TRI-STATE JOINT FUND

Executive Director 203-250-2604

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

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

June 2022

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 2022 will be paid until the completed 2022 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 2022 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.

*******REMINDER******

COVID-19 tests only are available at the following Participating Pharmacies:
Rite-Aid, Walgreen's, Sam's Club, Kinney Drugs, Bartell Drugs & Walmart
Be sure to show your ID card at the pharmacy counter. Participants are allowed **eight (8) FDA approved** OTC COVID-19 tests per 30-day period (or calendar month) (no prescription required).

The following changes are effective July 1, 2022:

Fitness Awareness Benefit

The Fitness Awareness benefit was increased to \$350 per calendar year, previously the benefit was \$250. The Fitness Awareness benefit is available to all participants upon completion of any or all of the structured programs offered by a bona fide commercial enterprise:



- 1. Weight loss program,
- 2. Gym Memberships, with consistent attendance;
- 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; and
- 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. Written proof of consistent gym attendance must be provided.

Increased Frequency for the Hearing Aid Benefit

The Hearing Aid benefit frequency was increased to once every three (3) years, previously new hearing aids were covered once every five (5) years. All other aspects of the Hearing Aid benefit will remain the same.

THE FOLLOWING REMINDERS ARE FOR YOUR INFORMATION ONLY These are <u>NOT</u> 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.

❖ 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.

Board of Trustees