



May 9, 2011

## SUMMARY OF MATERIAL MODIFICATIONS

TO: ALL PARTICIPANTS  
TEAMSTERS LOCAL 639 – EMPLOYERS HEALTH TRUST FUND

RE: Change To The Mail Order Program For Maintenance Drugs

Dear Participant:

The Board of Trustees of the Teamsters Local 639 – Employers Health Trust Fund announces the following change to the Mail Order Program for maintenance drugs.<sup>1</sup>

Effective July 1, 2011, the Fund's Mail Order Program for maintenance drugs will convert from a voluntary program to a mandatory program. This change is designed to help you and the Fund keep prescription drug costs down. You save money because you only have to pay one Mail Order Program co-payment for an up to 90 day supply of a maintenance drug. When you fill your prescription at a retail network pharmacy, you have to pay a co-payment each time you receive an up to 30 day supply. For example, three 30-day refills of a generic maintenance drug at a retail pharmacy will cost you \$15 (\$5 x 3), whereas the 90-day supply available through the mail will only cost you \$5. In this example, you will save \$10 every 90 days by using the Mail Order Program.

Mandatory Mail Order Program For Maintenance Drugs. Beginning July 1, 2011, the Fund will allow you to fill your maintenance drug prescription no more than three (3) times at any retail pharmacy in Caremark's network. After your third fill at a retail network pharmacy, you must begin to use the Mail Order Program in order to have your maintenance drug prescription covered by the Fund. If you continue to fill your maintenance drug prescription at a network retail pharmacy after the third fill, the Fund will not pay for the prescription.

The following chart shows the applicable co-payments for maintenance drugs at retail network pharmacies and under the Mail Order Program:

Maintenance Drugs: Maintenance drugs are used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat heart disease, high blood pressure, asthma, diabetes, ulcers, anemia and other certain ailments. The attached list of maintenance medications is published by Caremark, but is not intended to be all inclusive. Contact the Fund office or Caremark Customer Care at the toll free number on the back of your benefit ID card if you have questions about whether your prescription is a maintenance drug.

# Mail Order

	Maintenance Drugs Through Retail Network Pharmacy*	Mail Order Program Through Mail Order Program*
Generic Drugs	\$5.00 Co-pay	\$5.00 Co-pay
If there is no generic available or your Doctor provides a "Brand Name Letter of Medical Necessity"		
Brands on the Primary Drug (Voluntary Formulary) List	\$20.00 Co-pay	\$30.00 Co-pay
Brands not on the Primary Drug (Voluntary Formulary) List	\$35.00 Co-pay	\$50.00 Co-pay
Brand name drug without Brand Name Letter of Medical Necessity	Co-pay: \$5.00 plus the difference in cost between brand name and generic	Co-pay: \$5.00 plus the difference in cost between brand name and generic
Supply Limit	Up to a 30-day supply of maintenance drugs	Up to a 90-day supply of maintenance drugs
Fill Limit	Coverage for three fills only after 7/1/11	No limit

\* The following co-payments should be substituted in the above chart for employees of YRC Worldwide, Inc.: Retail Pharmacies: \$10, \$25, \$40 and \$10 plus the difference in cost between brand name and generic. Mail Order Program: \$10, \$35, \$55 and \$10 plus the difference in cost between brand name and generic.

**To Use The Mail Order Program:** You can begin to use the Mail Order Program right away. You do not have to wait until you have filled your maintenance drug prescription three (3) times at a retail network pharmacy.

There are four ways you can access the Mail Order Program:

(1) You can ask your physician to write your maintenance drug prescription for a 90-day supply. Then, fill out the mail order form available from the Fund office or the Caremark website at [www.caremark.com/local639](http://www.caremark.com/local639). Send the completed form and the prescription to Caremark, P.O. Box 94467, Palatine, IL. 60094-4467.

(2) You can go directly to the Caremark website at [www.caremark.com/local639](http://www.caremark.com/local639) and complete the form online. Caremark will contact your physician directly to obtain the prescription for the 90-day supply;

(3) You can call Caremark FastStart at 1-800-875-0867, provide them with your prescription card ID number and information about your prescription. Caremark will contact your physician directly to obtain the prescription for the 90 day supply; or,

(4) You can have your physician call Caremark FastStart directly at 1-800-378-5697. Your physician will need to provide Caremark with your prescription card ID number to start the 90 day fill.

Please note that you may continue to fill your non-maintenance drug prescriptions at any Caremark retail network pharmacy.

Sincerely,

The Board of Trustees