New York State Teamsters Council Health & Hospital Fund

Prescription Drug Benefits

Effective January 1, 2026

Your Funds……Working For You

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PRESCRIPTION DRUG BENEFITS

Prescription Drug Benefits are self-funded by the New York State Teamsters Council Health & Hospital Fund ("Fund") and administered by Express Scripts

Express Scripts
P.O. Box 14711
Lexington, KY 40512
Telephone: 1-800-939-2108
Website: www.express-scripts.com

SECTION 1

ELIGIBILITY

Eligibility for Prescription Drug Benefits provided by the Fund is determined by the Fund in accordance with the Fund's Eligibility Rules which are contained in the General Eligibility & ERISA Rights Information booklet provided by the Fund.

SECTION 2

YOUR PRESCRIPTION DRUG BENEFITS AT A GLANCE

You and your eligible dependents may obtain covered prescription medications for the treatment of a non-occupational injury or illness by presenting your prescription drug identification card and the doctor's written prescription to a pharmacy that participates in the pharmacy network. If you have a question as to whether a pharmacy participates in the program, contact Express Scripts or visit www.express-scripts.com and click Manage Prescriptions / "Locate a pharmacy". You will be required to make a co-payment at the time you purchase a covered medication under the program. The level of your co-payment will depend on whether you purchase a generic drug, preferred brand name drug or non-preferred brand name drug.

The following Benefits are provided subject to the provisions below:

The Benefit Option that applies to you is determined by the contribution rate paid to the Fund and the Benefit Selection Form signed by your employer and your local union. If you have any questions concerning the Benefit Option that applies to you, you may contact the Fund Office.

Retail Pharmacy (30 Day Supply)	Supreme Plan Co-Payment	Select Plan Co-Payment	Classic Plan Co-Payment	Royale Plan Co-Payment	HRA Plan Co-Payment
Generic Drugs	$ 5.00	$ 7.00	$8.00	$ 9.00	$ 5.00
Plan Preferred Brand Name Drugs*	$10.00	$14.00	$16.00	$18.00	$18.00
Non-Preferred Brand Name Drugs	$25.00	$30.00	$33.00	$35.00	$35.00

Mail Order (90 Day Supply) – Free Standard Shipping	Supreme Plan Co-Payment	Select Plan Co-Payment	Classic Plan Co-Payment	Royale Plan Co-Payment	HRA Plan Co-Payment
Generic Drugs	$2.00	$2.00	$2.00	$2.00	$2.00
Plan Preferred Brand Name Drugs*	$20.00	$28.00	$32.00	$36.00	$36.00
Non-Preferred Brand Name Drugs	$50.00	$60.00	$66.00	$70.00	$70.00

* See explanation of preferred brand name drugs in Section 3.

Note: This information is an overview of your NYS Teamsters Council Health & Hospital Fund prescription drug benefit. Benefits and co-payments are subject to change by your health plan.

The Plan will cover 100% of the covered prescription drug expenses after you have satisfied your required co-payment at the time of purchase. You will not be required to make any other co-payment in addition to the amounts noted above, unless you receive a brand name medication and a legitimate generic substitution is available for the brand name drug. When this occurs, you must pay the appropriate co-payment, plus the difference in the cost between the generic and brand name medication. You should ask your physician to prescribe generic medications, whenever possible.

General Summary of Medications Covered by the Prescription Drug Program

- Federal Legend drugs
- State Restricted drugs
- Diabetic Supplies / Insulin Needles / Syringes / Glucose Test Strips
- Insulin
- Compounded prescriptions, when at least one ingredient is a federal legend drug
- Non Insulin Needles and Syringes
- Emergency Contraceptives
- Birth Control Pills and Depro Provera

- Erectile Dysfunction (ED) that meet specific disease criteria
- Impotency Drugs-for males only over the age of 18
- Prenatal vitamins
- Pediatric Fluoride vitamins for dependent children up to age 12
- Smoking deterrents - by prescription only, limited to lifetime maximum of three (3) months
- OTC – Claritin / Claritin D / Prilosec / Zyrtec / Zyrtec D
- Retin A, to age 26
- Proton Pump Inhibitors
- Blood or Blood Plasma Products
- Enteral Nutritional Supplements that meet specific disease treatment regimen
- Relenza / Tamiflu
- Synagis / Respigam
- Specialty Pharmacy Drug List
- Lamisil / Sporanox - Nail fungal treatment

General Summary of Medications Not Covered by the Prescription Drug Program

- Non-Federal Legend Drugs
- Non-Federal Legend Non-Drugs
- Federal Legend Non-Drugs
- Investigational Drugs
- Fertility drugs
- Vitamins
- Retin-A, except when prescribed for acne up to age 26
- Contraceptive devices-Diaphragm / Cervical Cap / IUD
- Anorexics or weight control medications (except for the weight loss drugs Wegovy and Zepbound)
- Rogaine, except when prescribed following chemotherapy treatments of cancer
- Adderall is only covered up to age 19
- Blood Glucose Monitor
- Ostomy Supplies
- Impotency Drugs-for males under the age of 18
- Injectable Drugs to treat Impotency
- Relenza / Tamiflu through Mail Order
- Emergency Contraceptives through Mail Order
- Botox / Myobloc / Dysport / Xeomin
- Anabolic Steroids
- Abortifacients Mifeprex
- Alcohol Swabs
- Cosmetic Drugs
- Biologicals / Immunizations / Vaccines / Allergy Sera / Blood Products
- Gene Therapy[1], including, but not limited to, all Gene Therapy drugs (for example, Zolgensma, Luxterna, and Strensiq).

[1] Gene therapy typically involves replacing a gene that causes a medical problem with one that does not, adding genes to help the body fight or treat disease, or inactivating genes that cause medical problems. The Fund does not cover any charges related to gene therapy, regardless of whether those therapies have received approval from the

SECTION 3

PREFERRED MEDICATIONS AND MAIL ORDER MANDATORY MAINTENANCE DRUGS

Preferred Medications

You will be provided with a list of prescription drugs that are preferred by the Fund because they help to control rising prescription drug costs. This list, sometimes called a formulary, offers a wide selection of generic and brand-name medications.

Bring the list of preferred medications with you to each doctor visit to discuss whether a drug on the list is right for you. If you need information about it now, visit Express Scripts at **www.express-scripts.com** or call toll-free at 1-800-939-2108.

Mail Order Mandatory Maintenance Drugs

Effective January 1, 2011 if you are on a maintenance drug, you must purchase your 90 day supply (or equivalent) through the Express Scripts mail order program (See Section 5). Participants are provided 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 program 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. Previously, the mail order co-pay structure was 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.

SECTION 4

UTILIZATION MANAGEMENT

The New York Teamsters Health Fund participates in all components of Utilization Management. The program consists of three components: (A) Coverage Authorization; (B) Preferred Drug Education; and (C) RationalMed and Drug Utilization Review.

U.S. Food and Drug Administration (FDA) or are considered experimental or investigational. Examples of gene therapy include, but are not limited to, Zolgensma, Luxturna, and Chimeric Antigen Receptor T-Cell (CAR-T) Therapies such as Kymriah and Yescarta.

A. COVERAGE AUTHORIZATION includes Prior Authorization, Drug Step Therapy and Drug Quantity Management. Coverage Authorization will continue to expand, adding new prior authorizations, step therapy, and quantity management programs as new medications come to market or guidelines change on current regimens, to assure the most clinically appropriate, safe and cost-effective medication.

Prior Authorization

This program monitors certain prescription drugs and their cost to get you the medication you require while monitoring your safety and reducing costs. Similar to healthcare plans that approve a medical procedure before it's done to ensure the necessity of the test, if you're prescribed a certain medication, that drug may need a Prior Authorization. This program makes sure you're getting a prescription that is suitable for the intended use and covered by your pharmacy benefit. Under the Prior Authorization process, you, your doctor or your pharmacist may initiate the review process by calling Express Scripts at 1-800-753-2851. Also, when you use **Express Scripts Mail Order,** Express Scripts will call your doctor to start the review process. Once the review process is started, your doctor will be sent a Coverage Management Review Fax Form to fill out and fax back to Express Scripts.

If coverage is preapproved, your prescription will be filled and you will be obligated to pay the appropriate co-pay for the medication. If coverage is not approved, you may still have the prescription filled, but you will be responsible for the full cost of the medication.

You, your doctor or your pharmacist may call Express Scripts at 1-800-753-2851 to find out whether your medication needs preapproval.

Drug Step Therapy

The Drug Step Therapy Program encourages the members to use generic and preferred brand medications. Step therapy is developed under the guidance and direction of independent, licensed doctors, pharmacists and other medical experts. Together with Express Scripts they review the most current research on thousands of drugs tested and approved by the FDA for safety and effectiveness.

In step therapy, drugs are grouped in categories, based on treatment and cost:

Front-line drugs: The first step, either generic or, in some cases, lower-cost brand drugs proven to be safe, effective and affordable. In most cases, you should try these drugs first because they usually provide the same health benefit as a more expensive drug, at a lower cost. You may be asked to switch to a front line drug.

Back-up drugs: Brand-name drugs that generally are necessary for only a small number of patients. Back-up drugs are the most expensive option.

To receive a front-line drug:
Ask your pharmacist to call your doctor and request a new prescription.
OR

Contact your doctor to get a new prescription. If your doctor feels you need the back-up drug, he/she may initiate the review process with Express-Scripts. Only your doctor can change your current prescription to a first-step drug covered by your program.

If you have more questions, you can go to StepTherapyFacts.com to watch informative videos or call the Express Scripts Pharmacy at the number on your ID card.

Drug Quantity Management

This program in your pharmacy benefit is designed to make the use of prescription drugs safer and more affordable. It provides the medication you need for your good health and the health of your family, while making sure you receive them in the amount – or quantity – considered safe. The program follows guidelines developed by the U.S. Food & Drug Administration (FDA). These guidelines recommend the maximum quantities considered safe for prescribing certain drugs. For some medications, the plan may only cover a limited quantity within a specified period of time. This program will alert the pharmacist when the total quantity of a medication exceeds the amount allowed. You, your doctor or your pharmacist can initiate a coverage review by calling Express Scripts at 1-800-753-2851 to request additional quantities if they are needed.

B. PREFERRED DRUG EDUCATION

The Preferred Drug Education Program is a voluntary program. A specially trained Express Scripts pharmacist will contact your treating physician to discuss alternatives when you are prescribed a non-formulary medication to determine whether a less expensive generic or formulary drug may be appropriate to treat your condition. This communication aims to educate the physician on the savings and benefits of utilizing generic or formulary drugs.

For information concerning the Preferred Drug Education program, visit Express Scripts at **www.express-scripts.com** or call toll-free at 1-800-939-2108.

C. RATIONALMED AND DRUG UTILIZATION REVIEW

The RationalMed patient safety program has been a driving force in facilitating coordination of care by leveraging the power of integrated healthcare data to assist physicians in identifying and correcting important therapy-related safety risks.

For information concerning the RationalMed and Drug Utilization Review program, visit Express Scripts at **www.express-scripts.com** or call toll-free at 1-800-939-2108.

SECTION 5

YOUR PHARMACY OPTIONS

Retail Pharmacies

You may want to use a **participating retail pharmacy** for short-term prescriptions (such as antibiotics to treat infections). Be sure to show your prescription identification card to the pharmacist and pay your retail co-payment for each prescription. You will only receive a 30-day supply through a retail pharmacy.

To find a participating retail pharmacy near you:

- Visit **www.express-scripts.com** and click Manage Prescriptions / "Locate a pharmacy".
- Ask at your retail pharmacy whether it participates in the Express Scripts network.

If you use a nonparticipating retail pharmacy, you must pay the entire cost of the prescription and then submit a reimbursement claim to Express Scripts. **Reimbursement will be made to you and will be based on the amount that the Fund would be required to pay a participating pharmacy for the medication obtained, less the appropriate co-payment**.

Over-the-Counter Drug Program

The Fund will provide coverage for certain over-the-counter medications (i.e. Claritin, Claritin D, Prilosec). In order to receive the benefit, you must have your doctor request the medication on his or her prescription form and submit that to the pharmacy for coverage under the Plan. You will pay the ***generic co-payment*** with the remaining cost paid by the Fund.

Express Scripts Mail Order Pharmacies

You can enjoy the convenience and savings of having your long-term medications (those taken for 3 months or more) delivered to your home or office. Medications are dispensed by **Express Scripts By Mail** pharmacists through a network of mail-order pharmacies.

Express Scripts Mail Order Advantages:

- **Get up to a 90-day supply** (compared with a typical 30-day supply at retail) of each covered medication for **just one mail-order payment**.
- **Registered pharmacists** are available 24 hours a day, 7 days a week.
- **Order refills** online, by mail, or by phone - anytime day or night. To order online, register at **www.express-scripts.com**. Refills are usually delivered within 3 to 5 days after Express Scripts receives your order.

•**Choose a convenient payment option -** Express Scripts offers a safe, convenient way for you to pay for prescription orders called e-check. E-check is an electronic funds transfer system that automatically deducts payments from your checking account. You can also pay by money order, personal check, credit card, or through the automatic payment program. For more information, visit **www.express-scripts.com** or call Member Services.

How to start saving with Express Scripts Mail Order
▪ 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 Express Scripts 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 Express Script on the number they provide. This is only authorized when faxed from the physician's office. The only exception is prescriptions for controlled substances must be mailed to Express Scripts. ▪ 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 the program can also be done by visiting Express Scripts website at www.express-script.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. If you are currently taking a medication, be sure to have at least a 14-day supply on hand when ordering. If you don't have enough, ask your doctor to give you a second prescription for a 14-day supply and fill it at a participating retail pharmacy while your mail-order prescription is being processed.

Specialty Medications Through The Express Scripts Specialty Care Pharmacy

Express Scripts utilizes Accredo Health Group, a special care pharmacy, to administer specialty medications to treat some complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis. Whether the medication is administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service.

Under this Plan, some specialty medications may not be covered at your current pharmacy, or they may only be covered when ordered through Accredo. Accredo is dedicated to helping you meet the particular needs and challenges of using specialty medications. Services include:

- Toll-free access to specialty trained pharmacists 24 hours a day, 7 days a week.
- Personalized counseling from a dedicated team of registered nurses and pharmacists.
- Expedited scheduled delivery of your medications at no additional charge.
- Refill reminder calls.
- Necessary supplies to administer your medication, such as needles and syringes, provided at no additional charge.

To find out whether any of your specialty medications need to be ordered through Accredo or whether limitations apply, please call Member Services.

Or, more information, call **Accredo Health Group** at 1-800-939-2108.

SECTION 6

ONLINE SERVICES

If you have Internet access, you can access Express Scripts website, **www.express-scripts.com**, to:

- Compare the cost of brand-name and generic drugs at retail and via mail order.
- Access highlights, as well as health and wellness information.
- Obtain order forms and claim forms.
- Submit mail-order refills.
- Check the status of Express Scripts Mail Order fill.

SECTION 7

GENERAL INFORMATION

To contact Express Scripts Member Services

Member Services is available 24 hours a day, 7 days a week (except Thanksgiving and Christmas) by calling toll-free 1-800-939-2108. Member Services representatives can:

- Help you find a participating retail pharmacy
- Send you order forms and claim forms
- Answer questions about your prescriptions or plan coverage

To access Express Scripts by TTY

TTY is available for hearing-impaired members. Call 1-800-759-1089.

To order prescription labels printed in braille

Braille labels are available for mail-order prescriptions. Call 1-800-939-2108.

SECTION 8

OTHER THINGS YOU SHOULD KNOW

Express Scripts protects your safety

The risks associated with drug-to-drug interactions and drug allergies can be very serious. To protect your safety, Express Scripts will check for potential interactions and allergies. Express Scripts may send information electronically to participating retail pharmacies.

Express Scripts may contact your doctor about your prescription

If you are prescribed a drug that is not on the preferred list, yet an alternative preferred drug exists, Express Scripts may contact your doctor to ask whether that drug would be appropriate for you. If your doctor agrees to use a preferred drug, you will never pay more and will usually pay less.

Express Scripts protects your privacy

Because your privacy is important, Express Scripts complies with federal privacy regulations. Express Scripts uses health and prescription information about you and your dependents to administer your plan and to fill your mail-order prescriptions.

Your plan may have coverage limits

Certain coverage limits may apply to your benefits. For example, prescription drugs used for cosmetic purposes may not be covered, or a medication might be limited to a certain amount (such as the number of pills or total dosage) within a specific time period. If you submit a prescription for a drug that has coverage limits, your pharmacist will tell you that approval is needed before the prescription can be filled. The pharmacist will give you or your doctor a toll-free number to call. If you use Express Scripts Mail Order, your doctor will be contacted directly.

When a coverage limit is triggered, more information is needed to determine whether your use of the medication meets coverage conditions. Express Scripts will notify you and your doctor of the decision in writing. If coverage is approved, the letter will indicate the amount of time for which coverage is valid. If coverage is denied, an explanation will be provided, along with instructions on how to submit an appeal.

Controlled substances

Federal law prohibits the return of dispensed controlled substances. Prescriptions for controlled substances must be mailed to Express Scripts.

SECTION 9

CLAIMS AND APPEALS

You will have the right to appeal the decision if your prescription is not approved in whole or in part.

The procedures concerning initial determinations, adverse benefit determinations and appeals regarding prescription drug benefits are set forth in Section 7 of the General Eligibility & ERISA Rights Information booklet provided by the Fund. In addition, information regarding the appeal process will be included in the notification letter that you will receive from Express Scripts.