

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: \$615 (Does not apply for Tier 1, Tier 2, Formulary Insulin, or Formulary Vaccines)				
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	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.

Plan Questions

1. Will I be automatically enrolled in the new Aetna offered by SilverScript prescription drug plan, or do I need to do anything to enroll?

All Medicare-eligible retirees and their Medicare-eligible dependents will be automatically enrolled into the plan. There is nothing you need to do to be enrolled.

2. Can I stay with the current plan?

No, all Medicare-eligible retirees and/or dependents must change over to this plan. Your current plan will no longer be available after December 31, 2025.

3. Can I opt-out of this plan?

We are required by law to give you the choice of opting out of the new plan. Since you are enrolled in the current prescription drug plan it is unlikely that you would not want to participate in this new robust plan. However, you have the option to opt-out and decline this prescription drug coverage. Nevertheless, if you would like to opt-out, please call RetireeFirst at **(929) 491-1712 (TTY 711) or toll free (844) 988-4564 (TTY 711)**, Monday-Friday, 8am-5pm EST.

4. Are there any plan changes?

Teamsters Local 237 Retirees' Benefit Fund did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- \$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
- Some Non-Part D and Lifestyle Drugs Covered - Does not count towards Out-of-Pocket Maximum
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits

5. When will I receive my ID card and welcome kit?

Cards and welcome kits should arrive by December 31, 2025. 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.

6. 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.

7. 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.

8. How much do I have to 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.

9. Who do I call if I need assistance with the plan?

Please call RetireeFirst at **(929) 491-1712 (TTY 711) or toll free (844) 988-4564 (TTY 711)** to reach your dedicated Teamsters Local 237 Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

10. What do I do if I had a break in my Medicare Part D/Creditable Coverage?

Your 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.

Prescription Questions

11. Is there a prescription deductible?

Yes, there is a \$615 prescription deductible annually per covered person. The deductible does not apply to Preferred Generics (Tier 1), Generics (Tier 2), insulin or vaccines. You can access those benefits immediately.

12. Are there co-insurance or copays?

Yes, there is a cost share associated with this plan for prescriptions drugs. Please refer to the prescription benefit chart on page 1 of this document to better understand the prescription copays.

13. Are my prescriptions covered?

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

14. 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. You will need to present your Aetna Medicare Rx offered by SilverScript ID Card to your pharmacy.

15. Is there a mail order pharmacy?

There is a mail order pharmacy called CVS Caremark Mail Service Pharmacy which can be reached at (888) 792-3862. 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.

16. Is there a specialty mail order pharmacy?

Aetna has a specialty pharmacy called Aetna 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.

17. 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.

18. 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.

19. 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.

20. Do I need prior authorizations for certain prescription medicines?

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.

21. 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. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

Aetna Medicare Rx offered by SilverScript Card Sample:

Front:

SilverScript	
Prescription Drug Plan Administered by CVS Caremark Part D Services, LLC	
RXBIN: 004336	MedicareRx Prescription Drug Coverage
RXPCN: MEDDADV	
RXGRP: RXCVSD	
ISSUER: (80840): 9151014609	
ID: GXC000004	
NAME: JOHN01 Q SAMPLE01	
S5601 813	

Back:

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.

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.