

# East Bay Drayage Drivers Security Fund

400 Roland Way  
Oakland CA 94621



Phone (510) 636-0381

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Dear Member:

## Re: **MEDICARE NOTICE - IMMEDIATE ACTION REQUIRED**

If you or your spouse are retired under the **East Bay Drayage Drivers Security Fund**, are 65 and/or eligible for Medicare, and currently enrolled in the **Self-Funded PPO Blue Cross Plan** or the **Blue Cross HMO Plan**, the Board implemented a change effective September 1, 2013 that requires you to enroll in the **TeamStar Medicare Supplement program (Plan F)** and **Teamster Plus Rx** prescription drug plan (**Medicare Part D plan**).

If your Spouse is not eligible for Medicare, he or she will no longer be able to participate in the Anthem HMO. The only choice available for your Spouse is to enroll in the Anthem Blue Cross PPO plan sponsored by East Bay Drayage Drivers Security Fund. Please contact the local 70 H&W office to obtain a benefit summary. The PPO plan sponsored by the Fund offers a complete medical and prescription drug plan. Additionally, the Anthem Blue Cross provider network is closely matched to the HMO provider network. We recommend that you have your spouse contact the H&W office if they require further information on the plan.

### **MEDICAL BENEFITS**

As you may be aware, your current medical plan coordinates with Medicare Parts A and B. This means Medicare pays your medical claims first (primary) and the Fund pays the balance of the medical claim (secondary).

The new TeamStar Medicare Supplement program (Plan F) functions exactly the same way.

A **summary of benefits** is included in the information packet provided. The following are highlights of the key components of your new Medicare Supplement Plan:

- Coordinates with and pays secondary to Medicare Parts A and B, filling in the coverage gaps of Original Medicare-allowable services.
- Allows Medicare eligible retirees to seek the services of any Medicare-approved doctor anywhere in the country.

With the TeamStar Medicare Supplement program (Plan F) plan design, there will be minimal disruption of benefits. Additionally, you and/or your spouse will be able to continue receiving medical care from your current doctor.

### **Actions Required:**

In order to avoid termination of your benefits, please fill out the **TeamStar/Teamster Plus Enrollment Form** (enclosed) with this notice and return to the Local 70 Health & Welfare office ASAP. If you have any questions about this notice, please call the Local 70 Health & Welfare office between 9:00 am and 4:00 pm. The phone number is (510) 636-0381.

Thank you for your cooperation.

Retiree Enrollment Department



**PLAN F**  
**MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD – 2025**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION *</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1676	\$1676 (Part A Deductible)	\$0
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$838 a day	\$838 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE *</b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$209.50 a day	Up to \$209.50 a day	\$0
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

\*\* **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN F**  
**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR – 2025**

\* Once you have been billed \$257 of Medicare-Approved amounts for covered services (which are noted with an asterisk), Medicare Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$257 of Medicare Approved Amounts*	\$0	100% of the amount not paid by Medicare	\$0
Remainder of Medicare Approved Amounts	Generally 80%		\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0		\$0
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$257 of Medicare Approved Amounts*	\$0	100% of the amount not paid by Medicare	\$0
Remainder of Medicare Approved Amounts	80%		\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

HOME HEALTH CARE MEDICARE APPROVED SERVICES			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$257 of Medicare Approved Amounts*	\$0	100% of the amount not paid by Medicare	\$0
Remainder of Medicare Approved Amounts	80%		\$0

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

FOREIGN TRAVEL – NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

# Benefit Overview



**EXPRESS SCRIPTS®**  
Medicare (PDP)

## Express Scripts Medicare® (PDP)

### YOUR 2025 PRESCRIPTION DRUG PLAN BENEFIT:

#### East Bay Drayage Drivers SF

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

<b>Deductible stage</b>	You do not pay a yearly deductible				
<b>Initial Coverage stage</b>	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$2,000:				
	<b>Tier</b>	<b>Retail One Month (31-day) Supply</b>	<b>Retail Two Month (32-60-day) Supply</b>	<b>Retail Three Month (90-day) Supply</b>	<b>Express Scripts® Pharmacy Home Delivery* Three Month (90-day) Supply</b>
	Tier 1: <b>Generic Drug</b>	\$5 Copayment	\$10 Copayment	\$10 Copayment	\$10 Copayment
	Tier 2: <b>Preferred Brand Drugs</b>	\$10 Copayment	\$20 Copayment	\$20 Copayment	\$20 Copayment
	Tier 3: <b>Non-Preferred Drugs</b>	\$20 Copayment	\$40 Copayment	\$40 Copayment	\$40 Copayment
	Tier 4: <b>Specialty Tier Drugs</b>	\$20 Copayment	\$40 Copayment	\$40 Copayment	\$40 Copayment
<p>If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p>*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts Pharmacy. Other pharmacies are available in our network.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts Pharmacy<sup>SM</sup>. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.</p> <p>If you have any questions about this coverage, please contact the Retiree Customer Service Center at 1.800.236.4782 Monday through Friday, 8:30 a.m. through 5:30 p.m., Eastern Time. TTY users should call 711.</p>					

**Catastrophic Coverage stage**

**If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.**

**You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.**

**IMPORTANT PLAN INFORMATION**

**Long-Term Care (LTC) Pharmacy**

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand name drugs in amounts of 14 days or less at a time. They may also dispense less than a one-month supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

**Out-of-Network Coverage**

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan’s service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact the plan or the Retiree Customer Service Center for more details.

**Additional Information About This Coverage**

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at [express-scripts.com/pharmacies](https://www.express-scripts.com/pharmacies).
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug’s tier and on the coverage stage that you’ve reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- A PDF of our printed drug list for 2025 will be available by logging into [express-scripts.com/documents](https://www.express-scripts.com/documents) beginning on October 15, 2024.
- Most adult Part D vaccines are covered at no cost to you.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- Starting in 2025, the Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year (January – December). This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs.**
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is \$0.
- When you use your Part D prescription drug benefits, Express Scripts Medicare sends you an *Explanation of Benefits* (Part D EOB), or summary, to help you understand and keep track of your benefits. You may also be able to receive a copy electronically by visiting our website, [express-scripts.com](https://www.express-scripts.com), or by contacting the Retiree Customer Service Center at 1.800.236.4782, Monday through Friday, 8:30 a.m. through 5:30 p.m., Eastern Time. TTY users should call 711.

This information is not a complete description of benefits. Call Customer Service at the numbers listed above for more information.

**Important Message About What You Pay for Insulin** – You won't pay more than \$35 for a one-month supply for each insulin product covered by our plan, no matter its cost-sharing tier. If your plan covers insulin at a lower cost-sharing amount, you will pay the lower amount. If your plan has a deductible, there is no deductible for covered insulins.

This document may be available in braille. Please call Customer Service at the phone numbers listed above for assistance.

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.  
Enrollment in Express Scripts Medicare depends on contract renewal.

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