – **CVS only**
- Four utilization management programs have been added

## **Other Benefit Changes...**

### **Expanded Coverage For Autism Spectrum Disorders**

Coverage for screenings, diagnosis and treatment (including Applied Behavioral Analysis [ABA] therapy) for Autism Spectrum Disorder is now specifically covered under the Plan with no age limitation. ABA therapy will require Pre-Certification under the Teamsters Family Services Program - HMC HealthWorks (1-877-733-9205). Currently, the Plan has limited coverage for developmental delays or learning disabilities, in general, up to age four (4) and benefits for speech therapy up to age six (6).

### **Dental Benefits Improvements**

Enclosed please find the updated Schedule of Dental Allowances which was updated to reflect the latest trends in treatment and benefits recognized by the American Dental Association (ADA).

### **Acupuncture Benefit**

Acupuncture visits will be paid up to a maximum of \$100.00 per visit. Prior to January 1, 2020, there was no dollar limit per visit. The 24 calendar year visit limit combined with Medical Massage will remain the same, including the requirements of an annual prescription from a referring doctor with a medical diagnosis and a detailed receipt for the services.

### **Continuous Glucose Monitoring Systems (GMS)**

Continuous Glucose Monitoring Systems are the newest technological advance on the market for diabetes management. These systems monitor your glucose levels via a sensor that adheres to your arm and a reader that reads the results. These sensors last for up to 14 days and allow you to retrieve the data on your smartphone (via an app) so that patterns and trends can help you better manage diabetes. Eligible participants age 18 or older may obtain a GMS with a prescription at a participating pharmacy. The Plan will cover a reader once every two (2) years. Please contact your Local Fund Office for eligibility for the GMS.

**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](http://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.**

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 program**. You can obtain the necessary paperwork from your Local Fund Office or **your physician** can contact **Express Scripts at 1-888-327-9791 for assistance, until December 31, 2019.**

❖ **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