

**SUMMARY OF MATERIAL MODIFICATIONS  
AND NOTICE TO PARTICIPANTS**

**NEW YORK STATE TEAMSTERS COUNCIL  
HEALTH & HOSPITAL FUND**

**(Plan No.: 501; I.D. No.: 15-0551885)**

October 29, 2010

Dear Participant:

At the September Board of Trustees meeting, Medco, the Fund's prescription drug benefit manager, detailed the Fund's performance regarding mail order usage in comparison to Medco's other jointly-administered multiemployer welfare fund business. Our Fund only fills 11.1% of prescriptions through mail-order whereas other multiemployer welfare funds fill 26.3% of prescriptions through mail-order.

Based on this information, in part, the Trustees decided to implement the two changes outlined herein **effective January 1, 2011**. In addition to assisting the Fund with controlling costs without any benefit reduction, these changes will also provide you with the potential to realize your own cost savings.

**MAIL ORDER MANDATORY MAINTENANCE DRUGS**

Effective January 1, 2011, if you are on a maintenance drug, the Fund will require that you purchase your 90 day supply (or equivalent) through the Medco mail order program. Be advised, that the Trustees have provided you with a grace period to become accustomed to mail order before mail order will become mandatory for maintenance drugs. That is, you will have the ability to purchase, by paying any applicable co-pay, three (3) fills for a thirty (30) day supply (or equivalent) of maintenance drugs *at retail*. Thereafter, you must use mail order for purchasing your maintenance drugs.

This change provides you an opportunity for cost savings because the co-pay for all **generic drugs** filled through mail order will only be **two dollars (\$2.00) for the 90 day supply**. Currently your co-pay structure is two times the retail co-pay. If you are on a brand or non-preferred brand drug and do not want to switch to a generic or generic equivalent, you will be required to participate in the mail order program and your co-pays will remain at two times the retail co-pay.

To sign up for the mail order you will need to do the following:

- Obtain a new script from your doctor for up to a 90 day supply (important because if you send in a 30 day script, you will still get charged the 90 day co-pay)
- You or your physician's office can call Medco's Customer Service at 1.888.327.9791 and request a Prescription Fax Form. The physician's office must complete the form and fax it back to Medco on the number they provide. This is only authorized when faxed from the physician's office. A copy of the New prescription fax form is enclosed for your convenience.
- If appropriate, your physician may authorize the prescription for a 90 day supply plus refills for up to one year.
- Payment Options: (1) put a credit card on file, or (2) send in a check with the prescription for the correct amount of co-pays, or (3) sign up with Customer Service to have the payment electronically withdrawn from your checking account.

Setting up for the program can also be done by visiting Medco's website at [www.medco.com](http://www.medco.com). For first time users you will need to register under **For Members – Register Now**.

Standard shipping on mail order medications is free of charge and medications will be delivered to your home within eight (8) days after your prescription is received. Expedited shipping is available at an additional charge.

### **PREFERRED DRUG STEP THERAPY**

The Preferred Drug Therapy Program ("Program") encourages the use of generic medications. The Program targets categories of prescription drugs that are clinically interchangeable and where there are good generic alternatives.

Effective January 1, 2011, the Program will cover certain additional medications for the following therapeutic classes: **Migraine (Triptans) and Angiotensin II Receptor Blockers (ARBs)**. Specifically, the following chart outlines the specific target drug and preferred drug for each of the above-referenced therapeutic classes:

Therapeutic Class	Target Drugs	Preferred Drugs
<b>Migraine:</b> Triptans	Amerge <sup>®</sup> , Axert <sup>®</sup> , Malalt <sup>®</sup> , Maxalt MLT <sup>®</sup> , Treximet <sup>®</sup> , Zomig <sup>®</sup> , Zomig ZMT <sup>®</sup>	sumatriptan, Relpax <sup>®</sup>
<b>Angiotensin II Receptor Blockers (ARBs)</b>	Atacand <sup>®</sup> , Atacand HCT <sup>®</sup> , Benicar <sup>®</sup> , Benicar HCT <sup>®</sup> , Avapro <sup>®</sup> , Avalide <sup>®</sup> , Teveten <sup>®</sup> , Teveten HCT <sup>®</sup>	Cozaar <sup>®</sup> , Hyzaar <sup>®</sup> , Diovan <sup>®</sup> , Diovan HCT <sup>®</sup> , Micardis <sup>®</sup> , Micardis HCT <sup>®</sup>

Under the Program, if your doctor writes a prescription for one of the above Target Drugs the request will not be immediately filled. Instead, a Medco representative will have a discussion with your doctor's office regarding the availability of the above Preferred Drugs.

**PLEASE NOTE:** *You will have the right to appeal the decision if your prescription is not approved under the Preferred Drug Step Therapy program. Information regarding the appeal process will be included in the notification letter that you will receive from Medco.*

You should keep this letter with your Health & Hospital Fund Summary Plan Description booklet. It is important to retain this information until a new Summary Plan Description booklet is issued to you. If you have any questions, please contact the Fund Office at 315.455.9790 or toll free at 877.698.3863.

Sincerely,

BOARD OF TRUSTEES OF THE  
NEW YORK STATE TEAMSTERS COUNCIL  
HEALTH & HOSPITAL FUND