

# TRI-STATE JOINT FUND

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

May 2020

With this notice, the Board of Trustees announces the following changes to the Plan of Benefits of the Teamsters Special Retiree Plan. If you have any questions, please contact the Tri-State Joint Fund Retiree Department.

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 Tri-State Joint Fund Retiree Office. Prescription drug and vision care benefits will also be affected if the Tri-State Joint Fund Office does not have your 2020 AIR form on file. During the year, you must notify the Tri-State Joint Fund Office 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.

### Diagnostic Testing for COVID-19 Infection Covered with No Participant Cost-Sharing

Effective immediately, the Plan will pay for any COVID-19 diagnostic testing or items and services related to such testing and no co-payment, co-insurance or deductible will apply. Whether the testing is done at your doctor's office, a clinic, or in an outpatient setting, the Plan will pay the full cost of the testing without any cost to you.



## **Inpatient Hospitalizations Related to COVID-19 covered with no Participant Cost-Sharing**

Eligible inpatient medical expenses for covered services will be paid at 100% (copayments, deductibles & coinsurance would be waived) when associated with a COVID-19 diagnosis for the period January 1, 2020 thru December 31, 2020. 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.

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.

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

The GMS benefit was amended to comply with the new prescription drug network's (OptumRx) guidelines and how OptumRx provides the devices and related supplies. The age restriction was removed (previously GMS was available to Participants age 18 or older), and the reader, transmitter, receiver and sensors will be replaced according to the manufacturer's guidelines (previously a reader would be replaced every two years). Also, eligibility for the GMS systems will be approved by Optum Rx (previously the Local Fund Office or the Tri-State Joint Fund Office).

**The following changes are effective July 1, 2020:**

### **Coverage for Continuous Positive Airway Pressure (CPAP) Cleaning Machines**

A Participant who received a CPAP machine within the last five (5) years is eligible to purchase a CPAP cleaning machine. Upon submitting the receipt of purchase to your Local Fund Office, the fund will reimburse up to \$300.00 (excluding sales tax) of the purchase price. CPAP cleaning machines will be covered once every six (6) years.

### **Fitness Awareness Benefit**

The Fitness Awareness Benefit of up to \$250.00 per calendar year (payable at year-end) has been added to the Special Retiree Plan. The Fitness Awareness Award is available to all Participants and provides a payment for participation in certain programs that may be beneficial to health. The award will be made to you upon completion of any or all of the following structured programs offered by a bona fide commercial enterprise:

1. Weight loss program;
2. Gym Memberships, with consistent attendance; **(Written proof of consistent gym attendance must be provided.**
3. Exercise class, excluding participation in a sport, martial art class or any other activity that includes or provides the opportunity for exercise as a by-product, only;
4. Diet and nutrition classes.

Written proof of completion of the course or program must be provided. A certificate of completion or a letter written on the letterhead of the program and

signed by the instructor will be considered written proof.

### Limitations

No payment will be made for the completion of courses or programs:

1. Not specifically listed above;
2. That do not have an identifiable beginning and ending, with the exception of the Take Charge Program for a Healthy Heart which requires one year of participation by an individual who qualifies for enrollment;
3. Are in excess of the annual benefit allowed;
4. Are in excess of actual amount incurred by Participant; or
5. Which, upon review by the Trustees, are determined not to be bona fide.

## **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.

### ❖ 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

**Due to various Prescription Drug discount cards and Co-Pay Assistance options you will be required to submit proof of payment to the Retiree Department for all Prescription claims \$500.00 and over, as well as any medications under \$500.00 known to the Plan where co-pay assistance may be available, in order for you to be reimbursed for those medications.**

### ❖ 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 Tri-State Joint Fund Office.\*\***