



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**  
***PACIFICARE* HMO PARTICIPANTS ONLY**  
**RETAIN WITH YOUR BENEFIT PACKAGE FOR FUTURE REFERENCE**

May 23, 2005

To: **Teamsters Benefit Trust Active and Retired *PacifiCare* Participants**  
***Plans I, I-A, I-85, III, III-A, III-NEWS, IV, V, V-A, V-A-NEWS, A, CRP and RSP***

Re: **INJECTABLE Medications Benefit Change – Effective May 23, 2005**  
***Injectable Medications Covered under PacifiCare’s HMO Medical Plan***

Dear Participant:

If you are enrolled in the *PacifiCare* HMO medical option, this notice is intended to inform you of changes in the way your **injectable medications** will now be covered. Up to now, your injectables have been covered under TBT’s prescription drug benefits through Prescription Solutions. ***Effective May 23, 2005, your injectable medications will be administered under the PacifiCare HMO Medical Plan*** (see footnote “1” on the next page) but all prescriptions other than injectables will continue to be covered under the Prescription Solutions program you have now.

***PacifiCare Injectable Drugs Benefit:***

Effective May 23, 2005, injectable medications (except Insulin, Glucagon and bee sting kits) for *PacifiCare* participants will be administered under the *PacifiCare* HMO Medical Plan and injectable benefits will be based on *PacifiCare* (rather than TBT) guidelines. *PacifiCare* covers approved, medically necessary injectable drugs prescribed by a *PacifiCare* physician. *PacifiCare* requires a Prior Authorization for some injectable drugs, with 30 days allowed per fill and copays up to \$50. See your *PacifiCare* Evidence of Coverage (EOC) for more information.

**Procedure Changes at Retail Pharmacy:**

Under the *PacifiCare* benefit, you can fill a prescription only for urgently needed injectable drugs (approved by *PacifiCare*) at a retail pharmacy. Please present your *PacifiCare* ID card at the pharmacy. All other injectables will be provided through the *PacifiCare* / Prescription Solutions Specialty Pharmacy (mailed to your home) or your *PacifiCare* doctor may provide them directly to you. *Your PacifiCare provider will make the arrangements for injectables not available through the retail pharmacy.* **Note: This change applies to injectable drugs only and you must continue to use your Prescription Solutions ID card for non-injectable medications.**

***PacifiCare* Providers:**

*You must inform the PacifiCare physician that your injectable coverage is now administered through the PacifiCare HMO Medical Plan.*

For injectables that require a Prior Authorization, your physician will fax a Prior Authorization request to the Prescription Solutions Specialty Pharmacy and if approved the medication will be mailed to your home. In some instances, the *PacifiCare* Medical Group will have a Prior Authorization Review process “on site” and provide the injectables to you at their offices or through a contracted Medical Group Specialty Pharmacy.

***PacifiCare* Member Services:**

If your physician’s request for a Prior Authorization is denied either by *PacifiCare* or by your *PacifiCare* Medical Group, you will receive a notice in the mail advising you of the decision and instructions for submitting an appeal to *PacifiCare* or your *PacifiCare* Medical Group.

If you have questions regarding the *PacifiCare* injectables benefit, their appeals process or delivery of your injectable drugs, contact your *PacifiCare* physician’s office or the *PacifiCare* Member Services Help Desk at (800) 624-8822.

Please direct any questions regarding this notice to the TBT Plan Administration Office at 510-796-4676 or 800-533-0119 and ask for the HMO Unit or the Pharmacy Unit.

Sincerely

Martin R. Lowy  
Fund Manager  
On Behalf of the Board of Trustees  
MRL/mr

<sup>1</sup> **Injectable Drugs (Outpatient Injectable Medications and Self-Injectable Medications):** See attached page from *PacifiCare* Evidence of Coverage (EOC) with a description of injectable drug benefits under *PacifiCare*.

**PLEASE NOTE**

**This Notice is intended to amend all TBT documents, notices and correspondence, including (but not limited to): Guide To Your Benefits, Summary of Coverage, Summary of Material Modifications (SMM), Plan Change Notices and Comparison of Medical Benefits.**