

*PLAN AMENDMENT NO. 14*

*TEAMSTERS LOCAL UNION NO. 856 HEALTH & WELFARE FUND*

Pursuant to the authority of Article VII, Section 1, the Trustees hereby make the following change to the Plan:

Effective with claims incurred January 1, 2018 and after the Rules and Regulations of the Teamsters Local Union No. 856 Health & Welfare Fund MEDICAL BENEFIT PROGRAM shall be amended by **adding** the following language to the section titled, **PRESCRIPTION DRUG BENEFIT – CARD PROGRAM, EXCEPTIONS AND EXCLUSIONS:**

#10 shall be added and will state the following:

“10. Certain prescription drugs require prior authorization to determine if it will be covered under the pharmacy benefit. If OptumRx determines that a prescription drug requiring a preauthorization is not approved or effective for treating specific conditions, cost more than other medications used to treat the same or similar conditions, or prescribed for conditions for which their safety and effectiveness have not been proven, OptumRx will deny prior authorization for the medication. You or your physician can determine which medication requires prior authorization by logging in online at [optumrx.com](http://optumrx.com) and entering the drug name and dose. You or your physician may also contact the OptumRx Customer Service Center using the phone number on the back of your ID card. If your medication needs prior authorization, your prescribing physician can submit a prior authorization form through the online portal at [optumrx.com](http://optumrx.com). OptumRx will send you and your doctor a letter letting you know if your medication is approved or denied. If your medication is denied, the letter you receive will explain the reason for the decision and provide information about the appeal process.”

# Prior Authorization

## What is a prior authorization?

Prior authorization requires your doctor to tell us why you are taking a medication in order to determine if it will be covered under your pharmacy benefit. Some medications must be reviewed because they may:

- Only be approved or effective for treating specific conditions
- Cost more than other medications used to treat the same or similar conditions
- Be prescribed for conditions for which their safety and effectiveness have not been proven

## How can I find out if my medication requires prior authorization?



### At the pharmacy

When you fill a new prescription, your pharmacist will tell you if a prior authorization is required.



### In the mail

If a prior authorization is a new requirement for a medication, we will send you a letter with this information.



### Online

Look online to see your medication's prior authorization requirements and price.

- Log into [optumrx.com](http://optumrx.com)
- Click on Drug Pricing
- Enter the drug name and dose



### On the phone

Call the OptumRx Customer Service Center using the toll-free member phone number on the back of your ID card. They can tell you if your medication needs a prior authorization.

## What do I do if my medication needs a prior authorization?

Let your doctor know that a prior authorization is required for your medication. To begin the prior authorization process, your doctor can:

- Call OptumRx at the toll-free member phone number on the back of your ID card
- Fax a completed prior authorization form available on **optumrx.com** to OptumRx
- Submit the information through the online provider portal at **optumrx.com**

## How do I know if my medication has been approved for coverage?

Once we review the information from your doctor, we will send a letter to you and your doctor letting you know if your medication coverage is approved or denied.

- If your medication is **approved**, the prior authorization is entered and coverage will be provided under your benefit. You can continue to fill your prescription at the pharmacy as usual during the approved prior authorization period. Depending on your benefit plan and medication, you may be able to save money by using the OptumRx Mail Service Pharmacy.
- If your medication is **denied**, the letter you receive will explain the reason for the decision and provide information about the appeal process.



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**MEMORANDUM**

**TO:** Teamsters Local #856 Health and Welfare Trust Fund  
**FROM:** Board of Trustees  
**DATE:** October, 2017  
**RE:** Adding Chiropractic Care and Acupuncture Benefits to All HMO Coverages and Plan Amendments – Summary of Material Modification, Effective January 1, 2018

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The Board of Trustees has modified your Plan of Benefits, effective January 1, 2018.

We are pleased to announce that Chiropractic Care and Acupuncture benefits have been added to all HMO coverages. Please see the enclosed benefit summaries from Kaiser Permanente and Anthem HMO to learn about the new Chiropractic and Acupuncture benefits.

The PRESCRIPTION DRUG BENEFIT – CARD PROGRAM, EXCEPTIONS AND EXCLUSIONS shall be amended. Certain prescription drugs shall require prior authorization to determine if it will be covered under the pharmacy benefit. Please see the enclosed Plan Amendment and Prior Authorization description from OptumRx for a full description of the prior authorization process.

If you have any questions on your Chiropractic and Acupuncture HMO benefits, please contact either Kaiser or Anthem at the numbers listed on your ID card. If you have any questions about your Prescription Drug Benefit, please contact OptumRx at the number listed on your ID card. If you have any questions regarding eligibility and general benefit questions, please contact the Trust Fund Office at 415-777-3707.