

TEAMSTERPLUS **MEDICARE PART D**

PRESCRIPTION DRUG PROGRAM (PDP)



2021 SUMMARY OF BENEFITS

Plan 8 - TDH

Key Contacts Telephone & web-site

Dedicated Customer Service Help Desk

MedImpact Customer Service (888)728-5032

MedImpact Direct Specialty (877) 391-1103 / www.medimpactdirect.com

MedImpact Direct Mail Order (855) 873-8739 / www.medimpactdirect.com

JANUARY 1, 2021 – DECEMBER 31, 2021

Teamster Plus Medicare Part D (PDP)

Is a Prescription Drug Plan with a Medicare contract offered by the International Brotherhood of Teamsters Voluntary Employee Benefits Trust. Enrollment in Teamster Plus Medicare Part D (PDP) depends on contract renewal.

SUMMARY OF BENEFITS

January 1, 2021 - December 31, 2021

This booklet gives you a summary of what we cover and what you pay. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments may change on January 1 of each year. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage".

You have choices about how to get your Medicare prescription drug benefits

- Your employer/union has selected this plan to sponsor for its retirees. As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. Before you make any choices, talk with your employer/union benefits administrator because making other choices may impact your benefits that they offer.
- You can choose to get your prescription drug coverage through a Medicare Prescription Drug Plan, a Medicare Advantage Plan (like an HMO or PPO), or another Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Teamster Plus Medicare Part D (PDP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Teamster Plus Medicare Part D (PDP)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at (866)-412-7445 (TTY/TDD 711).

Este documento puede ser disponible en otros idiomas distintos del inglés. Para información adicional, llame a servicio al cliente al número de teléfono mencionado arriba.

Things to Know About Teamster Plus Medicare Part D (PDP)

Hours of Operation

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. in your local time zone.

Teamster Plus Medicare Part D (PDP) Phone Numbers and Website

- Current members and prospective members, call toll-free (866)-412-7445, (TTY/TDD 711).
- Our website: <http://www.teamsterplus.com>

Who can join?

To join this **Teamster Plus Medicare Part D (PDP)**, you must be an eligible member of the employer/union group sponsor. Eligible members include an IBT Retiree, spouse or dependent of an IBT Retiree. In addition, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following: **All states of the United States, the District of Columbia and all U.S. territories.**

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (<http://www.teamsterplus.com>). Or, call us and we will send you a copy of the formulary. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

How will I determine my drug costs?

Our plan groups each medication into one of six “tiers”. You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Which pharmacies can I use?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have Union-Designated cost-sharing. You may pay less if you use these pharmacies.

You can see our plan’s pharmacy directory at our website (<http://www.teamsterplus.com>). Or, call us and we will send you a copy of the pharmacy directory.

If you have any questions about this plan’s benefits or cost, please contact **Teamster Plus Medicare Part D (PDP)** for details.

Monthly Premium, Deductible, And Limits On How Much You Pay For Covered Services

How much is the plan premium? Your coverage is provided through a contract with your employer/union. Please contact your employer/union benefits administrator for information about your responsibility for any plan premium. You must continue to pay your Medicare Part B premium.

How much is the deductible? This plan does not have a deductible.

Prescription Drug Benefits

Initial Coverage Stage

You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

Union-Designated Cost-sharing

Tier	One-Month Supply Retail	Three-Month Supply Retail
Low-Cost Generics	\$5	\$10

Standard Cost-sharing

Tier	One-Month Supply Retail	Three-Month Supply Retail	Three-Month Supply Mail
Tier 1 and 2 Preferred & Non-Preferred Generics	\$10	\$20	\$10
Tier 3 Preferred Brand Name	\$20	\$40	\$20
Tier 4 Non-Preferred Brand Name	\$20	\$40	\$20
Tier 5 Specialty	\$20	\$40	\$20
Tier 6 Select Care	\$2	\$4	\$2

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

Coverage Gap Stage

Most Medicare drug plans have a coverage gap (also called the “donut hole”). The Medicare coverage gap stage begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.

This Teamster Plus Medicare Part D Plan does not have a coverage gap or donut hole. After you enter the coverage gap stage, you will continue to pay the same cost-sharing shown for the Initial Coverage stage on page 4.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:

- 5% of the cost, or
- \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copayment for all other drugs.

However, you will pay no more than the cost-sharing shown for the Initial Coverage Stage on page 4.

Please Read This Important Information

Since you are a member of an employer or union retiree group, please check with the benefits administrator of your employer or union retiree group before you change your plan. This is important because you may lose benefits you currently receive under your employer or retiree group coverage if you switch plans, or you may already receive benefits similar to those provided by this plan.

Teamster Plus Medicare Part D (PDP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Teamster Plus Medicare Part D (PDP) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.



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