

**TEAMSTAR MEDICARE PART D  
PRESCRIPTION DRUG PROGRAM (PDP)**

This plan does not cover Medicare Part B prescription drugs.

This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, only affected enrollees will be notified, in writing, before the change. To view the plan's formulary, go to <http://www.teamstarpartd.com> on the web.

The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.

Some drugs have quantity limits.

Your provider must get prior authorization from TEAMStar Medicare Part D for certain drugs.

You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's website, formulary, and printed materials.

If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.

People who have limited income and resources, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact the plan for details.

Your total calendar year drug costs are the total drug costs paid by both you and the plan. Your payments include copays and any deductible payments.

The Silver and Platinum plans do not have a deductible.

The Bronze plan has a deductible. For this plan you must pay the first \$250 towards the cost of Preferred Brands, Non-Preferred Brands and Non-Preferred Generics before the plan pays.

Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213, TTY users should call 1-800-325-0778.

**TEAMSTAR MEDICARE PART D  
PRESCRIPTION DRUG PROGRAM (PDP) PREMIUM TABLE**

States	BRONZE Monthly Premium	SILVER Monthly Premium	PLATINUM Monthly Premium
All 50 states and D.C.	\$29 <sup>(1)</sup>	\$46 <sup>(1)</sup>	\$118 <sup>(1)</sup>

Until your total calendar year drug costs equal \$2,930, you will pay the following co-payments:						
<b>Union Preferred<sup>(2)</sup> Pharmacies Certain Preferred Generics Tier 1 Copay</b>	<b>RETAIL 30-Day Supply \$2</b>		<b>RETAIL 30-Day Supply \$2</b>		<b>RETAIL 30-Day Supply \$2</b>	
<b>Other Network Pharmacies Copay/Coinsurance</b>	<b>RETAIL 30-Day Supply</b>	<b>MAIL 90-Day Supply</b>	<b>RETAIL 30-Day Supply</b>	<b>MAIL 90-Day Supply</b>	<b>RETAIL 30-Day Supply</b>	<b>MAIL 90-Day Supply</b>
<b>Preferred Generics Tier 1</b>	\$6	\$12	\$6	\$12	\$6	\$12
<b>Preferred Brands Tier 2</b>	\$45	\$90	\$45	\$90	\$35	\$70
<b>Non-Preferred Brands and Generics Tier 3 and Tier 4</b>	25%	25%	\$65	\$130	\$55	\$110
<b>Deductible Applies to Tiers 2, 3 and 4</b>	\$250		\$0		\$0	

<sup>(1)</sup>Monthly premiums will be reduced to \$28 for the Bronze Plan, \$45 for the Silver Plan and \$117 for the Platinum Plan if you elect to pay premiums by monthly bank draft.

Note: Monthly premiums shown do not reflect any Medicare imposed penalties for late enrollment or IRMAA.

<sup>(2)</sup> Participating preferred pharmacies ("Union Preferred Pharmacy") will fill certain Preferred Generic drugs ("Low Cost Generics") at a low copay of \$2 for a one month supply. Please refer to the list of Low Cost Generics and Union Preferred Pharmacies for more specifics.

Once your total calendar year drug costs equal \$2,930 (the "Initial Coverage Limit"), you will enter the Coverage Gap Stage and your costs will depend upon the type of drug and which plan you select. While you are in the Coverage Gap, you will receive a discount on covered brand name drugs and you pay only 86% of the costs for generic drugs until your yearly out-of-pocket costs reach \$4,700.

For the Platinum Plan, you will pay no more than \$6 for Tier 1 generic drugs while you are in the Coverage Gap. After your true out-of-pocket (TrOOP) costs reach \$4,700, you enter the Catastrophic Coverage Stage and you pay just 5%\* and the plan pays the rest.

\* After your yearly out-of-pocket drug costs reach \$4,700 you pay the greater of: \$2.60 for generic (including brand drugs treated as generic) and \$6.50 for all other drugs, or 5% coinsurance. However, you will pay no more than \$100 per prescription after your TrOOP reaches \$4,700. We pay the rest.

**OUT-OF-NETWORK PHARMACY BENEFITS**

Covered Part D drugs are available at out-of-network pharmacies in special circumstances. If you fill a prescription at an out-of-network pharmacy, you must pay the entire cost of the prescription up front. You then file a request for reimbursement with TEAMStar Medicare Part D. Your reimbursement will not include any amounts charged by the out-of-network pharmacy in excess of the allowed charge for in-network pharmacies.

**PLEASE READ THIS IMPORTANT INFORMATION**

**If you are a member of a Medicare Advantage Plan** (like an HMO or PPO), you may already have a prescription drug benefit from your Medicare Advantage plan that will meet your needs. **By joining TEAMStar Medicare Part D, your membership in your Medicare Advantage plan may end.** This will affect both your doctor and hospital coverage as well as your prescription drug benefits. Read the information that your Medicare Advantage plan sends you and if you have questions, contact your Medicare Advantage plan.

**Are you a member of an employer or union retiree group?** If you are, 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.

**TEAMStar Medicare Part D Prescription Drug Program (PDP)**

**Customer Service Hours:**

8:00am - 8:00pm in your local time zone.  
**Current or prospective members should call toll-free 1-866-524-4173**  
 TTY/TDD (for hearing impaired) 1-866-524-4174  
*TEAMStar Medicare Part D pharmacy claims are administered by Prescription Solutions.*



SUMMARY  
OF BENEFITS

## SECTION 1

### INTRODUCTION TO THE SUMMARY OF BENEFITS FOR TEAMSTAR MEDICARE PART D PRESCRIPTION DRUG PROGRAM (PDP) JANUARY 1, 2012 - DECEMBER 31, 2012

Thank you for your interest in the TEAMStar Medicare Part D Prescription Drug Program (PDP). This plan is offered by the International Brotherhood of Teamsters Voluntary Employee Benefits Trust, a Medicare Prescription Drug Plan that contracts with the Federal Government. This Summary of Benefits tells you some features of this plan. It doesn't list every drug covered, every limitation or exclusion. To get a complete list of benefits, please call TEAMStar Medicare Part D and ask for the "Evidence of Coverage".

### YOU HAVE CHOICES IN YOUR MEDICARE PRESCRIPTION DRUG COVERAGE.

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like TEAMStar Medicare Part D. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

### HOW CAN I COMPARE MY OPTIONS?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by TEAMStar Medicare Part D to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

### WHERE IS TEAMSTAR MEDICARE PART D AVAILABLE?

The service area for this plan includes:

#### All states of the United States and the District of Columbia.

You must live in the service area to join this plan. If you move into a different state, you must call Customer Service in order to update your information.

### WHO IS ELIGIBLE TO JOIN?

If you are an IBT retiree, spouse, surviving spouse, or dependent of an IBT retiree, you can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of a Medicare Private-Fee-For-Service plan or are enrolled in an 1876 Cost Plan.

### WHERE CAN I GET MY PRESCRIPTIONS ?

TEAMStar Medicare Part D has formed a network of pharmacies, including a Union Preferred Pharmacy network. You must use a network pharmacy to receive plan benefits. TEAMStar Medicare Part D may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in the TEAMStar Medicare Part D network can change at any time. You can call Customer Service or log on to <http://www.teamstarpartd.com> for an up-to-date list.

### DO YOU COVER MEDICARE PART B OR PART D DRUGS?

TEAMStar Medicare Part D does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, TEAMStar Medicare Part D only covers drugs that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on the TEAMStar Medicare Part D formulary.

### WHAT IS A PRESCRIPTION DRUG FORMULARY?

TEAMStar Medicare Part D uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. The plan may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug if we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our website at <http://www.teamstarpartd.com>. If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

### WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join TEAMStar Medicare Part D Prescription Drug Plan. Get this information before you decide to enroll in our plans.

### WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a benefit that your plan may offer. You may be identified to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. If you have questions concerning the MTM Program please contact the Customer Service number listed at the end of this section.

### HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get Extra Help to pay your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting Extra Help, call: \* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; and see <http://www.medicare.gov> 'Programs for People with Limited Income and Resources' in the publication Medicare & You. \*The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or \*Your State Medicaid Office.

### WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Prescription Drug Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with the Medicare Prescription Drug Plan Program. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of TEAMStar Medicare Part D, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the

quantity of the drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage.

### Please call TEAMStar Medicare Part D Prescription Drug Program (PDP) for more information about this plan.

#### Customer Service Hours:

8:00am - 8:00pm in your local time zone.

Current or prospective members should call toll-free 1-866-524-4173

TTY/TDD (for hearing impaired) 1-866-524-4174

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

You can call 24 hours a day, 7 days a week.

Or, visit <http://www.medicare.gov> on the web.

If you have special needs, this document may be available in other formats.

## SECTION 2

### SUMMARY OF BENEFITS THE BENEFITS COMPARISON MATRIX

The TEAMStar Medicare Part D Prescription Drug Program (PDP) has three plans from which to choose. The three plans provide different levels of coverage at different premiums. We refer to these three plans as **BRONZE, SILVER, and PLATINUM**. The monthly premiums are shown on page 7. The benefit discussion below applies to all plans as indicated. See a comparison of plan co-payments also on page 7.

### BENEFIT CATEGORY

### ORIGINAL MEDICARE

Outpatient Prescription Drugs

You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program