# TRI-STATE JOINT FUND

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

June 2023

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.
- A notice of the end of the extended deadlines related to COBRA coverage and claims and appeals.
- **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.******

**Prior Authorization Required For GLP 1 Medications for Diabetes**

GLP 1 (glucagon like peptides) medications are one of the main classes of medications for treatment of Diabetes. The Plan now requires a prior authorization from AllegiantRx before such prescriptions are covered. This pre-authorization is intended to ensure that these medications are being prescribed to treat diabetes. The prescribed use of these drugs for weight loss is **NOT** covered under the Plan as these medications are not FDA approved for this purpose.

The Plan does offer a Nutritional Counseling Benefit and an Annual Fitness Awareness benefit for all participants, which cover proper diet, exercise and nutrition classes. The Teamsters Take Charge Weight Management Program also provides education and information for participants who have weight related issues, including weight loss. Please refer to your Summary Plan Description on these benefits.

**Omnipod5 and Omnipod Dash Insulin Pumps are now Covered under the Pharmacy Benefit**

Insulin pumps that have traditionally been covered as durable medical equipment (DME) under the Plan's medical benefit, will now be covered under the Pharmacy benefit.

**Pre-Certification for an Assistant Surgeon and Observation Stays Is No Longer Necessary**

The requirement to Pre-Certify the use of an Assistant Surgeon for a surgical procedure has been eliminated, as well as the requirement to Pre-Certify observation stays in a hospital setting.

**Assistant Surgeon Benefit Covered at the same Level as the Surgeon Benefit**

Assistant Surgeon covered charges will now be covered in the same way as the Surgeon's covered charges. However, the reimbursement for the Assistant Surgeon can **NOT** exceed the Surgeon's reimbursement. Previously, Assistant Surgeon's covered charges were limited to 20% of the allowable surgical fee for an M.D., and 10% of the allowable surgical fee for a Physician's Assistant (P.A.).

**Home Health Equipment**

The delivery of **certain** Home Health Equipment (DME) to participants by the Tri-State Joint Fund office has been eliminated; however, this equipment will still be covered by the Plan. Home Health Equipment formerly supplied will still be covered under the Plan if provided either by a Home Health Equipment supplier (the claim would be submitted to network provider electronically) or by direct purchase of the equipment by the Participant (online, at a drug store, or at another retailer). If purchased directly, you will be reimbursed by the Plan for covered equipment. A participant who purchases home health equipment on their own may submit the receipt along with a prescription from the doctor to the Fund Office. (Note – sales tax and shipping are not covered under the Plan).

Depending on the type of equipment prescribed, it may be covered under the Major Medical Expense Benefit and **will** require prior authorization. Please contact either the Teamsters Medical Review Program at 1-800-888-9255 or your Local Fund office for more information.

***THE FOLLOWING REMINDERS ARE FOR YOUR INFORMATION ONLY***

***These are NOT changes to your Plan.***

- **COVID-19 Relief – Tolling of Certain Deadlines Ends July 10, 2023**

During the National Emergency, the following deadlines were extended (beginning March 1, 2020) until the earlier of (a) one year from the date of the original deadline, or (b) 60 days after the announced end of the National Emergency (the end of the Outbreak Period).

- The 60-day election period for COBRA continuation coverage;
- The date for making COBRA premium payments;
- The date for notifying the Plan of a qualifying event (for COBRA eligibility) or determination of disability;
- The date to file a benefit claim under the Plan's claims procedure; and
- The date to file an appeal of an Adverse Benefit Determination under the Plan's appeals procedure.

These extensions will all end July 10, 2023. Therefore, if you must elect COBRA, pay COBRA premiums until current and provide any notice to the Plan that is necessary, including filing a claim or appeal, **by July 10, 2023**, unless (1) normal deadlines (without the extension) have not expired by July 10, 2023, or (2) your one-year extension expires prior to July 10, 2023.

❖ **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.

❖ **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, TSJ1234567BF) on any correspondence sent to the Local Fund Office.****

Board of Trustees