



TEAMSTERS WELFARE FUND OF  
NORTHERN NEW JERSEY LOCAL 723

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Phone: (908) 688-0723 Fax: (908) 688-0745

Re: ALERT NEW PROCESS TO ACQUIRE SPECIALTY DRUGS

Dear Participant,

Teamsters Welfare Fund Of Northern New Jersey Local 723 (the "Fund") Prescription Drug program is reaching out to you to let you know that the benefit for specialty drugs has been enhanced as of April 1, 2020.

**All Plan Participants using specialty drugs are required to meet prior authorization criteria and administrative review under the Payer Matrix program. You must enroll in the Payer Matrix program or you will be responsible for 100% co-insurance or the full cost of your medication.**

A Payer Matrix Reimbursement Case Coordinator will reach out to you to help you obtain your specialty medications using alternative forms of funding for your specialty prescriptions. The Fund is sponsoring this program and you will not be responsible for any payments to Payer Matix's as a Plan participant.

**Be Proactive!**

If you are taking a specialty drug you will be required to respond to a call from Payer Matrix or you should call Payer Matrix proactively, in order to receive your specialty drug without delay or interruptions. **You should contact Payer Matrix TODAY and in advance of your next prescription due date.**

1. Please read, complete, and sign the two attached forms as soon as possible.
  - The Payer Matrix Enrollment & Communication Consent Form
  - The Payer Matrix Authorization Form

For help, contact a Payer Matrix Case Coordinator toll free at (877) 305-6202 from 9 a.m. to 8 p.m. EST, Monday through Friday.

2. Check to be sure that you have completed the forms and SIGN both, then:
  - Fax the forms to (484) 494-6670

Or

- Take a smart phone photo of each and email them to [www.CustomerService@PayerMatrix.com](mailto:www.CustomerService@PayerMatrix.com)
- If you prefer, you may also mail each form via US Mail to:

Payer Matrix

407 Elmwood Avenue

Sharon Hill, PA. 19079

A Payer Matrix Case Coordinator will then contact you to complete the enrollment process and gather any additional information required to help you maximize your benefit for specialty medications under the Fund's program. Some alternate funding programs require verification of income as a condition of meeting alternate funding program criteria. In such cases, you will be asked to provide this information directly to the alternate funding program, and such information will not be provided to the Fund.

If, you are **NOT** eligible for a Payer Matrix identified alternate funding program, Payer Matrix will automatically submit your case for benefit reconsideration. Should your case meet Fund reconsideration criteria, your out-of-pocket costs will be adjusted to the appropriate selected plan co-insurance and other limitations of your selected plan will apply. All specialty medication prescriptions paid for by the Fund through benefit reconsideration must be dispensed/coordinated by **Specialized Pharmacy Solutions** who will collect your co-insurance as outlined in your selected benefit.

Thank you for your attention to this important announcement and if you have any questions please contact the Fund office at (Phone Number).

Sincerely,

**Teamster Welfare Fund Of Northern New Jersey Local 723**