

# TEAMSTERS BENEFIT TRUST

Post Office Box 5820  
Fremont, California 94537  
39420 Liberty Street, Suite 260  
Fremont, California 94538  
[www.tbtfund.org](http://www.tbtfund.org)

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

## PLAN CHANGE NOTICE

### ***OptumRx Specialty Pharmaceuticals Program***

RETAIN WITH YOUR BENEFIT PACKAGE FOR  
FUTURE REFERENCE

October 15, 2015

To: Participants, Dependents and COBRA Enrollees in Plans I, I-A, I-85, III, III-A, IV, V, V-A, CRP, RSP and SRP

Re: **OptumRx “Specialty Pharmaceuticals” Program – Effective October 1, 2015**  
*Prior Authorization and Quantity Limits Requirements for Specialty Pharmaceuticals Transition from Retail Pharmacy to Specialty Pharmacy*

Dear Participant & Covered Dependents:

This notice explains how prescriptions for “Specialty pharmaceuticals” are processed. “Specialty pharmaceuticals” are medications that have a high cost per unit, may require special storage, handling and administration; and involve a significant degree of patient education, monitoring and management. Some are injectable, others are taken orally.

### **Specialty Pharmaceuticals require prior authorization.**

If your drug coverage is through Kaiser or if you are a Medicare-entitled Kaiser or UnitedHealthcare / PacifiCare Retiree, this change does not apply to you.

### **How do I know if my prescription is a “Specialty drug” that requires a prior authorization?**

When you fill a new prescription, your pharmacist will tell you if a prior authorization is required. You can also visit the OptumRx website at [www.optumrx.com](http://www.optumrx.com) to look up your medication and related prior authorization requirements.

### **What do I do if my prescription requires a prior authorization?**

Let your doctor know right away that a prior authorization is required for your medication. Your doctor must contact OptumRx at (800) 711-4555 (select “option 2”) and submit a prior authorization request to OptumRx by fax on a completed Prior Authorization request form (available at [www.optumrx.com](http://www.optumrx.com)) to (800) 853-3844 or submission through the online portal at [www.optumrx.com](http://www.optumrx.com).

### **What happens after my doctor has submitted the prior authorization request/form?**

- OptumRx will review the prior authorization request and inform your doctor whether the specialty drug has been approved. You will be notified via letter from OptumRx.
- Upon receipt of the approval, your doctor can fax the prescription to (800) 853-3844 or call (800) 711-4555, option 2.
- Once the Prior Authorization Request has been approved, OptumRx will contact you or your physician's office to coordinate the delivery to your doctor or through mail order delivery to you and collect any co-pay. **Specialty drugs will *not* be available at a retail pharmacy.**
- All specialty prescriptions will be limited to a 30-day supply. To avoid disruption to treatment, you will be contacted by an OptumRx "Patient Care Coordinator" to schedule refills before you run out.

### **OptumRx Specialty Pharmacy Customer Service**

If you have questions regarding the Specialty Pharmacy program, contact the OptumRx Specialty Pharmacy Customer Service Help Desk at (866) 218-5445.

### **New Medications – "Exclude at Launch"**

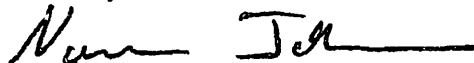
Sometimes new medications are excluded from coverage when they first become available to the public. This is called excluding medications at launch. Excluding medication at launch gives OptumRx time to review the new medication to make sure it's safe and effective. The decision to cover (or not) a new drug is generally made within six months of launch.

### **What if I currently take a Specialty drug and get it at a pharmacy?**

Effective January 1, 2016, participants who are currently purchasing Specialty drugs through the retail pharmacy will be contacted on the phone by an OptumRx Patient Care Coordinator to help you transition your existing specialty medications to mail order. Your doctor will receive a fax request from an Optum Patient Care Coordinator to obtain a new prescription of your specialty medication on your behalf.

If you have any questions about this notice, please phone the TBT Plan Administration Office at one of the above numbers and ask for Customer Service Unit.

Sincerely,



Nora Johnson

Fund Manager

On behalf of the Board of Trustees

NJ/mr

**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.

**YOUR TBT PLAN IS A "GRANDFATHERED HEALTH PLAN"**

The TBT Board of Trustees has concluded that the Plans discussed in this notice are "grandfathered health plans" 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 Plan Administrator at the address listed on this notice. 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.

Si usted gustaria una copia en Espanol, por favor de contactar la oficina de administracion de Teamsters Benefit Trust.