

NORTHERN NEW ENGLAND BENEFIT TRUST

TEAMSTERS RX PRESCRIPTION DRUG BENEFIT



Please Note That These Benefits Are Administered By

Teamsters Rx

If you have questions, please contact Teamsters Rx

1 (866) 888-0103

PRESCRIPTION DRUG BENEFIT

Your health Plan includes a prescription drug benefit. The prescription drug benefit program is currently administered through Teamsters Rx for retail and mail order prescriptions.

Please review the *Medications with Limitations and Restrictions* document that is part of your prescription coverage. Teamsters Rx/Medco Pharmacy follows FDA/Manufacturers' limitations & guidelines for dosing. Always consult with a member of the **Teamsters Rx Customer Service staff at 1(866) 888-0103** if you have any questions concerning the co-payment(s) that will be applied, or any limitations or restrictions that may apply to your medications.

Retail Purchases

Retail benefits are available at all major pharmacies (except Wal-Mart or Sam's Club). Please present your Teamsters Rx/Medco Pharmacy card and ask the pharmacist to confirm their participation before filling your prescription. You may also visit www.TeamstersRx.com, sign in and click "locate a pharmacy."

Drug Type	Co-Payment per Prescription
Generic Drugs	\$15.00
Brand Name Drugs <i>No generic substitution available</i>	\$25.00
Brand Name Drugs <i>Generic substitution available</i>	\$25.00 + difference between cost of brand name and generic substitution

If you wish to fill a prescription for a brand name medication for which there is a generic available, you will pay the initial \$25 brand name co-pay plus the difference in cost between the generic medication and the brand name. In some instances, this could be a substantial cost.

You are limited on your retail purchase to a 30-day supply or 100 units, whichever is less.

***Teamsters Rx Customer Service Center
1-866-888-0103***

Mail Order Purchases

Effective November 1, 2011, all mail-order prescriptions will be processed through Teamsters Rx/Medco®.

To use your mail order option, please visit www.TeamstersRx.com and create your own account.

You may also complete and return the forms found in your Welcome Kit. Envelopes are provided for each form for your convenience.

You will then be able to renew prescriptions, track delivery, update credit card information and receive renewal reminders (after signing in.) If you do not have internet access, you may call **1 (866) 888-0103 to reach the Teamsters Rx Customer Service Center** for assistance.

Medco will dispense up to a 90-day supply of a drug, subject to the prescription written by your physician and to the Teamsters Rx Pharmacy Limitations and Exclusions. Medco will dispense a brand name drug ***only if no generic drug equivalent is available***. Purchasing maintenance medications through mail-order will save you money.

Drug Type	Co-Payment per Prescription
Generic Drugs	\$15.00
Brand Name Drugs <i>No generic substitution available</i>	\$25.00

Diabetic Supplies

You must use the Teamsters Rx/Medco Mail Order Pharmacy to order your diabetic supplies such as test strips, needles and lancets. Have your doctor write a 90-day prescription with three refills and submit the same as you would for your maintenance medications. It is to your advantage economically to purchase these supplies through Medco, as you will receive a 90-day supply for one co-payment per item. ***If you purchase diabetic supplies from any other source, you will be responsible for the full cost with no reimbursement.***

Mail Order Pharmacy Enrollment

You are required to enroll with Medco to use your mail-order pharmacy benefit option. If you do not intend to use the mail-order option you may still want to enroll and take advantage of the information available on this site that could save money for you or your family. To enroll please complete the Medco mail-order form provided in your Medco Welcome Kit or call Medco at 1 (866) 544-8643.

We also request that you complete the ***Health, Allergy & Medication Questionnaire***. This questionnaire helps to protect you against potentially harmful drug interactions and drug allergies.

Additionally, you can find all necessary forms, including the ability for you to print out a temporary ID card, at www.TeamstersRx.com

To speak with a pharmacist from Medco concerning the proper use of your medications such as side effects, proper dosing, etc. please call the Medco toll free member service number at 1 (866) 544-8643.

Please register online at www.TeamstersRx.com

Specialty Drug Purchases

For certain specialty care drugs that treat chronic illnesses, Teamsters Rx has partnered with *Accredo*. Their team of patient service representatives, care coordinators, nurses and pharmacists maintain regular contact with patients to help best manage treatment. They specialize in patient education, administration and delivery of drugs, and provide a comprehensive approach to managing specialty therapy for optimal use and patient safety.

Specialty pharmacies cover a limited number of prescriptions that are indicated for certain medical conditions. *Accredo* has nurses and pharmacists specifically trained in the use of these limited medications. Specialty medications that may have been filled at retail pharmacies or through other specialty pharmacies must now be filled through *Accredo*.

Accredo will ship these medications directly to you. If your specialty prescription is processed through *Accredo*, you will be requested to provide credit card or other payment information to them. ***Please note that medications dispensed through Accredo are limited to a 30-day supply.***

Some examples of conditions for which *Accredo* would be utilized include (but are not limited to): Cancer, Hepatitis C, Cystic Fibrosis, Hemophilia, HIV/AIDS, Crohn's Disease, Multiple Sclerosis.

***For more information on ordering your specialty medication
Please contact Medco
1 (866) 544-8643***

Claim Appeals

If you wish to file an appeal in response to a claim denial, please see "Claim Determinations and Claim Appeals" found on Page 1 of the Administrative Policies and Procedures Section of the Summary Plan Description.

LIMITATIONS AND EXCLUSIONS

- Diabetic supplies (test strips, lancets, and syringes) are covered **ONLY** through mail order.
- If a prescription is lost, stolen, spilled (or otherwise damaged or destroyed), the patient is responsible for the full price of the replacement medication.
- Injectable contraceptive prescriptions are covered through **mail order only**. Birth Control patches are not covered.
- Medications prescribed must be medically necessary for treatment.

The following are not covered as part of your prescription drug benefit:

1. Therapeutic devices or appliances, even if medically necessary.
2. Smoking cessation program drugs.
3. Hair loss or cosmetic drugs.
4. Retin-A for individuals age 26 or over.
5. Drugs dispensed in a hospital, physician's office, nursing home or other approved facility.
6. Biological sera.
7. Prescriptions for hyperalimentation.
8. Drugs used to treat infertility.
9. Weight loss medications.
10. Drugs or medicines available without a physician's prescription (*examples: Zyrtec, Claritin, Prilosec OTC*).
11. Refills beyond the limit set by prescribing physician.
12. Refills more than one year from the original prescription order date.
13. Refills prior to finishing 75% of the projected dosage.
14. Drugs subject to the "General Plan Exclusions" as it relates to your medical coverage.
15. Prescriptions payable under a Workers' Compensation law or other related law or statute.
16. Experimental medications or experimental use of approved medications.

PRIOR AUTHORIZATION PROGRAM

A leading contributor to the dramatically rising cost of health care is the cost of prescription drugs. The almost daily news reports of efforts by individuals, states and municipalities to obtain lower cost prescription drugs from other countries underscore both the importance of prescription drugs in obtaining and maintaining good health and the high cost of prescription drugs in this country.

The Trustees wholeheartedly support proven new drug therapies for the treatment of debilitating medical conditions, including such diseases as diabetes, hypertension and high cholesterol. However, the Trustees strongly oppose efforts by drug manufacturers to market (through direct-to-consumer advertising and contact with physicians) drugs that have much less costly therapeutic equivalents. These two principles underlie the Trust's Prior Authorization Program.

Under this program, certain prescription drugs that have less costly therapeutic equivalents are not, and will not be, available under our health Plans unless the member has received Prior Authorization from the Trust. If a prescription drug is on the Prior Authorization list and you attempt to fill a prescription for that drug without first having obtained clearance from the Trust, the pharmacist will not fill the prescription on an insured basis.

Prior authorization may be required for certain medications, certain uses of medications or certain dosing of medications. Medications are approved by the United States Food and Drug Administration for specific diseases and within specific dosing ranges. Uses for diseases or dosages other than those approved are referred to as "Off Label" and may require medical review prior to being covered (refer to Managed Drug Limitation/Restriction List). Certain medications that have a therapeutic alternative may not be covered by the Plan or may have limitations. All medications must be medically necessary.

For additional information regarding the prior authorization process, please call Teamsters Rx Customer Service at 1 (866) 888-0103.

MANAGED DRUG LIMITATION PROGRAM

For some time, the Trust has had in place a Managed Drug Limitation Program for drugs obtained by mail order and more recently for a limited number of drugs purchased at retail. Effective January 1, 2004, the Managed Drug Limitation Program was expanded to include all applicable prescription drugs. This program was designed to ensure proper prescription utilization by allowing members to receive medication in clinically appropriate quantities.

The Managed Drug Limitation Program is based on the fact that the manufacturers of prescription medications, in conjunction with the United States Food and Drug Administration (the FDA), establish guidelines for the safe use of their products. These guidelines relate to the approved use of medications; how drugs are to be taken; how long drugs may be safely taken; and the drug dosage that a person may safely take. Given that the Trustees design and implement our health Plans based on a philosophy that emphasizes "quality of life" for our members, it is the policy of the Trust that our health Plans will not cover prescriptions that do not meet the established guidelines of the manufacturers and the FDA.