



Frequently Asked Questions

Plan Design

Prescription Carrier



Prescription	30-day Retail You pay up to	90-day Retail You pay up to	90-day Mail Order You pay up to
Annual Deductible: \$0			
Tier 1 Generic	\$0	\$0	\$0
Tier 2 Preferred Brand	\$0	\$0	\$0
Tier 3 Non-Preferred Brand	\$0	\$0	\$0
Tier 4 Specialty	\$0	N/A	N/A
Insulin Medications	\$0	\$0	\$0

Plan Questions

1. Will I be automatically enrolled in the new plan, or do I need to do anything to enroll?

All Medicare-eligible retirees and/or dependents will be automatically enrolled into the plan. There is nothing you need to do to be enrolled.

2. Can I stay with the current plan?

No, all Medicare-eligible retirees and/or dependents must change over to this plan. Your current plan will no longer be available.

3. Can I opt-out of this plan?

We are required by law to give you the choice of opting out of the new plan. Since you are enrolled in the current prescription drug plan it is unlikely that you would not be able to participate in this new plan match. However, you have the option to opt-out and decline this prescription drug coverage. Nevertheless, if you would like to opt-out, please call RetireeFirst toll free at **833-265-8650 (TTY 711)**, Monday-Friday, 8am-5pm PST.

4. Are there any plan changes?

Teamsters Benefit Trust did their best to match your current benefits. Below are a few highlights of your new plan:

- Covered Prescription Drugs are \$0 cost to you.
- Continued access to RetireeFirst Advocates for assistance with understanding and using your benefits.

5. When will I receive my ID card and welcome kit?

Cards and welcome kits should arrive in the month prior to your start date. Retirees and Medicare-eligible dependents will each receive their own card. Please note that each enrollee may not receive their plan information on the same day; this is normal.

6. What do I do if I lose my card?

Please call RetireeFirst toll free at **833-265-8650 (TTY 711)** and we will obtain a new one on your behalf, mail you a temporary card, and call your pharmacy and/or providers if needed.

7. Who do I call if I need assistance with the plan?

Please call RetireeFirst toll free at **833-265-8650 (TTY 711)** to reach your dedicated Teamsters Benefit Trust Retiree Advocacy Team, Monday-Friday, 8am-5pm, PST.

Prescription Questions

8. Is there a prescription deductible?

No, there is no prescription deductible on this plan.

9. Is there co-insurance or copays?

No, there are no co-insurance or copays on this plan.

10. Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst toll free at **833-265-8650 (TTY 711)** if you need help looking up your prescriptions.

11. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. Express Scripts has over 68,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

12. Is there a mail order pharmacy?

There is a mail order pharmacy called Express Scripts Pharmacy. You can call RetireeFirst toll free at **833-265-8650 (TTY 711)** with questions about mail order prescriptions.

13. Will my prescriptions transfer from the old plan?

If you use the retail pharmacy, and have refills remaining, you do NOT need to obtain new prescriptions. If you use mail order, you WILL need to obtain new prescriptions from your provider.

14. Can I still go to the Veterans Affairs (VA) for my prescriptions?

Yes, if you obtain some prescriptions from the VA, you may continue to do so.

15. Do I need prior authorizations for certain prescription medicines?

Some prescriptions may require a prior authorization. Please contact RetireeFirst toll free at **833-265-8650 (TTY 711)** if you have questions or need assistance with prior authorizations as well as any other requirements such as step therapy, quantity limit, or formulary exceptions.

16. What is the donut hole and is there donut hole coverage?



The coverage gap/donut hole begins after the total yearly prescription cost (including what our plan has paid and what you have paid) reaches a certain dollar amount. While most Medicare Part D plans have a gap/donut hole, you have full donut hole coverage with this plan. This means you will never pay more than the plan copays shown in the table above.

17. What is the catastrophic phase and is there coverage?

The catastrophic phase is a phase of coverage designed to protect you from having to pay very high out-of-pocket costs for prescription drugs. It is the final phase in your prescription drug plan and your copays will be \$0. You will remain in this phase for the rest of the plan year. You may have cost sharing for excluded prescriptions that are covered under this plan.

Express Scripts Medicare PDP Card Sample:

Front:

	EXPRESS SCRIPTS[®] Medicare (PDP)
Prescription ID Card	
RxBIN	610014
RxPCN	MEDDPRIME
RxGrp	XXXXXXX
Issuer	9151014609
(80840)	
ID No.	AZZA27012308
Name	JOHN Q. SAMPLE
Issued	XX/XX/XXXX
 Prescription Drug Coverage X CMS-S5660-801	

Back:

BENISTAR Retiree Customer Service: 1.800.236.4782	
<hr/>	
Patient Customer Service:	1.888.345.2560
TDD:	1.800.716.3231
<hr/>	
Pharmacist Use Only:	1.800.922.1557
<hr/>	
SUBMIT PHARMACY CLAIMS TO:	
Express Scripts	
ATTN: Medicare Part D	
P.O. Box 14718	
Lexington, KY 40512-4718	