



TEAMSTERS LOCAL 237 RETIREES' BENEFIT FUND

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212-924-7220
www.local237.org



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2027 MEDICARE PART D PLAN ENHANCEMENTS

Dear Retiree,

The Board of Trustees is pleased to announce improvements to your
2027 Medicare Part D Prescription Drug Plan.

After careful negotiations, we were able to **enhance your prescription drug benefits while keeping your annual deductible at \$615.** Medicare is increasing the standard Part D deductible to \$700 in 2027, but we worked hard to keep your deductible below that amount.

Helping You Save on Prescription Costs

We heard your concerns about the rising cost of prescription drugs. These changes are designed to help **lower your out-of-pocket costs** while keeping your prescription coverage strong.

Key Plan Changes for 2027

- **Generic Drugs (Tier 1):** \$5 copay
- **Generic Drugs at Preferred CVS Pharmacies:** \$4 copay
- **No deductible for Tier 1 and Tier 2 drugs**

Important Plan Features

- **\$615 annual deductible**
Tiers 1 and 2 are not subject to the deductible
- **\$2,400 annual maximum out-of-pocket**

The Board of Trustees is committed to protecting and improving the benefits you have earned. We are pleased to provide these enhancements and will continue working to keep your prescription coverage affordable.

Enclosed in this package are the Open Enrollment Materials from RetireeFirst, please read thoroughly.

For information about the Retiree Welfare Fund or your other Fund benefits, please call the Fund at 212-924-7220

Sincerely,



Gregory Floyd, Chairman



Important Information About Your Teamsters Local 237 Retirees' Benefit Fund Medicare Prescription Drug Open Enrollment For 2027.

Dear Medicare-eligible Retiree and/or Dependent,

Teamsters Local 237 Retirees' Benefit Fund's Open Enrollment Period for Medicare Prescription Drug benefits will run from October 15th, 2026, through December 7th, 2026. Changes will become effective January 1st, 2027.

- If you wish to remain in your current coverage:
 - **NO ACTION IS NEEDED**
- If you wish to opt-out of the Aetna RX offered by SilverScript plan:
 - Request an opt-out form and return to RetireeFirst.
 - To avoid a future Medicare penalty, your new plan should be a Medicare Part D plan or otherwise provide creditable coverage.
- If you wish to enroll in the Aetna RX offered by SilverScript plan:
 - Request an application and return to RetireeFirst.
 - When enrolling in your employer provided medical plan, you must choose a medical plan without a prescription rider.

ALL DOCUMENTS MUST BE SENT BY NOVEMBER 15th.

During the Medicare Open Enrollment Period (October 15- December 7) you will receive mailings from other Medicare plans and carriers. **Please ignore these other mailings. If you enroll in another plan, your coverage with Teamsters Local 237 will end.**



Prescription Carrier



Prescription	30-day Retail You pay up to	90-day Retail You pay up to	90-day Mail Order You pay up to
Annual Deductible: \$615 (Does not apply for Tier 1, Tier 2, Formulary Insulin, or Formulary Vaccines)			
Tier 1- Preferred Generic	Preferred Pharmacy \$4 Standard Pharmacy \$5	Preferred Pharmacy \$4 Standard Pharmacy \$5	Preferred Pharmacy \$4 Standard Pharmacy \$5
Tier 2- Preferred Brand	20%	20%	20%
Tier 3- Non- Preferred Brand	40%	40%	40%
Tier 4- Specialty	25%	N/A	N/A

* The Fund's Medicare prescription drug benefit is provided through a Medicare Part D Employer Group Waiver Plan ("EGWP") administered by Aetna RX offered by SilverScript. If you enroll in an individual Medicare Part D prescription drug plan or a Medicare Advantage plan that includes prescription drug coverage, you may be terminated from the Fund's prescription drug plan. Before making any Medicare enrollment change outside the Fund, contact RetireeFirst Advocates at (929) 491-1712 (TTY 711) or toll free (844) 988-4564 (TTY 711) Monday-Friday, 8am-5pm EST.

Plan Highlights

- \$4 copay for Tier 1 generic medications at preferred CVS pharmacies.
- \$5 copay for Tier 1 generic medications at standard pharmacies.
- There will be no increase to the annual deductible and will remain at \$615.
- The annual deductible will not apply to Tier 1 and Tier 2 medications.
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits.



If you have questions about any information in this letter, please do not hesitate to call RetireeFirst Advocates at **(929) 491-1712 (TTY 711) or toll free (844) 988-4564 (TTY 711) Monday-Friday, 8am-5pm EST.**

Please note that this document includes a simplified summary of benefits and does not create any contractual rights. For a complete description of the Teamsters Local 237 Medicare Part D prescription drug benefits, limitations, formulary requirements, pharmacy-network rules, coverage determinations, exceptions, grievances, and appeals, refer to the Aetna Evidence of Coverage and other Aetna plan materials available at [SilverScriptEmployerPDP.MemberDoc.com](https://www.silverscriptemployerpdp.memberdoc.com)

Sincerely,

RetireeFirst