

# TRI-STATE JOINT FUND

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

November 2020

With this notice, the Board of Trustees announces the following changes to the Plan of Benefits of the Teamsters 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 2021 will be paid until the completed 2021 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 2021 AIR form on file. During the year, you must notify the Plan if there is a change in the information on your AIR form.

We hope that you and your families are staying safe, and you are following the suggestions from the CDC and other government agencies regarding handwashing, "social distance," and following your local authorities' rules about public gatherings.

The following changes are effective January 1, 2021:

### Inpatient Hospitalizations Related to COVID-19 covered with no Participant Cost-Sharing extended thru April 30, 2021

In response to the continued public health crisis, the Trustees have extended through April 30, 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 April 30, 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.

### **Dental Benefit Improvements**

Enclosed please find the Schedule of Dental Allowances for **Type III: Major Restorative Services** (i.e. crowns, bridges, dentures & implants) which was updated to increase the amount the Fund will pay and decrease the member cost share for these services. Type I: Preventative and Diagnostic Services & Type II: Basic Restorative Services, Schedule of Dental Allowances last updated January 1, 2020 will remain the same.

### **OptumRx Variable Copay Program**

The Variable Copay Program allows you and the Fund to take advantage of manufacturer-offered allowances on high cost drugs that are prescribed exclusively through OptumRx's Specialty Pharmacy. Participants who are currently on or are newly prescribed a medication eligible for this program will be encouraged by OptumRX and the Plan to sign up on the manufacturer's website to take advantage of the available cost savings. By doing so, Participants will save out-of-pocket expenses and help the Fund save money on prescription costs.

## ***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 Plan Summary Plan Description booklet.

### **❖ Grandfathered Status**

The Board of Trustees believes that the Teamsters 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 or the 90-day retail option using the CVS Saver Plus network program.**

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 or the 90-day retail option using the CVS Saver Plus network program**. Your physician fax can fax a prescription to 1-800-491-7997. If you have any questions, call 1-844-805-9802 to speak with an OptumRx representative.

❖ **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