

## PLAN CHANGE NOTICE

November 30, 2000

To: Participants In TBT Plans With Prescription Drug Benefits Through RxAmerica

- I, II, III, IV, V (Five), A and G (Including all Hour Bank Plans)
- Supplemental Prescription Plan (Rx2)
- Comprehensive Retiree Plan (CRP), Retirement Security Plan (RSP) and Supplemental Retiree Plan (SRP)

Re: **Prescription Drug Benefits**  
***New Generic Drug Substitution Program***

Dear Participant:

Effective January 1, 2001, how your Plan pays for “brand name” and “generic” drugs will change. The TBT Board of Trustees understands how important your pharmacy benefit is to your health and the health of your family. The following benefit design change is necessary in order to meet increasing drug costs without sacrificing quality of care.

### Current Plan Design

**Copayment:** Copayments vary by Plan. Some Plans have none.

**Generic Drugs From An RxAmerica Pharmacy:** The percentage paid varies by Plan, up to 100%.

**Brand Name Drugs With No Generic Equivalent:** The Plan pays the full cost (subject to the Plans copayment, if any, and applicable percentage).

**Brand Name Drugs:** If *you* order a brand name drug, *you* pay the difference in cost between generic and brand name. If your *doctor* prescribes a brand name and specifies “Dispense As Written,” the *Plan* pays the cost difference.

### Plan Design After January 1, 2001

NO CHANGE.

NO CHANGE.

NO CHANGE.

***You will pay the cost difference whenever the prescribed brand name drug has a generic equivalent (even if your doctor specifies “Dispense As Written”).***

Effective January 1, 2001, how your Plan pays for “brand name” and “generic” drugs will change.

**New Generic Substitution Program:**

Under current rules, the Plan pays the difference in cost between a brand name and a generic drug only if your physician prescribes the brand name drug. **Effective January 1, 2001, if your physician prescribes a brand name drug which has a generic equivalent and you ask your pharmacist *not* to give you the generic, you will pay the difference in cost between the brand name and its generic equivalent.**

Under current rules, the Plan pays the difference in cost between a brand name and a generic drug only if your physician prescribes the brand name drug. **Effective January 1, 2001, if your physician prescribes a brand name drug which has a generic equivalent YOU WILL PAY THE DIFFERENCE IN COST BETWEEN THE BRAND NAME AND THE GENERIC DRUG.**

If you or your physician ask for a brand name drug, when a generic is available, the cost difference between the brand name drug and the generic alternative will be added to your copayment (if any). Currently, if your physician prescribes a brand name drug, you do not pay the cost difference. Effective January 1, 2001, you will *always* pay the cost difference between brand name and generic drugs, *unless there is no generic equivalent* to the brand name drug prescribed by your physician.

**Effective January 1, 2001, if your physician prescribes a brand name drug which has a generic equivalent and you ask your pharmacist *not* to give you the generic, you will *always* pay the cost difference in cost between the brand name and its generic equivalent. Wrong! *IF YOUR DOCTOR PRESCRIBES A “BRAND NAME” DRUG FOR WHICH THERE IS A CORRESPONDING “GENERIC” DRUG, YOU WILL PAY THE DIFFERENCE IN COST BETWEEN THE BRAND NAME AND THE GENERIC DRUG, in addition to your Plan copayment (if any).*** Under current rules, the Plan pays the difference in cost between a brand name and a generic drug only if your physician prescribes the brand name drug.

**Effective January 1, 2001, if your physician prescribes a brand name drug which has a generic equivalent, you will *always* pay the cost difference in cost between the brand name and its generic equivalent. Wrong! *IF YOUR DOCTOR PRESCRIBES A “BRAND NAME” DRUG FOR WHICH THERE IS A CORRESPONDING “GENERIC” DRUG, YOU WILL PAY THE DIFFERENCE IN COST BETWEEN THE BRAND NAME AND THE GENERIC DRUG, in addition to your Plan copayment (if any).*** Under current

~~rules, the Plan pays the difference in cost between a brand name and a generic drug only if your physician prescribes the brand name drug.~~

### What is a Generic Drug?

A generic drug is a chemically equivalent copy of a brand name drug whose patent has expired. The FDA (government agency assigned to regulate / approve all drugs) will approve generic alternatives to a brand name drug only if the generic has the same effect on the body as its brand name counterpart.

### How do you know if there is a Generic Drug for your prescription?

~~Call your doctor or pharmacy and give the pharmacy staff the names of your prescriptions. The pharmacist will be able to advise you if a generic alternative is available.~~Call your pharmacy and give the pharmacy staff the names of your prescriptions. The pharmacist will be able to advise you if a generic alternative is available. You should then speak with your doctor.

~~The TBT Board of Trustees understands how important your pharmacy benefit is to your health and the health of your family. This benefit design change is necessary in order to meet increasing drug costs without sacrificing quality of care.~~

This Notice is intended to replace any part of the *Guide To Your Benefits, Summary of Coverage and/or Comparison of Medical Benefits*, which states that the amount of your prescription drug payment will not be affected if your doctor prescribes a brand name drug.

This change does not modify, eliminate or replace any other Plan provisions, limitations or exclusions related to prescription drug or to any other Plan benefits.

If you have any questions concerning your coverage, please phone the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119 or RxAmerica at (800) 770-8014.

Sincerely,

Martin R. Lowy  
Fund Manager  
On behalf of the Board of Trustees

MRL/mr

Enclosure: Brochure – “Straight Talk About Generic Drugs.”

PLAN CHANGE NOTICE

Participants In TBT Plans With Prescription Drug Benefits Through RxAmerica

*New Generic Drug Substitution Program*

November 30, 2000

4

RETAIN WITH YOUR BENEFIT PACKAGE  
FOR FUTURE REFERENCE