

TEAMSTERS LOCAL 639 – EMPLOYERS PENSION FUND

401(h) RETIREE MEDICAL PLAN

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SUMMARY OF MATERIAL MODIFICATIONS

Date: November 1, 2024

To: All Participants
Teamsters Local 639 – Employers Pension Trust Fund – 401(h) Retiree Medical Plan

From: The Board of Trustees of the Teamsters Local 639 -- Employers Pension Trust Fund – 401(h) Retiree Medical Plan

Subject: Notice of Changes to the Specialty Drug Program for Non-Medicare Retirees and Non-Medicare Spouses of Retirees

This Notice announces important changes to the Plan's prescription drug coverage for Non-Medicare Retirees and Non-Medicare Spouses of Retirees. As a reminder, the Plan does not cover prescription drug medications for Medicare Retirees or Medicare Spouses of Retirees. Please read this document carefully and keep it in a safe place.

Effective January 1, 2025, the Plan will no longer cover specialty medications currently dispensed by CVS Health under the medical benefit portion of the Plan. Rather, beginning on January 1, 2025, specialty medications dispensed by CVS Health will be covered under the pharmacy benefit and will be subject to the pharmacy benefit deductible and copays and an annual calendar maximum of \$200,000 per person. Prior authorization from CVS/Caremark will continue to be needed for specialty drugs.

Your new specialty prescription medication coverage is as set forth in the following chart. Coverage of all other non-specialty drugs will not change; these medications will still be covered under the pharmacy benefit after the deductible and copays and remain subject to a separate \$10,000 calendar year maximum.

Specialty Drug Coverage Under the Pharmacy Benefit as of January 1, 2025:

	Up to a 30-day Supply	Up to a 90-day Supply
Deductible for Specialty and Non-Specialty Drugs ¹	\$100 per person per calendar year	
Generic	\$5	\$10
Preferred Brand	\$20	\$30
Non-Preferred Brand	\$35	\$50
Brand Name Drug (either Preferred or Non-Preferred) without approved "Brand Name Letter of Medical Necessity" when Generic is available	\$5 plus difference in cost between Brand Name Drug and Generic Drug	\$10 plus difference in cost between Brand Name Drug and Generic Drug
Annual Calendar Year Maximum for Specialty Drugs per person	\$200,000	

It is our understanding that this specialty drug change will currently affect only four individuals in the Plan. A representative from CVS Health will be contacting these individuals to help them make the transition from receiving their specialty medications from the medical portion to the pharmacy portion of the Plan. **All participants and spouses can continue to use their current ID cards. You will not be getting a new card.**

¹ Note that your deductible is a combined deductible with your non-specialty medications.

Specialty Drug Formulary and Process

The Specialty Drug Formulary called the “Advanced Control Specialty Formulary” and the Specialty Guideline Management Therapy and Drug Overview which lists some specialty medications that require pre-authorization can be found by signing in at www.Caremark.com and clicking on the Explore plan and benefits tab or by calling CVS Health on the number on your ID card. Note that the lists change from time to time and not all the medications listed are covered under the Plan.

Your doctor can submit a new Specialty Drug prescription to CVS Health and request a Specialty Guideline Management clinical review in a number of ways:

- Specialty Medication (Specialty CVS Health)
 - Call 1-800-237-2767 directly; or
 - Fax it to 1-800-323-2445; or
 - Email Rx referral to Customer.ServiceFax@CVSHealth.com.

If you or your Doctor needs to discuss Specialty medications, call Specialty CVS Health Connect.

You can also drop off a written prescription at any CVS pharmacy and CVS Health will contact your Doctor for the review. The medication will be sent to you or to the Doctor according to your Doctor’s instructions.

If you have any questions about this notice, your health benefits or eligibility, you can contact the Fund Office at (202) 636-8181 or toll-free at (800) 983-2699, Monday through Friday from 9:00 a.m. until 5:00 p.m. Additionally, you may visit the Fund Office in-person.

The Trustees continue to reserve the right to amend, modify, or terminate the Plan and any or all benefits provided thereunder.