

**Important Information**  
**Summary of Recent Changes to Your Benefits Under the**  
**Teamsters Part-Time Plan**

May 2019

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

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 is included in this mailing (see below).\*\*

❖ **Complete Your Annual Information Request Form (AIR)**

**Please remember that no medical or dental claims incurred in 2019 will be paid until the completed 2019 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 2019 AIR form on file. During the year, you must notify the Plan if there is a change in the information on your AIR form.**

**The following changes are effective July 1, 2019:**

**Tobacco Cessation**

Increase tobacco cessation benefit to two (2) attempts per lifetime with a limit of up to \$1,000 per attempt. A "tobacco cessation attempt" means all FDA-approved tobacco cessation medications when prescribed by a physician and obtained thru a Participating Retail Pharmacy. Previously, the Plan paid for one course of treatment per lifetime to quit smoking. If prior to July 1, 2019 you have already used the one attempt, after July 1, 2019 you will have an additional two (2). In addition, reimbursement for a smoking cessation course is removed from the Fitness Awareness Program benefit. The Plan encourages its participants to quit smoking. ☺

***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 Part-Time Plan Summary Plan Description booklet.

❖ **Grandfathered Status**

The Board of Trustees believes that the Teamsters Part-Time 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 Express Scripts 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 Express Scripts 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.**

❖ **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