

TRI-STATE JOINT FUND

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

November 2022

With this notice, the Board of Trustees announces the following changes to the Plan of Benefits of the Indemnity 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, covered at 100%, **in the same calendar year.**

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 Indemnity Plan Summary Plan Description booklet.

❖ 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 (1234567BF) on any correspondence sent to the Local Fund Office.****

Board of Trustees