



TEAMStar and Teamster Plus comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. TEAMStar and Teamster Plus do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide assistance free of charge to people with disabilities or whose primary language is not English. To request a document in another format such as large print or to get language assistance such as a qualified interpreter, please call customer service at 1-866-524-4173 for TEAMStar and 1-866-412-7445 for Teamster Plus. TTY users please call 711. We are available from 8:00 am to 8:00 pm, seven days a week.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to:

Beatrice Newbury  
IBT Voluntary Employee Benefits Trust  
25 Louisiana Ave, NW  
Washington DC 20001  
Phone: 202-624-8960  
Fax: 202-624-8138  
Email: PCompliance@teamster.org

MedImpact is the Pharmacy Benefits Manager for TEAMStar and Teamster Plus. If you need help filing a complaint, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week.

You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone, or by mail:

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>  
**Phone:** Toll-free 1-800-368-1019, 800-537-7697 (TDD)  
**Mail:** U.S. Dept. of Health and Human Services, 200 Independence Avenue,  
SW Room 509F, HHH Building Washington, D.C. 20201

Sincerely,

TEAMStar Medicare Part D (PDP)  
Teamster Plus Medicare Part D (PDP)

