

TRI-STATE JOINT FUND

Executive Director
203-250-2604

Claims Administrator
203-250-2606

Fax
203-250-1232

Accounting
203-250-2602

Information Technology
203-250-2603

Retiree Benefits
203-250-2601
800-292-8340

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

November 2022

With this notice, the Board of Trustees announces the following changes to the Plan of Benefits of the Teamsters Plus 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.

IN ADDITION TO PLAN CHANGES THIS NOTICE ALSO INCLUDES:

- The required annual notice concerning reconstructive surgery after a mastectomy at the end of this mailing (see below), as well as other required notices.
- **This Reminder to Complete Your Annual Information Request Form (AIR)**

Please remember that no medical or dental claims incurred in 2023 will be paid until the completed 2023 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 2023 AIR form on file.

*****During the year, you must notify the Plan if there is a change in the information on your AIR form***.**

- This Notice that You will be getting New ID Numbers and New ID Cards

*******Member ID & ID Cards*******
Prior to January 1, 2023, all eligible members will be issued **new** ID cards. Your member ID will no longer begin with **TSJ**. The seven (7) digit number will remain the same followed by **BF** (ex:1234567BF). Please be sure to present your new ID card at the pharmacy, and your medical and dental providers.

The following changes are effective January 1, 2023:



Pre-Certification for Colonoscopies & Endoscopies Is No Longer Necessary

The requirement to Pre-Certify colonoscopies and endoscopies has been eliminated. Please remember that the Plan also covers Cologuard as a preventative benefit, covered at 100%. Participants will be allowed to choose Cologuard over a traditional preventative colonoscopy. If a participant tests positive, the Plan will cover a follow-up diagnostic colonoscopy **in the same calendar year** (deductible and co-insurance may apply).

Extended Care/Rehabilitation Benefit

The Extended Care/Rehabilitation Benefit Plan language has been updated to reflect that many medical procedures (surgeries) are now performed on an outpatient basis. Coverage for an Extended Care/Rehabilitation Facility will be based on medical necessity determined by Teamsters Medical Review. Previously, coverage was based on being discharged within three (3) days from a Hospital. All other aspects of the Extended Care/Rehabilitation Facility will remain the same.

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 Plus Plan Summary Plan Description booklet.

❖ Grandfathered Status

The Board of Trustees believes that the Teamsters Plus 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 1-203-250-2601 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 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 (for example, 1234567BF) on any correspondence sent to the Local Fund Office.****

Board of Trustees