



Retiree**First**



Teamsters Local 237 Retirees' Benefit Fund Retiree Presentation

We will get started momentarily.

Tara Bendig, Sr. Client Service Manager



Agenda

- About Us
- What Have You Received
- Plan Offering and Highlights
- Enrollment
- FAQs

About Us

RetireeFirst was designed to provide healthcare navigation and advocacy for retirees like you. For more than 20 years, we've simplified Medicare and improved the retiree benefits experience, resulting in happier and healthier members.

Your own dedicated team will advocate on your behalf with the insurance carrier, provider offices, pharmacies, and government agencies like the Centers for Medicare and Medicaid Services (CMS) to ensure your satisfaction.

RetireeFirst works as an extension of Teamsters Local 237 Retirees' Benefit Fund to provide retiree healthcare advocacy with award-winning service.



Advocates Put Retirees First

- Our 160+ in-house, US-based Retiree Advocates are available Monday through Friday from 8 am–5 pm
- All Advocates receive extensive training; many previously worked in healthcare
- Retirees receive a dedicated group phone number and Advocate team
- Advocates provide:
 - **Real-time assistance** to resolve issues end-to-end through outbound calls with a completion call to close the loop
 - **Education on your prescription plan**, including preferred pharmacies with your insurance carrier

160+
IN-HOUSE,
US-BASED ADVOCATES



PART D
Prescription Drug Plan
(PDP)
Helps pay for prescription drugs

Service You Need, When You Need It


Common Needs We Address

- “I need to know if a specific drug my doctor prescribed is covered.”
- I’m at the pharmacy and my medication costs more than normal.”


How Advocates Help You

- Pharmacy outreach
- Mail order assistance
- Formulary lookup
- Prescription prior-authorization/step therapy
- Prescription billing/benefits questions

What Have You Received?



TEAMSTERS LOCAL 237 RETIREES' BENEFIT FUND
216 WEST 14th STREET NEW YORK, N.Y. 10011
212-924-7220
www.local237.org



BOARD OF TRUSTEES
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October 10, 2025

Important Information About Your Teamsters Local 237 Retirees' Benefit Fund Medicare Prescription Drug Benefits

Dear Medicare-Eligible Retiree:

I am writing on behalf of the Local 237 Teamsters Retirees' Benefit Fund Trustees to introduce the Local 237 Retirees' Benefit Fund's new prescription benefit for our Medicare Retirees and their Medicare Dependents.

Effective January 1, 2026, your new prescription benefits will be a Part D Plan provided by Aetna offered by SilverScript. Like your prior benefit, this plan is offered premium-free. The current Aetna Plan for Medicare Retirees will be phased out December 31, 2025.

Why the change?

We all know that Medicare Part D rules and drug costs are always changing and getting more expensive. The Teamsters Local 237 Retirees' Benefit Fund Trustees continue to seek out benefit options to provide the most coverage to the broadest group. The new Local 237 Part D plan accomplishes that goal: protecting you, your family and future Local 237 Retirees by providing comprehensive benefits and catastrophic coverage.

We understand change is difficult, but it is sometimes necessary. That's why we've partnered with a concierge retiree advocate service - RetireeFirst - to provide the extra care you deserve during this transition and for the future. (More on that below.)

What's new and what's not?

The Local 237 Part D Plan is designed exclusively for Local 237 Medicare Retirees and their Medicare-eligible dependents.

Plan enhancements:


- Fully funded by Local 237 Retirees' Fund - the plan will continue to be premium free!
- No Annual Benefit Limit - 100% coverage once you meet the True Out-of-Pocket cap or "TrOOP" (Also called "catastrophic coverage")
- Your out-of-pocket cost share is capped at \$2,100 for the year. That's right, once you meet the \$2,100 True Out-of-Pocket (TrOOP) maximum there is no additional cost to you for covered medications. Any deductibles, copays and co-insurance counts towards the TrOOP
- Part D vaccines are now covered

Plan highlights:

- \$0 deductible (waived for generics, covered insulin and most Part D vaccines)
- \$2,100 Maximum Out-of-Pocket for Prescriptions (TrOOP)

1

Announcement Letter



1000 Midland Dr, Ste 100
Mount Laurel, NJ 08054

NAME
ADDRESS1 ADDRESS2
CITY, STATE ZIP
IMPORTANT PLAN INFORMATION ENCLOSED

Dear Teamsters Local 237 Retirees' Benefit Fund Medicare-eligible Retiree and/or Medicare-eligible Dependent,

We are excited to inform you that RetireeFirst is your advocacy group for your new Medicare Retiree Benefits Plan offered by the Local 237 Retirees Benefit Fund. Starting November 3, 2025, you will have access to retiree support for managing your new Prescription Drug Plan (PDP) provided by Aetna Medicare Rx offered by SilverScript, which is effective January 1, 2026. This support will be provided by RetireeFirst, a retiree benefits management solutions and advocacy service provider.


Your dedicated RetireeFirst Advocacy lines are now open, and RetireeFirst Advocates are ready to assist Monday-Friday, 8am-5pm EST at (929) 491-1712 (TTY 711) or toll free (844) 988-4564 (TTY 711)

RetireeFirst Advocates are US-based and available to help you navigate the complex retiree healthcare landscape and troubleshoot any issues you may have with your insurance carrier and pharmacy.


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1

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RetireeFirst Welcome Letter



2026 - Teamsters Local 237 Retirees' Benefit Fund Prescription Drug Plan (PDP)




Your Dedicated Advocacy Phone Numbers
(929) 491-1712 (TTY 711) or toll free (844) 988-4564 (TTY 711)

Frequently Asked Questions

Plan Design

Prescription Carrier:



Prescription	Preferred 30-Day Retail You Pay Up To	Standard 30-Day Retail You Pay Up To	Preferred 90-Day Retail and Mail Order You Pay Up To	Standard 90-Day Retail and Mail Order You Pay Up To
Annual Deductible: \$015 (Does not apply for Tier 1, Tier 2, Formulary Insulin, or Formulary Vaccines)				
Tier 1 Preferred Generic	\$0	\$10	\$0	\$10
Tier 2 Generic	\$20	\$20	\$20	\$20
Tier 3 Preferred Brand	20%	20%	20%	20%
Tier 4 Non-Preferred Brand	40%	40%	40%	40%
Tier 5 Specialty	25%	25%	N/A	N/A

Note: CMS caps the 30-day supply cost for formulary insulin medication at \$35. Costs for a 30-day supply may be less but will not exceed \$35 for 2026.

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1

Frequently Askes Questions (FAQs)



Plan Offering and Highlights

What's Changing for 2026?

What's Changing?

- \$615 Prescription Deductible - Does not apply to Preferred Generics (Tier 1), Generics (Tier 2), Formulary Insulin, or Formulary Vaccines
- \$2,100 Maximum Out-of-Pocket for Prescriptions
- No Benefit Maximum (Cost Cap)
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits

What's NOT Changing?

- Teamsters Local 237 prescription drug plan will continue to be premium free to Medicare eligible retirees and their Medicare eligible dependents.

Prescription Drug Plan Design

Prescription Plan Tiers	Preferred 30-Day Retail You Pay Up To	Standard 30-Day Retail You Pay Up To	Preferred 90-Day Retail and Mail Order You Pay Up To	Standard 90-Day Retail and Mail Order You Pay Up To
Annual Deductible: \$615 (Applies to Tiers 3,4, & 5)				
Annual Out of Pocket Maximum: \$2,100				
Tier 1 Preferred Generic	\$9	\$10	\$9	\$10
Tier 2 (Generic)	\$20	\$20	\$20	\$20
Tier 3 (Preferred Brand)	20%	20%	20%	20%
Tier 4 (Non-Preferred Brand)	40%	40%	40%	40%
Tier 5 (Specialty Drugs)	25%	Limited to one month supply	Limited to one month supply	Limited to one month supply
<p>Note: CMS caps the 30-day supply cost for Formulary Insulin medications at \$35 Costs for a 30-day supply may be less but will not exceed \$35 for 2026.</p>				

Prescription Plan Highlights

- You should continue to be able to use almost any retail pharmacy as Aetna includes over 66,000 in-network pharmacies, nationwide.
- Aetna also offers a Mail Order Pharmacy called CVS Caremark for your convenience. If you would like to use the CVS Caremark Mail Order Pharmacy, you will need new prescriptions.
- You do not need new prescriptions for retail pharmacies. Simply show your new ID card and your refills will be processed under the Aetna Prescription Drug Plan.

Disclaimer: For complete benefit details, please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights.

Vaccine Coverage

Part D Vaccines should be administered at a participating pharmacy; they include but are not limited to:

- Shingles Vaccine (Shingrix, Zostavax)
- Tetanus shot (Td or Tdap)
 - When a booster is needed.
 - Does not include injury or illness.
- Measles, Mumps, and Rubella (MMR) Vaccines (MMR II, Menactra, and Menveo)
- Tuberculosis (BCG Vaccine)
- Meningococcal Vaccine (Trumenba and Bexsero)
- Hepatitis A Vaccine (Havrix and Vaqta)
 - For patients at low risk only
- Hepatitis B Vaccine (Recombivax HB and Engerix-B)
 - For patients at low risk only
- RSV Vaccine (Arexvy and Abrysvo)



Enrollment

Enrollment

Please review the RetireeFirst Welcome Letter and Frequently Asked Questions Document for information regarding your enrollment.

If you have additional questions, please call RetireeFirst at (929)491-1712 (TTY 711) or toll free (844)988-4564 (TTY 711).



What You Receive Post-Enrollment

You will receive the following materials:

- Aetna Medicare RX offered by SilverScript Confirmation Letter
- SilverScript ID Card
- New member kit- Advises where to find the Evidence of Coverage (EOC), Formulary, & Pharmacy Directory online

Please keep in mind each retiree, spouse, and/or dependent may receive the above items on different days; this is normal.

Sample ID Card

SilverScript

Prescription Drug Plan Administered by
CVS Caremark Part D Services, LLC

RXBIN: 004336
RXPCN: MEDDADV
RXGRP: RXCVSD
ISSUER: (80840): 9151014609
ID: GXC000004
NAME: JOHN01 Q SAMPLE01

MedicareRx
Prescription Drug Coverage

S5601 813

Front

Submit Medicare Part D Paper Claims to: Claims Processing P.O. Box 52066 Phoenix, AZ 85072-2066	Customer Care: 1-XXX-XXX-XXXX 24 hours a day, 7 days a week TTY: 711
Caremark.com	Pharmacy Help Desk For Providers: 1-866-693-4620
	Claims administered by CVS Caremark Part D Services, LLC.

Back



FAQs

Can I stay with my current plan?

No, all Medicare-eligible retirees and/or dependents must change over to this plan. Your current plan will no longer be available.

When will I receive my ID card and welcome kit?

ID Cards and welcome kits should arrive in the month prior to your start date. Retirees and Medicare-eligible dependents will each receive their own card. Please note that each enrollee may not receive their plan information on the same day; this is normal.

What do I do if I lose my card?

Please call RetireeFirst at **(929)491-1712 (TTY 711)** or toll free **(844)988-4564 (TTY 711)** and we will obtain a new one on your behalf, mail you a temporary card, and call your pharmacy and/or providers if needed.

If I leave the plan, will it affect any
of my other benefits?

No, you may keep other benefits you may have through Teamsters Local 237
Retirees' Benefit Fund.

How much do I pay for the plan?

The new Teamsters Local 237 prescription drug plan will continue to be premium free to Medicare eligible retirees and their Medicare eligible dependents.

What if I had a break in Medicare Part D/Creditable Coverage?

Local 237 Retiree Prescription Plan is a “creditable coverage plan” for Medicare Retirees and your Medicare Dependents. If for any reason you opted out of the Local 237 Medicare Retiree Plan and chose a non-creditable coverage plan or had no prescription drug coverage, you have a break in coverage and may be subject to the CMS/Medicare Late Enrollment Penalty, which is assessed monthly. If Medicare assesses the penalty, you will be billed by RetireeFirst for the penalty. Failure to remit payment may result in loss of benefits. If you are unsure, please call RetireeFirst.

Is there a prescription deductible?

Yes, the prescription deductible is \$615.00 annually. The deductible applies to Tiers 3,4,and 5 only.

Are there co-insurance or copays?

Yes, there are co-insurance and copays.

Are my prescriptions covered?

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst **(929)491-1712 (TTY 711)** or toll free **(844)988-4564 (TTY 711)** if you need help looking up your prescriptions.

Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. Aetna has over 66,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

Is there a mail order pharmacy?

There is a mail order pharmacy called CVS Caremark which can be reached at (833) 620-8808. You can also call RetireeFirst at **(929)491-1712 (TTY 711) or toll free (844)988-4564 (TTY 711)** with questions about mail order prescriptions.

Is there a specialty mail order pharmacy?

Aetna Medicare Rx offered by SilverScripts has a specialty pharmacy called CVS Specialty Pharmacy which can be reached at (866)-782-2779. You can also call RetireeFirst at **(929)491-1712 (TTY 711) or toll free (844)988-4564 (TTY 711)** with questions about specialty prescriptions.

Will my prescriptions transfer from the old plan?

If you use the retail pharmacy, and have refills remaining, you do NOT need to obtain new prescriptions. If you use mail order, you WILL need to obtain new prescriptions from your provider.



Can I still go to the Veterans Affairs (VA) for my prescriptions?

Yes, if you obtain some prescriptions from the VA, you may continue to do so.

Can I still use coupons for prescription medications?

No, Centers for Medicare Services (CMS) will not allow Manufacturer coupons or coupon cards such as GoodRx to be used with a Medicare regulated PDP plan.

Do I need prior authorizations for certain prescription medications?

Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(929)491-1712 (TTY 711)** or toll free **(844)988-4564 (TTY 711)** if you have questions or need assistance with prior authorizations as well as any other requirements such as step therapy, quantity limit, or formulary exceptions.

What is the catastrophic phase and is there coverage?

The catastrophic phase is a phase of coverage designed to protect you from having to pay very high out-of-pocket costs for prescription drugs. It is the final phase in your prescription drug plan and your copays will be \$0. You will remain in this phase for the rest of the plan year. This coverage phase kicks in when you reach a true out of pocket total of \$2,100 for prescription drugs.

Thank You!

Our Advocates look forward to giving you the positive retiree healthcare experience you deserve.

(929) 491-1712 (TTY 711) or toll free (844) 988-4564 (TTY 711) Monday-Friday, 8am-5pm EST.

