

## Important Information for Participants of the Local 705 International Brotherhood of Teamsters Health & Welfare Plan for Retired Employees

December 2017

Dear Retired Participant:

As Trustees of the Local 705 International Brotherhood of Teamsters Health & Welfare Plan for Retired Employees (the Plan), it is our goal to provide quality benefits, ensure the Plan's financial stability, and comply with all legislative guidelines. This Summary of Material Modification (SMM) outlines a change to your prescription drug benefits under the Plan, effective January 1, 2018.

### **Prescription Drug Benefit Change**

Prescription drug benefits play an important role in your overall health, especially if you or your covered Eligible Dependent has diabetes. Living with diabetes can be difficult, and when not appropriately managed the disease can lead to serious health complications.

For this reason, the Plan will continue to offer the Living Well with Diabetes Program through Med-Care Management (MCM) to help you (or your Eligible Dependent) better manage diabetes. To enroll in the Program, please call (866) 844-4222.

In an effort to encourage participation in the Living Well with Diabetes Program, effective January 1, 2018, the Plan will reduce the copay requirement for diabetic prescription drugs and testing supplies (applicable only for these services) for all those enrolled in the Living Well with Diabetes Program. The Plan will reduce copay amounts by 50%, as shown in the chart below. However, to make sure you and the Plan are getting the best price for prescription drugs and testing supplies, the Plan will continue to **not** pay benefits for out-of-network services.

Prescription Drug Benefits	Copays - Current (for diabetes medication and testing supplies) In-Network	Copays - Effective January 1, 2018 (for diabetes medication and testing supplies) – ONLY FOR THOSE ENROLLED IN THE LIVING WELL WITH DIABETES PROGRAM In-Network
<b>Retail Pharmacy (up to a 34-day supply)</b> <ul style="list-style-type: none"> <li>• Generic</li> <li>• Brand Name Formulary</li> <li>• Brand Name Non-Formulary*</li> <li>• Specialty</li> </ul>	\$5.00 \$25.00 \$50.00 \$75.00	\$2.50 \$12.50 \$25.00 \$37.50

<b>Retail Pharmacy and Mail Order (up to a 90-day supply)</b>		
• Generic	\$12.50	\$6.25
• Brand Name Formulary	\$60.00	\$30.00
• Brand Name Non-Formulary*	\$125.00	\$62.50
• Specialty	\$182.50	\$91.25

\*When available, prescriptions are filled with Generic or formulary medications. If you elect to receive a Brand Name medication when a Generic is available, you pay the higher copayment amount plus the difference in cost between the Generic and Brand Name medication.

The Plan will continue to provide prescription drug benefits through CVS/Caremark, including a retail pharmacy program (up to a 34-day or 90-day supply), and a mail order pharmacy service. Be sure to go to any CVS/Caremark retail pharmacy to have your short-term (up to a 34-day supply) prescriptions filled, or to any CVS pharmacy or the CVS Mail Service pharmacy to fill your long-term (up to a 90-day supply) prescriptions. You will continue to have access to the CVS/Caremark network of pharmacies, which include most major chain pharmacy locations (excluding Walgreens, Wal-Mart, and Sam’s Club).

To confirm if your pharmacy is a network pharmacy, or if you have questions relative to your prescription drug benefits through CVS/Caremark, contact:

- **CVS/Caremark:** (866) 818-6911, [www.caremark.com](http://www.caremark.com)

**A Final Note**

We know you are concerned about your and your family’s health. The described prescription drug benefit change is an example of how the Board of Trustees continues to look for ways to increase Plan benefits and help steer usage towards the Plan’s important disease management programs.

Please keep this information with your SPD, and refer to your SPD for more detailed information regarding Plan eligibility and benefits. If you have any questions about this benefit change or your benefits in general, please call the Fund Office at (312) 738-2811. You can also contact the Fund Office if you need a copy of the SPD.

Sincerely,

Board of Trustees

*This notice, which serves as a Summary of Material Modifications (SMM) as required by the Employee Retirement Income Security Act of 1974 (ERISA), contains only highlights of recent changes to the Local 705 International Brotherhood of Teamsters Health & Welfare Plan for Retired Employees (the Plan). Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.*