

# TRI-STATE JOINT FUND

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

June 2023

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.
- 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.***

❖ **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 Special Retiree Plan Summary Plan Description booklet.

❖ **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