



**TEAMSTERS  
BENEFIT  
TRUST**

Post Office Box 5820  
Fremont, California 94537  
39420 Liberty Street, Suite 260  
Fremont, California 94538  
www.tbtfund.org

Telephone (510) 796-4676 • (800) 533-0119 • FAX (510) 795-0680

## **PLAN CHANGE NOTICE**

### **Summary of Material Modifications**

### ***Change of Trust Pharmacy Benefits Manager (PBM) and Specialty Drug Pharmacy***

**RETAIN WITH YOUR BENEFIT PACKAGE FOR FUTURE REFERENCE**

November 2021

To: Teamsters Benefit Trust Participants (TBT), Covered Dependents and COBRA participants under the following TBT plans,

- Active Plans I, I-A, I-85, III, III-A, IV, V, V-A and VI
- Non-Medicare Retirees under CRP, RSP Gold, RSP Silver and SRP

(These changes do *not* apply to you if you are enrolled in Kaiser under Plans I-A, III-A, V-A, VI. Because your prescription coverage is through Kaiser and is not changing)

### ***NEW DRUG BENEFITS PROVIDERS (“Pharmacy Benefits Manager” and “Specialty Drug Pharmacy”) EFFECTIVE JANUARY 1, 2022***

Effective JANUARY 1, 2022 TBT will replace OptumRx as its prescription drug provider with

- For ordinary prescriptions: **IngenioRx PBM** (a division of Anthem Blue Cross)
- For “Specialty Drugs”: **ACCREDO Specialty Drug Pharmacy**

***What’s the Difference Between an “ordinary” and a “Specialty” drug?*** A specialty medication is a prescription drug that is either a self-administered (non-diabetic) injectable medication; a medication that requires special handling, special administration, or monitoring; or, is a high-cost oral medication. You’ll know that your drug is considered a “Specialty drug” if it cannot be dispersed at an ordinary pharmacy.

***Will my TBT benefits change?*** No, your Plan benefits are not changing – what is changing is that your prescription drug coverage will no longer be through OptumRx (but see copay question next).

***Will what I pay out-of-pocket for prescriptions change?*** Plans that currently require you to pay a percentage copayment (Active Plans IV, V, VI and Non-Medicare Retiree Plans CRP, RSP Gold and Silver) will switch to a flat dollar amount: With IngenioRx you will pay a \$5

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**copay** for generic drugs and a **\$10 copay** for brand name drugs. All other Plan copays will remain the same.

**Why is TBT making a change?** The Trustees are always looking for ways to improve services and, where possible, lower the cost of the Plan.

**Why is there going to be a separate Specialty Drug Pharmacy?** Because Specialty drugs are the fastest growing part of the drug industry, the Trustees chose a pharmacy dedicated solely to Specialty drugs.

**Are there any drugs that OptumRx covered that IngenioRx or Accredo Specialty Drugs Pharmacy do not cover?** What is now covered and what IngenioRx and Accredo will cover are very close to the same. If as of December 2021 you are taking a drug that is *not* covered by IngenioRx or Accredo Specialty Drug Pharmacy, they will contact your prescribing doctor to discuss a change to a drug that is covered as of January 2022. IngenioRx or Accredo Specialty Drug Pharmacy will also send you a letter with your options prior to January 1, 2022. Share the list of covered drugs with your medical provider.

**Will I receive a new Identification Card?** Yes, if you are currently under the Blue Cross PPO or the Blue Cross HMO medical option, you will receive a new medical ID card with the IngenioRx Logo / PBM information added. If you are currently under Kaiser HMO (without Kaiser Pharmacy benefits) you will receive a new IngenioRx ID Card. You must show the new card to your pharmacy after January 1, 2022 and make sure they have the correct ID number in their system. Expect to receive this card mid-December.

**What do I need to do?** Keep using OptumRx for all claims through the end of 2021. In December you will be issued a new **IngenioRx** PBM card to replace your OptumRx PBM card.

- For ongoing prescriptions – like maintenance medications – in place as of December 2021 and continuing, **IngenioRx** will take over without you or your doctor needing to do anything. But if you are on a maintenance prescription with no refills remaining as of the end of 2021 your doctor will need to write a new prescription.
- For ongoing Specialty prescriptions, the **Accredo Specialty Drug Pharmacy** will contact your prescribing doctor to transition coverage from OptumRx to **Accredo**.
- For new prescriptions to be filled at a pharmacy **on or after January 1, 2022**, show your pharmacy your new ID card with your IngenioRx ID number.
- For new Specialty Drug prescriptions to be filled **on or after January 1, 2022** your doctor needs to submit the prescription through **Accredo Specialty Drug Pharmacy** and you will receive written communications from **Accredo with instructions on how to order new Specialty Drugs**. IngenioRx will help facilitate this process

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Anthem / IngenioRx has established a dedicated Customer Service Unit *specifically to assist the Teamsters Benefit Trust participants with the transition*. The phone number is (833) 308-3034 and will be available in December. They will address all your IngenioRx pharmacy program transition issues, requests for replacement Identification cards, and can answer your questions about covered drugs.

Summary of Material Modifications (SMM)  
Change of Trust Pharmacy Benefits Manager (PBM) and Specialty Drug Pharmacy  
Core Plans and Non-Medicare Early Retirees

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You will receive a welcome packet from Anthem / IngenioRx with your new ID card, more information about their pharmacy program and information about their mail service program.

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If you have questions or need clarification about this notice from the Trust Fund, please phone the TBT Plan Administration Office at (800) 533-0119 and ask for the Customer Service Unit.

**PLEASE NOTE**

This Notice is intended to amend all TBT documents, notices and correspondence, including (but not limited to) the Guide To Your Benefits and Summary of Coverage.

This document is a Summary of Material Modifications ("SMM") intended to notify you of important changes made to your plan of benefits. You should take the time to read this SMM carefully (and share it with your family) and keep it with your copy of the *Guide To Your Benefits*. While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. If any conflict should arise between this summary and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases. The Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify, terminate or interpret and decide all matters under the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason.

Si usted gustaría una copia en español, por favor de contactar  
la oficina de administración de Teamsters Benefit Trust.

**"GRANDFATHERED" PLAN (Not Applicable to Non-Grandfathered Plans V-A and VI)**

Because all Teamsters Benefit Trust medical plans other than *Plans V-A and VI Non-Grandfathered* are "grandfathered health plans," we are required by law to provide this notice to you. The Teamsters Benefit Trust believes your Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Trust Fund Office at 1-800-528-4357. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.