

Summary of Material Modifications

Listed below is a summary of modifications to the Health and Welfare Plan and Summary Plan Description that have been adopted and approved with effective dates as shown, *beginning* January 1, 2016. These modifications are provided to alert you of plan provisions that are not listed in your Summary Plan Description dated January 1, 2015 or have since changed, listed from the oldest plan provisions to the most recent. Please keep this document with your book.

Effective January 1, 2016

1. Prescription Drug Benefit beginning on page 36 of the SPD
 - a. **Home Delivery Network (Mail Order), page 42, is no longer mandatory.** The Plan adds the option to purchase up to a 90-day supply of maintenance drugs in the Retail Pharmacy Network (Retail 90) with benefits as follows:

	PLATINUM PLAN	GOLD PLAN
Generic	90% Coinsurance / \$125 Maximum	80% Coinsurance / \$125 Maximum
Preferred Brand Name	65% Coinsurance / \$200 Maximum	65% Coinsurance / \$200 Maximum
Non-Preferred Brand Name	60% Coinsurance / \$350 Maximum	60% Coinsurance / \$350 Maximum
Diabetes and Insulin Supplies	90% Coinsurance / \$125 Maximum	80% Coinsurance / \$125 Maximum

- b. Prescription Drug Schedule of Benefits, page 36
Annual Maximum is changed to an Individual out-of-pocket maximum of \$2,000 and a Family out-of-pocket maximum to \$6,000.
 - c. Special Coverage Limitations, page 39
Add to Step Therapy Programs: Topical and Oral Testosterone Medications are not covered unless the patient has first tried prescribed testosterone injections at physician’s office without medically satisfactory results.
 - d. Excluded Drugs, page 41
Add to Exclusion List: Testosterone for females: KyBella, Tuzistra XR, Toujeo, Farydak, Natpara, Glumetza, Imlygic, Vraylar, Morphabond, Oxaydo, Aptensio XR, Dyanavel XR, Vivlodex and Veltassa
2. Vision Benefit beginning on page 53 of the SPD
 - a. Covered Service or Supplies on page 54
Add to the table Coverage for purchase of ProTec Safety Glasses from a VSP Provider, for Active Members only, one pair of lenses and frame per 24 months, at \$25 copay.
 - b. Covered Service or Supplies on page 54
Increase allowance for eyeglass frames, and elective contact lenses, obtained from VSP provider to \$150 (Active and Retirees).

**AMENDMENTS TO THE PLAN AND SUMMARY PLAN DOCUMENT
OF THE ST. LOUIS – KANSAS CITY CARPENTERS REGIONAL HEALTH PLAN**



3. Dental Benefit beginning on page 45 of the SPD
 - a. Benefit amounts will no longer be based on the amounts listed in the Plan's Benefit Fee Schedule, but will instead be calculated according to coinsurance levels set forth in the following **Dental Benefit Schedule**:

LIMITATION	PPO NETWORK	PREMIER NETWORK	NON-NETWORK
Annual Deductible, Preventive Services*	None	\$50	\$75
Annual Deductible, All Other Services, Cumulative	\$50	\$75	\$75
Plan Coinsurance, Preventive Services	100%	75%	50%
Plan Coinsurance, Basic Services	80%	50%	25%
Plan Coinsurance, Major Services	50%	40%	25%
Plan Coinsurance, Orthodontic Services	50%	50%	50%
Annual Maximum Benefit*	Max Advantage plus \$1,500	Max Advantage plus \$1,500	Max Advantage plus \$1,500
Lifetime Maximum Benefit, Orthodontia Only	\$1,500	\$1,500	\$1,500

*Per Covered Person, except for Dependent child prior to 19th birthday.

- b. The **addition of Max Advantage and Healthy Smiles, Healthy Lives Program** are added to the Plan:
 1. Max Advantage feature means that the Annual Maximum Benefit is not applied to certain preventive covered services. Refer to the Plan Document at www.carpdc.org/BenefitServices for more information.
 2. Healthy Smiles, Healthy Lives Program allows for two additional cleanings per plan year for individuals with documented periodontal disease, diabetics with periodontal disease, pregnant women and certain other high-risk medical conditions.
 - c. The Annual Maximum (excluding orthodontia) is \$1500 per year.
 4. Weekly Accident and Sickness Benefit beginning on page 57 is changed to the **Short Term Disability Benefit**.
 5. **Schedule of Medical Benefits** beginning on page 19 is modified by changing the Annual Out-of-Pocket Maximum in the **Gold Plan** to \$4,000 per Individual and \$7,700 per Family.

Effective February 1, 2016

1. Prescription Drug Benefit, Excluded Drugs, page 41
Add to Exclusion List: Portrazza, Zurampic, Quillichew XR, Adzenys XR-ODT

Effective May 1, 2016

1. Prescription Drug Benefit, Excluded Drugs, page 41
Add to Exclusion List: Taltz, Aczone, Zembrace, Zecuity and Onzetra

Effective November 1, 2016

1. Schedule of Medical Benefits beginning on page 19 of the SPD is **modified as follows**:
Ancillary services received while visiting an In-Network urgent care facility are now covered under the \$75 urgent care copay.

Effective December 1, 2016

1. **Schedule of Medical Benefits** beginning on page 19 of the SPD
 - a. Urgent care Facility on page 20 is changed to **Urgent Care Treatment**

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- b. **What's Covered under the Plan** beginning on page 21; Non-preventive Services & Supplies add on page 29:

Vision Therapy is covered under the Plan as medically necessary for up to 12 vision therapy visits for treatment of convergence insufficiency only. Vision Therapy for all other diagnoses are considered not medically necessary and are not covered.

- 2. General Medical Exclusions beginning on page 31 of the SPD

- a. Change exclusion to read:
 - i. Eye Services: Orthoptic, eye exercises or blepharoplasty, unless the service meets medical necessity under what's covered under the Plan; Radial Keratotomy, Lasik and other refractive surgery is excluded.

Effective January 1, 2017

- 1. Prescription Drug Benefit beginning on page 36 of the SPD

- a. Prescription Drug Schedule of Benefits, page 36
Annual Maximum is changed to an Individual out-of-pocket maximum of \$3,000 and a Family out-of-pocket maximum to \$6,600.
- b. **Minimum copayment is required for all prescription fills.** Prescription drug benefits will be paid according to the following table, which replaces the table on page 36 of the SPD

PRESCRIPTION DRUG BENEFIT		
PRESCRIPTION DRUG TYPE	WHAT THE MEMBER PAYS	
	Platinum Plan	Gold Plan
RETAIL (Up to a 30-day supply per prescription purchased at a Retail Pharmacy)		
Generic	10% / \$10 min / \$50 max	20% / \$10 min / \$50 max
Preferred brand-name	35% / \$20 min / \$75 max	35% / \$20 min / \$75 max
Non-preferred brand-name	40% / \$20 min / \$125 max	40% / \$20 min / \$125 max
Diabetes and insulin supplies	10% / \$10 min / \$50 max	10% / \$10 min / \$50 max
MAIL ORDER (Up to a 90-day supply filled through Express Scripts Home Delivery)		
Generic	10% / \$20 min / \$100 max	20% / \$20 min / \$100 max
Preferred brand-name	35% / \$40 min / \$150 max	35% / \$40 min / \$150 max
Non-preferred brand-name	40% / \$40 min / \$250 max	40% / \$40 min / \$250 max
Diabetes and insulin supplies	10% / \$20 min / \$100 max	10% / \$20 min / \$100 max
RETAIL 90 (Up to a 90-day supply per prescription filled at a Retail Pharmacy)		
Generic	10% / \$20 min / \$125 max	20% / \$20 min / \$125 max
Preferred brand-name	35% / \$40 min / \$200 max	35% / \$40 min / \$200 max
Non-preferred brand-name	40% / \$40 min / \$350 max	40% / \$40 min / \$350 max
Diabetes and insulin supplies	10% / \$20 min / \$125 max	10% / \$20 min / \$125 max
SPECIALTY MEDICATIONS		
Preferred brand-name	35% / \$40 min / \$150 max	35% / \$40 min / \$150 max
Non-preferred brand-name	40% / \$40 min / \$250 max	40% / \$40 min / \$250 max
Drugs approved by FDA on or after 1/1/2013	50% / up to out of pocket max	50% / up to out of pocket max
ANNUAL MAXIMUM		
Individual out-of-pocket maximum		\$3,000
Family out-of-pocket maximum		\$6,600

- c. Prescription Drug Benefits – Preventive Medications, page 38
Add coverage for all preventive immunizations/vaccines based on the ACIP Recommendations and Policy Notes for routine immunizations published in the U.S. Immunization Schedules for children, adolescents and adults. Age and other limitations apply, for a complete list refer to:
 - i. Page 29, “Covered Preventive Services for all Adults” – Immunization in specified doses, for specified ages and populations, and;
 - ii. Page 31, “Covered Preventive Services for Children” – Immunization in specified doses, for specified ages and populations.
 - d. Prescription Drug Benefits, Excluded Drugs, Page 41 (5th bullet point)
Delete “Immunization agents” and “vaccines”
 - e. Prescription Drug Benefits, Excluded Drugs, Page 41
Add to Exclusion List
 - i. Brilinta, Exondys 51, Troxyca ER, Arymo ER, GoNitro, Vimovo, Duexis, Doryx MPC, Otovel, Ameluz, Evzio, Oracea, Byvalson & Relistor
 - ii. All brand name Proton Pump Inhibitors (PPI) (example: Nexium) and all combination therapy PPI medications are excluded from the Plan.
 - iii. All brand name statin medications (used for lowering cholesterol) and all combination therapy statin medications are excluded from the Plan.
 - iv. All ear/nose nasal steroids are excluded from the Plan as they are available over the counter.
 - v. All brand name ophthalmic NSAIDS are excluded from the Plan.
2. Weekly Accident and Sickness Benefit,* page 57
Effective 1/1/2016 referred to as **Short Term Disability Benefit*
- a. **Add to first paragraph**, page 57
Members covered under the Special Participation Eligibility are excluded from Short Term Disability Benefits.
 - b. Eligibility, page 57, first paragraph
Insert as final sentence to first paragraph: “Members with Special Participation Eligibility are not eligible for the Short Term Disability Benefit.”
 - c. Exclusions, page 57
Add bullet point:
 - Any member covered under the Special Participation Eligibility.
3. Life Insurance and Safety Enhancement Benefits, page 58
- a. Eligibility for Life and AD&D Benefits, page 58
Insert bolded text into second paragraph, last sentence: “The exception is that members in the non-active classification who are covered under the reinstatement provisions of the Plan **and members under the Special Participation Eligibility** are not eligible for Life Insurance and AD&D benefits.”

Effective March 1, 2017

1. Prescription Drug Benefit beginning on page 36 of the SPD
 - a. Special Coverage Limitations, page 39
Add to Anti Arthritic Injectables Second Step (only):
Second Step: Amjevita before Humira and Erelzi before Enbrel
 - b. Special Coverage Limitations, page 39

Angiotensin Receptor Blockers

Following current paragraph, **add:** In addition, QBRELIS is covered only EPANED has been tried and failed.

- c. Drug Specific Limitations, page 40

Add sub-heading: Anaphylactoid Reactions

Only generic version of the Epinephrin Injection (Epi-Pen) is covered.

- d. Excluded Drugs, page 41

Add to Exclusion List: Lomaira, Brand Name Epi-Pen

2. Eligibility and Enrollment beginning on page 2 of the SPD

- a. Termination of Active Eligibility, page 5

Add before last bullet point:

- The end of any month you are found to be working in non-covered employment (see definition below).

- b. Termination of Non-Active Eligibility, page 11

Add before last bullet point:

- The end of any month you are found to be working in non-covered employment (see definition below).

- c. Self-Payment Provision – Active Members, page 5

Add new paragraph after first paragraph: If you lose coverage due to working in non-covered employment, you and your dependents are excluded from enrolling in the minimum/difference payment option under the Plan. Only COBRA coverage will be offered.

- d. Minimum/Difference Self-Payments, page 6

Add sub-heading and new final paragraph on page 6: When Coverage Ends

Minimum/Difference coverage will end the earliest of:

- The date the maximum coverage ends, or 18 months
- The last day of the period for which the covered member made the required timely payment
- The beginning of the month in which the member is eligible to enroll in Medicare
- The end of the month you are found to be working in non-covered employment
- The date the Plan terminates.

- e. Non-Active Classification and Benefits, page 7

Add sub-heading: Working in Non-Covered Employment

You are not eligible to enroll in the non-active classification of coverage under the Plan if you are working in non-covered employment.

3. Glossary beginning on page 93 of the SPD

Add definition of non-covered employment

Non-covered employment: Employment in the construction industry for an employer not obligated to contribute to this Plan.

Effective May 1, 2017

1. Eligibility and Enrollment beginning on page 2 of the SPD

- i. Self-Payment Provisions – Active Members, page 5

- Remove from first paragraph:** “and you are not drawing a Normal, Supplemental Deferred or Disability Pension under any of the Carpenters’ Pension Plans”
- Remove** “or” before “COBRA continuation coverage”
- Add text** after “(see page 71)”: “or retired self-payment options as listed under the Non-Active Classification and Benefits beginning on page 7.”

- ii. Minimum/Difference Self-Payments, page 6

Replace fourth paragraph with the following sentence:

You may generally maintain active coverage by minimum/difference payments for no more than six consecutive benefit quarters (18 months).

2. The Prescription Drug Benefit beginning on Page 36 of the SPD
 - a. Special Coverage Limitations, page 39
Add to Step Therapy: Austedo, Dupixent and Ingrezza are not covered unless the patient has tried and failed the first line treatments and have received prior authorization.
 - b. Special Coverage Limitations, page 39
Add coverage for Xadago covered only with verification that usage is not monotherapy, starting dose limited to 50 mg, 1 per day, further limited to 30 days.
 - c. Special Coverage Limitations, page 39
Airduo RespliClick: **Covered only as a generic**, with Prior Authorization and only for patients 12-years-old and older.
 - d. Excluded Drug, page 41
Add to the Exclusion List: Neudexta, Roxybond, Noctiva Nasal Spray, Advair, Symproic and Siliq.

Effective January 1, 2018

1. Non-Active Classification of Benefits beginning on Page 7 of the SPD
 - a. Dependent Coverage, page 7 – **Replace entire paragraph with the following:**
Dependent Coverage: Members qualifying in the non-active class may elect single coverage (for the member only) or family coverage at a higher premium at the time you enroll in the non-active class.
An election of single coverage is irrevocable except that you may change to family coverage in the following circumstances:
 - Your dependent may be reinstated if he/she was not enrolled at the time you moved to non-active status due to coverage from her/his employer.
 - Enrollment must occur within 63 days of losing coverage to be accepted. Eligibility effective date will be the day after coverage was terminated from dependent's employer.
 - b. Retired Members beginning on Page 9 of the SPD
 1. Add at the beginning of second paragraph – In addition to requirements for participation in the non-active classification on page 7,
 2. Replace bullet points under the 2nd paragraph with the following:
 - All Members must enroll in the non-active classification within 63 days of retirement, date of termination under the active classification or the date you qualify as a retired self-employed member or non-pension member, and
 - All Members must have earned a total of 10 years of credit hours under the Plan with 3 years of those credit hours earned in the 5 years prior to retirement, or
 - A Member who leaves the bargaining unit to work in a non-bargained unit position for a contributing employer must have at least 10 years of coverage under the Plan, and
 - Members must provide proof of coverage under the plan to satisfy the 10 years of credit hours in the event the Plan does not have the information available, proof of disability, proof of coverage through a contributing employer or in cases of self-employed or non-pension members, written notice of no longer working and attaining the age of 55; and
 - Members who do not enroll in coverage as a retiree within 63 days as outlined in bullet point #1 cannot enroll at a later date, and

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- A member who leaves non-active coverage creating a gap in coverage cannot be reinstated in the non-active plan, except when a member who loses coverage due to moving to a non-bargained position with a contributing employer (must still meet the 120 month rule).
- Dependents may have a gap in coverage provided the member remains in the non-active classification continuous and the dependent has proof of other coverage and re-enrolls within 63 days of losing other coverage due to a qualifying event.

2. Eligibility and Enrollment beginning on Page 2 of SPD

a. Under heading Active Classification: Eligibility Classes and Initial Eligibility beginning on page 3 **Special Participation Eligibility, page 4, was modified to:**

- i. Add an employer for non-bargained union employees. Non-bargained union employees means employees who are carried on the payroll of the St. Louis-Kansas City Carpenters' Regional Council and receive Form W-2 issued by the CRC, for whom the Union has executed a participation agreement.
- ii. Eligibility is based on credit hours as in the case of outside eligibility, contributions paid by the Union at the same hourly rate as the rate for active members in the Platinum Plan.
- iii. Members of this Special Participation Group and their eligible dependents are entitled to the same benefits and eligibility and non-active eligibility options as active members in the Outside Classification.
- iv. A Member in the Special Participation Group for non-bargained employees will end on the last day of the month in which the member terminates employment for any reason other than retirement or disability.

Effective January 1, 2018

1. The Medical Benefit, Schedule of Benefits, page 19
The Plan amended to include a Hearing Aid benefit for Members only. Hearing aids are covered at 90% after deductible for both In- and Out-of-Network services, up to \$2,000 per ear, every five (5) years.
2. The Prescription Drug Benefit, Schedule of Benefits, page 36
Out-of-Pocket Maximum increased to \$3,350 for Individual and \$7,000 for Family
3. The Prescription Drug Benefit, Special Coverage Limitations, page 39
Add to Special Coverage List:
 - a. **Baxdela** covered with dosage limitation of 28 tablets per Rx
 - b. **Benlysta, Mavyret, Triptodur, Vosevi** covered with Prior Authorization
 - c. **Haegarda** covered with Prior Authorization for ages 13 and older
4. The Prescription Drug Benefit, Excluded Drugs, page 41
Add to Exclusion List: Bevyxxa, Contempla XR ODT, Endari, Hysingla ER, Nuctnta ER, Siliq, Minolira, Mydayis, Zerivate, Zypitamag

5. Eligibility and Enrollment, Dependent Coverage, beginning on page 12
Clarify the procedure of adding dependents and **modify the Plan to include the following language under the heading Dependent Coverage:**
Coverage of a dependent will begin when the member's family coverage begins or when the dependent is enrolled, whichever is later. Dependents enrolled later than 30 days after a qualifying event will receive an effective coverage date that reflects the date on which the Fund Office received a properly completed application for enrollment.
6. Eligibility and Enrollment, Minimum/Difference Self-Payments, page 6
Add the following language following the final paragraph on page 6:
If a contractor/owner/partner/principal/officer affiliated with a contributing contractor that is in arrears and is considered delinquent, and the contractor/owner/partner/principal/officer has applied for or is currently making minimum/difference payments, the application/payment will be rejected. Delinquent contractors who participate in the Plan as active members will be allowed the option for COBRA coverage only for up to 18 months from the date of the original qualifying event that caused the loss of coverage.
7. The Prescription Drug Benefit, Special Coverage Limitations, page 39
Add to Special Coverage List:
 - a. Anti-Infective: Benznidazole covered with Prior Authorization
 - b. Cardiovascular: Carpospir (spironolactone) covered with Prior Authorization for feeding tube patients and children less than five (5) years old
 - c. Endocrine: Fiasp (insulin aspart with niacinamide) covered with Prior Authorization
 - d. Metabolic: Nityr (nitisinone) cover Step Therapy Tier 3; require Humlog first
 - e. Oncology: Idhifa (enasidenib) cover with Prior Authorization; Verzenio (abemaciclib) cover with Prior Authorization
8. Prescription Drug Benefit, Excluded Drugs, Page 41
Add to Exclusion List:
 - a. Anti-Infective: Gocovri XR, Trimpex (trimethoprim)
 - b. Cardiovascular: Nikita (pitavastin)
 - c. Central Nervous System: Lyrica CR (pregablin), Soma (carisoprodol), Xanax (alprazolam)
 - d. Endocrine: Duzallo (lesinurad/allopurinol)
 - e. Respiratory: Xhance (fluticasone propionate)