

Your Drug Benefits in Detail

- Non-Medicare Retiree (Prior to Age 65) must carry 3 cards for drugs;
 - 1) Health Insurance Card for Diabetic Medications.
 - 2) PICA Card for Injectables and Chemotherapy.
 - 3) AETNA Card for all other Rx which includes Psychotropics and Asthma Drugs formerly on the PICA list.
- Non-Medicare CAP is \$2500 per family/yr.
 - Copays are: Generic \$15 and Brand \$25, for up to 34 days at retail stores.
 - 90 Day supply at retail stores is double. (\$30 and \$50)
 - 90 Day supply AETNA mail order single copay. (\$15 and \$25)

Maintenance Choice Program allows mail order price with pick up or free delivery from your local CVS.

- For Medicare eligible retirees, Disabled and 65 or older.
- GHI/CBP
- Annual Family Cap for the Local 237 Retiree Part-D Creditable Coverage Plan has been increased to **\$23,500 Effective January 2020.**
 - Only one card needed: included are diabetic medication as well as all other prescriptions (excluding injectables).
 - Copays: \$5 Generic and \$15 Brand for up to 34 day supply at retail stores.
 - 90 Day supply at retail stores doubled to \$10 Generic and \$30 Brand.
 - 90 Day supply AETNA Mail Order drugs single copay of \$5 Generic and \$15 Brand.

Maintenance Choice Program allows mail order price with pick up or free delivery from your local CVS.



For further information
please call the Fund Office
(212) 924-7220



Teamsters Local 237
216 West 14th St.
New York, NY 10011
212-924-2000

Gregory Floyd, President

Visit us at
www.local237.org

Your benefits at a glance

Prescription Drugs

Cap depends on age and/or disability and your health insurance plan.

Dental

Annual Cap/Year of \$1250 for each member and eligible family members.

Eyeglasses and Exam

Once every 2 Years for each member and eligible family members.

Hearing Aid

\$1000 once every 5 Years.
(Effective 1/1/2015)

Death Benefit

\$2500 Member Only.

For further information
please call the Fund Office
(212) 924-7220

Medicare Advantage Plans (Rx Rider)

- For Medicare eligible participants who elect a health plan such as HIP/VIP HMO. All prescriptions are received with your health card from the health insurer. (Medicare Advantage Plan)
- The Retirees' Fund provides partial reimbursement for anyone who chooses this option, payments are;
 - \$24 a month for single coverage and \$36 a month for family coverage.
 - Checks are sent out twice yearly usually February and August.
 - Single \$144 and Family \$216 reflect six months of premium reimbursement.

Supplemental Medical Plan

- This is the only benefit that is available solely to retired members. This benefit is provided when Medicare or your Secondary Insurer denies coverage in whole or in part for the following:
 - Wheelchair, surgical stockings, orthopedic shoes, leg braces, hospital beds, oxygen equipment, blood, private duty nursing (in hospital only) and other durable medical equipment or supplies.
- The annual cap is \$2500 per family. The benefit is paid at 80% of the reasonable and customary charges.



Dental Benefit

- \$1250 Yearly Max Annual Benefit/Family Member. (cap)
- 5000 plus Dentists on the HealthPlex Metro Panel PPO. (NY Metro area)
- No charge for services listed on the schedule of benefits when using a participating dentist.
- HealthPlex National Panel for those who live outside of the NY Metro area.
- No forms needed. An ID card is provided to eligible participants.

Optical Benefit

- Once every 2 years a \$150 Benefit is available to retired members and eligible family members.
- Eligibility and claim forms are now obtained from vendors in the CPS Optical Network. Visit the CPS website at www.cpsoptical.com or call CPS at (212) 675-5745 for vendor locations.
- Out of NYC Metro Area Retirees have 2 options:
 - 1) \$45 Exam, \$105 for materials or \$150 Allowance for Contact Lenses out of network.
 - 2) General Vision Services, a copayment is required for exam and the purchase of frames and lenses. 1(800) VISION1 or www.generalvision.com

Hearing Aid Benefit

- Retired members have 2 options:
 - 1) In network provider requires a voucher from the Retirees' Fund Office.
 - 2) Nonparticipating provider, Fund will reimburse the member or family member up to \$1000 for purchase or repair.
- This benefit is available once in a 5-year period.

Death Benefit

- Death Benefit is paid on behalf of the member only and will be paid to the named beneficiary. If more than one beneficiary is named the benefit will be divided equally.