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Update

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March 2008

Trustees Announce New Programs to Save Members Out-of-Pocket Expense

For Both PPO and HMO participants—

- *A discount LASIK / refractive eye surgery program—page 3*
- *New programs within the prescription drug benefit program to lower your copays—page 2*
 - *“Zero Pay Copay” for those switching from brand name drugs to generic drugs*
 - *Step Therapy—getting the drugs you need to effectively treat your condition at a lower cost.*

For PPO Members—

- *An Alternative Outpatient Lab program with no out-of-pocket expense—page 3*
- *An outpatient x-ray and radiology program with no deductible or co-insurance — only a flat \$20 copay—details on page 3*

The Right Medicine at the Right Cost— Step Therapy Incorporated into the Rx Drug Plan Effective March 1st

Step Therapy is a program designed exclusively for people who have **certain conditions**—arthritis, high blood pressure, and high cholesterol, for example — that require them to **take medications regularly**. Express Scripts' Step Therapy program is **all about value** — about getting the most for your money. Most simply, that means getting a tried-and-true medication that's proven **safe and effective** for your condition, and getting it at the lowest possible cost.

The **lowest-cost** Step Therapy drugs also save money for your prescription-drug plan, and that helps ensure that your pharmacy benefit will be there for you and your family in the future.

What is Step Therapy? In Step Therapy, drugs are grouped in categories, based on cost:

- **Front-line drugs** — the first step — are generic drugs proven safe, effective and affordable. These drugs should be tried first because they can provide the same health benefit as more expensive drugs, at a lower cost.
- **Back-up drugs** — Step 2 and Step 3 drugs — are brand-name drugs such as those you see advertised on TV. There are lower-cost brand drugs (Step 2) and higher-cost brand drugs (Step 3). Back-up drugs typically cost more than front-line drugs.

How It Works. The next time your doctor writes you a prescription:

- Ask your doctor if a generic medication—listed by your plan as a front-line drug—is right for you.
- If you've already tried a front-line drug, or your doctor decides one of these drugs isn't appropriate for you, then your doctor can prescribe a back-up drug. Ask your doctor if one of the lower-cost brands (Step 2 drugs) listed by your plan is appropriate. You can always get a higher-cost brand-name drug at a higher copayment if the front-line or Step 2 back-up drugs aren't right for you.

Talk With Your Doctor. Only your doctor can advise you about the drugs you take, so talk with your doctor about your medications. Give your doctor a copy of the front-line drugs covered under your plan and ask if one is right for you. (You can get a list of front-line drugs from your Human Resources department).

Step Therapy Helps You Get the Most Out of Your Prescription-Drug Benefit. For more information on how Step Therapy works and how it benefits you, watch this short video at www.StepTherapyFacts.com.

\$0 Generic Copay Program to be Offered - Frequently Asked Questions

A letter I received offered me a \$0 copay if I change to a generic drug. What is a \$0 copay? It's an opportunity to switch your prescription to a generic drug mentioned in the letter, **at no cost to you**. For a certain number of months, you can get this prescription filled — at no cost — at your participating pharmacy or through Home Delivery from the Express Scripts Pharmacy. Your health plan will pay the copay. Remember, only your doctor can decide if changing to the generic drug is right for you.

Why is my plan offering a \$0 generic copay? The Fund wants to encourage you to use generics instead of more expensive brand-name drugs. This benefit gives you a chance to try a generic drug — **at no cost to you** — so you can see generic-drug advantages for yourself. Many generic versions of brand-name drugs now are available. They're less expensive and just as safe and effective. By changing to a generic, you save money when you get your prescription filled or refilled. You also pay a lower copay than for a brand-name drug. Plus, you help the Fund afford a prescription-drug benefit for all our members.

How does this program work? At our request, Express Scripts — the company chosen to manage our prescription drug benefit — reviewed prescriptions filled by people in our plan. They identified members like you who might save money with a lower-cost generic drug. Express Scripts doesn't have access to your medical records and can't determine if a generic drug would be right for you. The letter sent to you encourages you to talk with your doctor about changing to a less expensive generic. If your doctor approves, your plan will waive up to six of your copays. After that, you'll continue to benefit because your copayments will be lower.

Why should I switch from a brand-name drug to a generic drug? Generics cost much less than brand-name drugs prescribed for the same health conditions. Yet generics are just as safe and effective as brand-name drugs. They must pass the same rigorous tests required by the U.S. Food and Drug Administration (FDA). You'll have more money in your pocket after buying a generic drug. And, you'll help the Fund keep affordable prescription-drug benefits for all our members.

To take advantage of this offer, how do I change to a generic drug? The letter you received shows one or more generic drugs that could work for you. To get the benefit of a \$0 copay, let your doctor know about the letter and ask him/her about changing to a generic drug. If your doctor decides a generic would work for you, ask him/her to write you a new prescription. Take the new prescription to your local pharmacy. Or ask your doctor to fax it to the Express Scripts Pharmacy. It's that easy.

New Arrangement with LabCorp Saves Both You and the Fund Money! PPO Members Will Have No Out-of-Pocket Expense when They Use LabCorp Facilities for Out-Patient Laboratory Services

LabCorp has a network of more than 1,700 Patient Service Centers nationally. These sites are strategically located throughout the United States to provide patients with convenient access to high quality laboratory testing services. If and when you need out-patient lab work, use a LabCorp facility to obtain the services you need with no out-of-pocket expense. That's right . . .no deductible, no co-insurance . . .full coverage with nothing out of your pocket.

Blood being drawn at your Doctor's office? Be sure to tell your Doctor to submit the specimens to LabCorp for analysis and processing. Most physician offices can submit specimens to multiple labs, like Quest and/or LabCorp.

If you use another lab provider (such as Quest or the out-patient lab of a hospital), the services will still be covered, BUT your coverage will be subject to the deductible and co-insurance provisions of the PPO plan.

Note: *This program does not apply to those members enrolled in the Aetna HMO program—Quest Labs is the exclusive provider under that program.*

For Our PPO Members— A New Network for Your Out-Patient Radiology Needs . . .With a Flat \$20 Copayment Rather than Deductibles and Co-Insurance

Tired of the hassles of scheduling out-patient x-ray or radiology procedures? Have you had it with not knowing how much out-of-pocket that MRI or CatScan is going to cost you in deductibles and co-insurance? The solution for you may be Health Care Solutions.

The extensive network of free standing radiology centers available through Health Care Solutions gives you a choice of network providers near your home or work. If your Doctor has prescribed an out-patient x-ray/radiology procedure for you, you can contact Health Care Solutions at 1-800-655-8125, obtain a procedure authorization number, and the name and location of a convenient network provider who can perform the needed diagnostic procedure. You can then contact the provider and schedule your appointment.

Best of all, you needn't worry how much it's going to cost you. Don't know if you've satisfied your deductible? Still have co-insurance to satisfy this year? No worry . . . You can obtain the test/procedure you need for a flat \$20 copayment at a Health Care Solutions network provider!

Note: *This program does not apply to those members enrolled in the Aetna HMO program— HMO participants must obtain a referral from their Primary Care Physician*

***Attention ALL Fund Participants (PPO and HMO)
Tired of Wearing Glasses? Considering Refractive Eye Surgery? The Fund Has Secured Reduced Fees for You at Nevyas Eye Associates at Their Four Area Locations***

An alternative to wearing glasses . . . Although refractive eye surgery might not be for everyone, many people find that wearing glasses is uncomfortable and restrictive. For those considering refractive eye surgery, the Fund has negotiated a discount arrangement with one of the premier ophthalmologic surgical groups in the Delaware Valley for this type of surgery.

Fund participants can access these services at a 20% reduction in the surgeon's fee. During the one year postoperative period, any necessary re-treatments/enhancements are covered under the initial fee. Additionally, 0% financing over two years is available.

For more information about this program, contact Nevyas Eye Associates at 1-800-9-LASER6 (1-800-952-7376). Their offices are conveniently located in Center City Philadelphia, Northeast Philadelphia, Bala Cynwyd, PA and Marlton, NJ.

*Inside: Important information
about new programs to save
you out-of-pocket expense.*

*Open immediately
and keep for future reference*

Attention Fund Participants:

**New Benefit Books for both the
Health & Welfare and Pension pro-
grams will be mailed during the
week of April 14th;
Yearly Pension Statements will be
mailed in late April**

We're not the only ones that think the Disease Management program is worthwhile:

The Fund's Disease Management program, serviced by HealthCare Strategies through its HealthReach program, recently received a very nice endorsement from a member's primary doctor, Joseph Pongonis, D.O.

The member was very leery about "letting someone else get involved in [his] health care", even if it meant he'd receive a penalty for not participating. He didn't want to return the Care Counselor Nurse's telephone calls or respond to letters from the HealthReach program . . . that is until he met with his doctor the other day. Dr. Pongonis told him he was very familiar with the Health Reach program, had other patients who participated in this program, and that it has done them "a world of good". His doctor went on to recommend that he call the Care Counselor Nurse immediately after seeing him and participate in the program. He told the patient he was fortunate to have such a program-- free of charge-- in his health plan, and that he wished all health plans would offer this service, because it has done nothing but good things for the patients he has treated.

Thanks Doc for the vote of confidence!

Find us on the World Wide Web at www.teamstersfunds.com

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Welcome to the Health Care Solutions Corporation (HCSC) alternative outpatient testing program for PPO participants

The Teamsters Health and Welfare Fund has contracted with HCSC to provide an alternative, cost effective outpatient testing program that will save our members valuable health care dollars. The program covers all outpatient x-ray, medical imaging procedures, laboratory, pathology and cardiac stress testing. If your doctor has prescribed a covered outpatient medical test, you can save yourself money by using the HCSC outpatient testing benefit program. It's easy, simple and a substantial savings for you and your family.

“So what’s covered?”

**Outpatient Laboratory
Pathology
X-ray
All medical imaging
Cardiac Stress tests
EKG Studies**



“What do I do to use the HCSC program and where do I go?”

For outpatient laboratory testing

Take your lab prescription to any Labcorp of America draw site for your outpatient lab procedure. If your doctor draws your blood at his office, specify Labcorp as your desired laboratory provider. Use your primary insurance card. You do not need an authorization number. There is no member deductible or coinsurance *for the lab services*.

“How about x-ray or medical imaging like Cat Scan, MRI and Ultrasound”

For any outpatient x-ray or medical imaging procedures

You need to contact HCSC at 1-800-655-8125. You will be given a choice of network providers near your home or work. A procedure authorization number will be issued to you. There is no waiting for your doctor’s office to call you! You are already preapproved for your procedure. You contact the provider and schedule your appointment. It’s that easy! Instead of deductibles and co-insurance, you can have the x-ray or medical imaging procedure you need for a flat \$20 co-pay.



Where to place your new Health Care Solutions Corporation ID sticker

Health Care Solutions Corporation, 14 Mystic Lane
Malvern, Pennsylvania, 19355
Phone: 1-800-655-8125

Labcorp: HLCSL X-ray: Authorization required

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Remove a sticker and place it on your primary health insurance card.

Do not block important ID numbers. You may place a sticker on either side of your insurance card.

If you have any questions, contact HCSC at 1-800-655-8125.