

# Prescription Drug Coverage

The Health Benefits Plan provides prescription drug coverage through Teamsters Rx—an easy-to-use and cost-effective way for you and your family to fill your medically necessary prescriptions. When you become eligible for coverage, you'll receive a prescription drug card.

## Retail Pharmacy Benefits

When you fill a prescription at a retail pharmacy that participates in the Teamsters Rx prescription drug plan, simply present your drug card when you request your medication. You pay just \$10 for a 30-day supply of generic medication.

In-Network Retail Pharmacy Prescription Drug Copayments	
Brand Name—Retail Pharmacy	\$25 copayment for a 30-day supply
Generic—Retail Pharmacy	\$10 copayment for a 30-day supply

## Mandatory Generic Drug Policy

To help cut costs, your Prescription Drug Plan has a mandatory generic drug policy in effect. This means that if a generic drug is available, you must receive that drug instead of the brand-name drug to receive full benefits.

If a generic drug is available and your doctor prescribes the brand-name version or you insist on the brand-name drug, you will be responsible for paying the brand-name drug copayment PLUS the difference in cost between the generic and the brand-name drug.

## The Mail-Order Program

The mail-order program, "Teamsters Rx," is a convenient and less expensive way for you to receive your medication—particularly "maintenance prescriptions"—or drugs that you require on an on-going basis. Examples of maintenance drugs include those you take for high blood pressure, heart conditions or diabetes.

If you order your prescription drugs by mail, you pay a \$20 copayment for generic drugs and \$35 copayment for brand-name drugs for up to a 90-day supply.

Mail-Order Prescription Drug Copayments	
Brand Name—Mail Order	\$35 copayment for a 90-day supply
Generic—Mail Order	\$20 copayment for a 90-day supply

A maintenance drug is any prescription drug dispensed through the mail-order program to treat a chronic or long-term condition such as high blood pressure or diabetes.

### Using the Mail-Order Program

Because you know in advance that you need your maintenance medication, it's easy to establish a routine of filling these prescriptions by mail. You are eligible to receive medication for up to a 90-day supply through the mail-order program.

#### To have your medications filled by the Teamsters Rx Mail-Order Program you must:

1. Call the Fund Office for Patient Profile and Credit/Debit Card Authorization forms;
2. Attach the original prescription to the completed Patient Profile form and send along with the Credit/Debit Card Authorization for your co-payments to 51 Goffstown Road, P.O. Box 5242, Manchester, NH 03108; or
3. Have your doctor fax or call in new prescriptions for a 90-day supply, with three refills, to the Teamsters Rx Mail-Order Pharmacy. Faxed prescriptions must originate from the doctor's office. **Your prescription(s) will be sent to you via US Mail or UPS.**

To reorder, you simply call the Teamsters Rx Mail-Order Pharmacy, 24 hours a day, at 1-866-888-0104, and follow the instructions. Your prescription(s) will be refilled, copays charged to your credit/debit card and the order shipped to you. Check or money orders are accepted; however, the payment must be received before your order can be sent, slowing the process.



This is a very simple way in which you can contribute to containing health care costs for you and for the Painters & Allied Trades District Council No. 35 Health Plan.

### Eligibility Restriction

Spouses and dependents who have other prescription drug coverage are not eligible for this Plan's coverage. However, copayments may be submitted directly to the Fund Office for reimbursement.

### Allergy Medications

Certain non-sedating antihistamines (i.e., Allegra, Allegra D) carry a different copayment than other medications. If purchased at a retail pharmacy, you pay \$35. If purchased by mail, you pay \$70.

### Managed Drug Limitation Policy

The amount of pills that may be dispensed for certain drugs will be limited to the drug manufacturer's recommended dosage. So, if the recommended dosage is 10 pills per 30-day prescription, no more than 10 pills will be dispensed. If your doctor prescribes more than 10 pills, you are responsible to pay for the additional pills as well as the applicable copayment.