

Important Information
Summary of Recent Changes to Your Benefits Under the
Post-Employment Benefit (PEB)

July 2016

With this notice the Board of Trustees announces the following changes to the Plan of Benefits of the Post-Employment (PEB) 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 REMINDERS ARE FOR YOUR INFORMATION ONLY
These are NOT changes to your Plan.

- **Grandfathered Status**

The Board of Trustees believes that the PEB 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 **1-203-876-3100 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 were never eligible for coverage in the Plan, but are 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 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 Retiree Department. Prescription drug and vision care benefits will also be affected if The Retiree Department does not have your 2016 AIR form on file. During the year, you must notify the Retiree department 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