

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

October 2017

With this notice, the Board of Trustees announces the following changes to the Plan of Benefits of the Teamsters Special Retiree 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 **2018 Annual Information Request Form (AIR)** are also included in this mailing (see below).\*\*

**The following change is effective January 1, 2018:**

**Medical Massage/Acupuncture**

Medical Massage visits will be paid up to a maximum of \$75.00 per visit. The 24 visit limit combined with Acupuncture remains the same. Previously, there was no dollar limit on Medical Massage benefit per visit. All other aspects of the Medical Massage Benefit will remain the same including the requirements of a prescription from a referring doctor with a medical diagnosis and a detailed receipt for the services.

**By the way...**



If you receive a call from anyone other than your Local Fund Office asking for information about your Health Insurance or confirming personal information such as but not limited to your Social Security number, address or Date of Birth – PLEASE HANG UP!!!!!!! You have been issued an alternate Participant ID number which can be found on the front of your ID card and begins with “TSJ”. You should only respond to calls from your Local Fund Office and your Local Fund Office will always use your TSJ Participant ID number, only.

**THE FOLLOWING REMINDERS ARE FOR YOUR INFORMATION ONLY**  
**These are NOT changes to your Plan.**

❖ **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.

❖ **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.\*\***

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

**Please remember that no medical claims incurred in 2018 will be paid until the completed 2018 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 2018 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 the Retiree Department.

Board of Trustees