

# the builder

benefit news

Fall 2013

PROTECTING  
WHAT YOU BUILD



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## KC Plan B: Welcome to Carpenters' Gold Plan

### Plan Changes 1/1/2014 and Moving Forward with Healthcare Reform

Obamacare. The Affordable Care Act (ACA). Health Exchange Marketplace. It's almost foreign that these words all pertain to the nation's new health care system. March 23, 2009 marked a landmark in our country's history when the Affordable Care Act (ACA) was passed. And though parts of the Act have been slowly introduced since then, now we are seeing the most significant aspects of the new law being implemented in our nation's health care system. So now that the new laws are in place, are you thinking, "*how does all of this affect me?*"



This article is designed to shed light on this confusion. Now more than ever the

Plan is here to help you understand your health benefits and coverage and how the government's new guidelines affect all of us.

### *So, really, how does the ACA affect me?*

In the July Builder newsletter, one of the headlining articles explained how, as a Grandfathered Health Plan, our Plan was subject to some, but not all, of the requirements of the ACA. Effective January 1, 2014, however, Plan changes are required which will remove our grandfathered status. This changes our requirements under the ACA. This Builder

*continued next page...*

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### Plan Changes and Moving Forward with Healthcare Reform *continued from front page*

newsletter will explain the why and how behind these Plan changes and detail them for you.

#### ***What is a "Marketplace Exchange," and do I need to enroll in one?***

The Marketplace Exchange could be compared to a shopping mall for insurance. It was created by the ACA as a place to purchase insurance coverage for those who cannot get it anywhere else. Therefore, if you have health coverage through the Carpenters' Plan, you do not need to join the Marketplace Exchange (aka exchange) since you already have coverage. In this article, we will explain the Board of Trustees' decisions to implement our Plan changes to align with the Marketplace Exchange and how these changes will ensure a stronger Plan for our membership.

#### ***Why is our Plan changing?***

We are all aware that Man Hours have been down for several years. As a result, it has been more difficult for Employer contributions (for Hours worked) to support the money being paid out for all member and dependent health claims and benefits. More importantly, however, the new requirements under the ACA have created changes that add costs to the Plan. As a result, while the Board of Trustees prides themselves on offering our members and their families the best benefits, they were required to make some tough decisions. One of these decisions was a new plan of benefits, for medical and prescription drugs, to bring us into compliance with the ACA and relieve the Plan of financial stress in the coming years.

#### ***How is our Plan changing?***

The changes to our Plan outlined in this Builder publication are aligned with the best of the ACA's health exchanges as seen in the following pages. Effective January 1, 2014, our Core Plan will be referred to as the **Carpenters' Platinum Plan**. This plan design matches the "Platinum Plan" 90% coverage offered on the Marketplace Exchange, the highest coverage available. In addition, Kansas City's Plan B will be called the **Carpenters' Gold Plan**, which matches the Exchange's 80% coverage "Gold Plan." More importantly, both of these plans exceed the **minimum essential coverage** requirements of the ACA and the **minimum value standard** for benefits.

#### **Plan Changes Outlined**

To ensure the Plan is compliant with the ACA requirements, changes have been made to the Plan (see below). Details of these changes are highlighted throughout this Builder newsletter. In addition, the Plan is subject to new fees as a result of the ACA, which are also highlighted below.

- » Dependent children are covered up to age 26, without the requirement to provide proof of full-time student status.
- » Out of pocket expenses have been limited.
- » Annual and Lifetime limits have been removed.
- » Reinsurance fees were implemented, \$5.25 per person per month, or \$63 per year per belly button, which amounts to over \$2 million. All plans are required to pay this fee.
- » Research fees in the amount of \$1 per belly button in 2014 and \$2 each year thereafter until 2018. All health plans must pay this research fee.



- » The danger of the ACA's 40% "Cadillac" excise tax on the **value** of health insurance benefits exceeding \$10,200 for individual coverage and \$27,500 for family coverage has been reduced.

#### **Matching ACA Exchange Coverage**

The following changes to both Plans match the ACA Marketplace Exchange plans and requirements:

- » The definition of Full-Time Employment has been changed under the Plan to refer to a member working 30 hours or more per average per week.
- » Our new Plans, Carpenters' Platinum and Carpenters' Gold, match the highest coverage available on the ACA Marketplace.
- » Preventative benefits are covered at 100%.

#### ***What's different about our new plan of benefits?***

Both the Carpenters' Platinum and Carpenters' Gold plans have exceptional benefits. Changes you will notice to your medical plan include:

- » Preventative Care benefits covered at 100% with no deductible.
- » No overall annual or lifetime limits on benefits paid by the Plan.
- » Coventry PPO ASO and Coventry National Network, previously Tier 1 and Tier 2, are covered at the same level of benefits.
- » New annual deductible: you will need to pay this amount before the Plan starts paying benefits. The deductible does not apply to physician and specialist office visits.
- » New annual out-of-pocket maximum to limit member out-of-pocket expenses: once you reach this amount, the Plan will pay 100% of covered services for the rest of the year.
- » Dependent children covered up to age 26 whether or not they are eligible for other group plan coverage.
- » The definition of Full-Time Employment will be an average of 30 hours or more per week.

The Carpenters' Prescription Drug Program will change based on research and recommendations by the United Brotherhood of Carpenters' Clinical Advisory Committee. The Prescription Drug benefits are detailed on pages 6 - 8 within this newsletter.

#### ***What's staying the same?***

Not everything in the Medical Plan has changed!

- » Chiropractic benefits payable at maximum \$42 per visit, with a \$1500 annual maximum
- » Copayments due for non-routine office visits to a primary care physician (*no deductibles to be met*)
- » Dental and vision benefits

#### ***What do I need to do?***

You do not need to take any action as a result of these changes. you will automatically be enrolled in the new Plan. **Watch for your new Medical ID cards coming in December.**

In comparing our Plan with others in the Exchanges, you will find we still have an excellent plan of benefits. The Board of Trustees strongly feels that the security of the Plan is critical – these changes are necessary to ensure the Plan is able to offer the best benefits to the most members for as long as possible.



## St. Louis Carpenters' Gold Plan Eligibility *For Transitional Eligibility rules, see Page 9...*

### Initial Eligibility

Members obtain initial eligibility the first day of the month after working at least 500 credit hours for a contributing employer within six consecutive months. A credit hour is defined by the Plan as one hour of work for which contributions have been made into the Carpenters' Health and Welfare Trust Fund of St. Louis (Plan). A credit hour also includes an hour for which you perform picket duty for the Carpenters' District Council or its locals and for which contributions have been paid on your behalf.

### Continuing Eligibility

There are two eligibility rules that can continue a member's eligibility: the **Quarterly Rule** and the **Look-Back-Rule**. Members must meet at least one of these Rules to maintain eligibility in the Plan through hours worked.

- Quarterly Rule:** If members work 300 hours in a Contribution Quarter, coverage will begin the corresponding Eligibility Benefit Quarter.

Minimum Hours Worked	In a Contribution Quarter	Provides Coverage	For the Following Benefit Quarter
300	May, June, July	⇒	Oct, Nov, Dec
300	Aug, Sept, Oct	⇒	Jan, Feb, March
300	Nov, Dec, Jan	⇒	April, May, June
300	Feb, March, April	⇒	July, Aug, Sept

- Look Back Rule<sup>1</sup>:** Members who have worked at least 1,200 credit hours within 12 consecutive months, period ending with any month in a Contribution Quarter will continue coverage for the corresponding Eligibility Benefit Quarter.

Minimum Hours Worked	In a 12 Month Period Ending	Provides Coverage	For the Following Benefit Quarter
1,200	May, June, or July	⇒	Oct, Nov, Dec
1,200	Aug, Sept, or Oct	⇒	Jan, Feb, March
1,200	Nov, Dec, or Jan	⇒	April, May, June
1,200	Feb, March, or April	⇒	July, Aug, Sept

<sup>1</sup>To qualify for this Rule, members must remain eligible for employment with a signatory employer.

### Minimum or Difference Payments

Members with less than 300 hours worked in a Contribution Quarter who do not meet any of the other continuing eligibility requirements listed above may continue coverage by making a Minimum or Difference Payment. A Minimum Payment may be made when a member has no hours worked and chooses to continue eligibility by "paying the minimum" of 300 hours. A Difference Payment would "pay the difference" between actual credit hours worked and the minimum 300 credit hours required

multiplied by the current hourly rate for Employer Health and Welfare contributions. It's important to note that this coverage is an alternative to COBRA Coverage. You may make a combination of Minimum or Difference Payments for no longer than eight consecutive benefit quarters (24 months). An additional 12 months of coverage is available beyond 24 months at the current contribution rate multiplied by a total of 400 hours.

Hours Worked per Contribution Quarter	Provides Coverage	For the Following Benefit Quarter
May, June, and July	⇒	Oct, Nov and Dec
Aug, Sept, and Oct	⇒	Jan, Feb, and March
Nov, Dec, and Jan	⇒	April, May, and June
Feb, March, and April	⇒	July, Aug, and Sept

### COBRA Continuation Coverage

The Plan provides continued health and welfare coverage on a self-pay basis as required by the Consolidated Omnibus Budget Reconciliation Act of 1985, commonly known as COBRA. COBRA is available to members and their families as an opportunity for a temporary extension of health coverage called continuation coverage when there is a "qualifying event." A "qualifying event" may be any one of the following situations: (1) members do not meet the hour requirements to continue active coverage; (2) a spouse and member divorce; or (3) when a dependent child reaches age 26. Depending on the type of qualifying event, "qualified beneficiaries" would include members, the member's spouse and the member's dependent children. "Qualified beneficiaries" would continue the same coverage as active members.

### Spousal Coverage Program

If a spouse is employed and eligible to participate in a qualified employer-sponsored health plan, the spouse must enroll in the minimum coverage offered through his/her employer to qualify for benefits under the Plan. The employer sponsored health plan would be the "primary" insurance payer and the Carpenters' Plan would be "secondary". In most cases this will result in 100% coverage.

A spouse is "Exempted," or an exception is given, in any of the following situations:

- Spouse is not employed
- Spouse is self-employed and has no other employees
- Spouse works less than 30 hours per week
- If the spouse's employer does not contribute toward the cost of the health coverage offered.

The Plan requires exempt spouses to complete a Spousal Coverage Verification Form annually to qualify for spousal coverage.

### Self-Payment Provisions – Non-Active Classification

There are three categories for Self-Pay under the Non-Active Classification. These are **Retired Members**, **Disabled Members** and **Surviving Spouses**. The Non-Active Classification allows qualified members – members falling in one of the above three categories – and their eligible dependents to continue eligibility under the Plan, provided the applicable premium is paid. The benefits are similar to those under the Active Classification for medical benefits. Members in the Non-Active Classification also have the option to participate in Vision and Dental benefits for an additional monthly premium amount.



## Medical Coverage

### Plan Design

The Carpenters' Plan has partnered with **Coventry Health Care** to provide you and your dependents access to a network of doctors, hospitals, and other medical care providers. The medical care providers in the Coventry Network of doctors are under contract to charge predetermined fees for their services and, in most cases, these fees are lower than their normal rates. Under this contract, members are not required to select primary care physicians, nor are referrals necessary when visiting specialists. Under the Carpenters' Plan design, there are In-Network and Out-of-Network benefits as follows.

#### 1. PPO/ASO and Coventry National Networks

Preventive and wellness benefits are paid at 100%, including routine care visits, mammograms and colonoscopies. Some services require a small copayment, then the Plan pays 80%. Other services may have an annual deductible that must first be met, then the Plan pays 80%.

#### 2. Out-of-Network

The Plan offers coverage at 50% coinsurance for services obtained outside of the Coventry Networks. Since the Plan does not have contracts with non-network providers, members could be responsible for significant out-of-pocket expenses.

*Refer to Page 4 for the Medical Schedule of Benefits.*

### Managed Care and Utilization Management

Under Coventry Health Care's Managed Care program, all hospitalizations and many other services are reviewed by a team of medical professionals to determine medical necessity of the care and availability of more cost effective resources. This program is designed to help members and covered dependents become better, more effective consumers of health care. It is also designed to help them receive the most appropriate care for specific medical conditions.

In order for members to receive the maximum allowable benefits under the Plan, certain services require prior authorization to verify services are necessary. To find out what services require prior authorization, please refer to the Carpenters' website at [www.carpdc.org/BenefitServices/HealthAndWelfare](http://www.carpdc.org/BenefitServices/HealthAndWelfare) under the Schedule of Benefits tab, *Services Requiring Authorization 2014* or contact the St. Louis Carpenters' Member Services Department.

It is important for members/patients to discuss prior authorization with their physicians so that both understand what is to occur.

***Failure to comply may result in reduced benefits or loss of all benefits for the services that require precertification. For providers within the Coventry Network, prior authorization is the provider's responsibility. When an out-of-network provider is used, members are responsible for prior authorization of services.***

## Dental and Vision Coverage

### Dental Benefits

The Carpenters' Plan and

**Delta Dental** have come together to bring dental benefits to members' with minimal to no out-of-pocket expense when selecting a Delta Dental PPO Network dentist. The Carpenters' Plan's dental fee schedule offers three levels of coverage to consider when selecting a dentist for routine services and services for other dental care:

1. **Delta Dental PPO Network:** PPO dentists offer the highest level of benefits available, resulting in minimal to no out-of-pocket expense for services. There is no deductible for preventive services and Delta Dental PPO Network dentists agree to provide you with a 20-30% discount off standard charges. Currently, over 50% of the practicing dentists nationally participate in the Delta Dental PPO Network.
2. **Delta Dental Premier Network:** Dentists in the Premier Network are discounted slightly but not as significantly as PPO dentists. Members are responsible for deductibles for all services. Use of a Premier Network dentist will result in greater out-of-pocket costs than with a PPO dentist.
3. **Out-of-network:** Out-of-Network dentists charge full price for services and member out-of-pocket expenses will be the highest among all three levels of coverage.

Know the difference between PPO and Premier Network dentists. For more information on our dental program and to see allowable amounts of the fee schedule, please visit [www.deltadentalmo.com/carpdc](http://www.deltadentalmo.com/carpdc) and click on the **Dental Fee Schedule** link.

### Vision Benefits

**VSP** (Vision Service Plan) is the vision service network for the Carpenters' Health and Welfare Trust Fund of St. Louis (Carpenters' Plan). Vision benefits are available to all Active covered members and dependents. When visiting an In-Network vision provider, members are eligible for the following services with copays and allowable amounts designated by the Carpenters' Plan and VSP.

- Annual eye exam
- Annual contact lens exam
- New prescription lenses annually
- New frame every 24 months
- New contacts instead of glasses annually
- Discounts toward laser correction surgery from VSP-approved laser surgeons and centers



*Non-Active Classification members and eligible dependents may elect to enroll in the dental and vision benefits for an additional monthly premium initially when moving to the Non-Active Class or during open enrollment annually.*

## Mercy's Member Assistance Program

Where do you go when you need encouragement or help?

Some people go to family, friends, their church, and some do absolutely nothing. Carpenters' Benefit Plans, however, has recently added a new benefit for you and your family to address these kinds of issues....a confidential resource to support members and their families deal with a range of day-to-day problems.

Staffed with professional counselors, the Member Assistance Program (MAP) is just a phone call away.

By calling (800) 413-8008 #2, members are referred to a local counselor who will help sort out the kind of help you may need, meet with you to help resolve issues, problem solve, and offer support, guidance and coaching. Mercy MAP is the Carpenters' Benefit Plans' resource for the Carpenters' District Council's Drug Testing Program.



# Carpenters' Health and Welfare Trust Fund of St. Louis – Gold Plan

## Schedule of Medical Benefits – Effective January 1, 2014



BENEFIT	Coventry PPO/ASO & Coventry National Network Providers	Out-of-Network Providers
Annual Deductible	\$300 Individual/\$900 Family	\$800 Individual/\$2,400 Family
Annual Out-Of-Pocket Maximum	\$5,000 Individual/\$12,700 Family	Unlimited
Coinsurance	80%	50%
<b>PREVENTIVE CARE</b>		
Routine Preventive Care	100%	Deductible/50%
Routine Mammogram	100%	Deductible/50%
Routine Colonoscopy	100%	Deductible/50%
<b>OFFICE VISITS - NON ROUTINE</b>		
Primary Care Physician Office Visit	\$25 per visit	Deductible/50%
Specialist Office Visit	\$50 per visit	Deductible/50%
<b>OUTPATIENT SERVICES<sup>1</sup></b>		
Outpatient Surgery <sup>1</sup>	Deductible/80%	Deductible/50%
Lab, Radiology, Anesthesia, Pathology and other Ancillary Services	Deductible/80%	Deductible/50%
CT, PET, MRI Scans, Nuclear Scans and Other Diagnostic Services <sup>1</sup>	Deductible/80%	Deductible/50%
Physical, Speech and Occupational Therapy Services <sup>1</sup>	Deductible/80%	Deductible/50%
Durable Medical Equipment, Orthotics and Prosthetics <sup>1</sup>	Deductible/80%	Deductible/50%
Home Health Services/ Hospice <sup>1</sup>	Deductible/80%	Deductible/50%
Mental Health Substance Abuse Partial, Intensive Outpatient and Electroshock Treatment <sup>1</sup>	Deductible/80%	Deductible/50%
Chiropractic Care (\$1,500 annual benefit maximum cross accumulates among all benefit levels)	Maximum of \$42 per visit	Maximum of \$42 per visit
<b>INPATIENT SERVICES<sup>1</sup></b>		
Inpatient Hospital Services <sup>1</sup>	Deductible/80%	Deductible/50%
Convalescent Skilled Nursing Facility <sup>1</sup> (Aggregate 100-day maximum cross accumulates among all benefit levels)	Deductible/80%	Deductible/50%
Mental Health Substance Abuse Residential Care <sup>1</sup>	Deductible/80%	Deductible/50%
Observation Room <sup>1</sup>	Deductible/80%	Deductible/50%
Physician Hospital Visits and Specialist Care/Consultations	Deductible/80%	Deductible/50%
Inpatient Ancillary Services (Radiology, Anesthesiology, Pathology)	Deductible/80%	Deductible/50%
<b>EMERGENCY AND URGENT CARE<sup>1,2</sup></b>		
Hospital Emergency Room <sup>2</sup>	\$300 copay	\$300 copay
Urgent Care Facility	\$75 copay	Deductible/50%
Ground Ambulance Service	\$300 copay	\$300 copay
Air Ambulance Service <sup>1</sup>	\$1,000 copay	\$1,000 copay

<sup>1</sup>May require pre-certification through the Medical Care Management Company.

<sup>2</sup>Emergency Room copay waived and deductible/coinsurance applies in the event the patient is admitted through the Emergency Room.

Active and Non-Medicare Member Prescription Benefits and coverage are detailed on pages 6 - 8 of this newsletter.

# Carpenters' Health and Welfare Trust Fund of St. Louis

## Medicare Supplemental Coverage

### Schedule of Medicare Supplemental Benefits – Effective January 1, 2014



If Medicare is the primary payer of benefits for you or one of your dependents who is covered under this Plan, that person will receive Medicare Supplemental Coverage, rather than the normal benefits provided by the Plan. The Medicare Supplemental coverage provides benefits at the level shown below on the Medicare Supplement Schedule of Benefits, regardless of the provider used. This is a supplemental medical plan designed to coordinate coverage with what Medicare allows.

BENEFIT	BENEFIT COVERAGE	LIMITATIONS
Annual Out-Of-Pocket Maximum Individual	\$2,000 Individual	Subject to all services unless noted
Calendar Year Deductible – Individual/Family	\$0	Medicare may apply a deductible
MEDICAL BENEFITS	PLAN PAYS*	
Physician Office Visits	Up to 80%	Approved by Medicare
Outpatient Services and other Ancillary Services. (Lab, diagnostic, radiology, pathology, Emergency Room, Surgery, Physical and Occupational Therapy)	Up to 80%	Medicare may require authorization prior to obtaining care
Adult Restorative Speech Therapy	Up to 80%	Deductible/50%
Chiropractic Care <sup>1</sup>	Up to 80%	Medicare only allows for manipulation; Annual maximum of \$1,500
Inpatient Hospital Services	Medicare In-Patient Deductible	Approved by Medicare
Organ Transplant Benefit	Up to 80%	Approved by Medicare
Convalescent Skilled Nursing Facility	Up to 80%	Limited to 100 days
Physician Hospital Visits	Up to 80%	Approved by Medicare
Inpatient Ancillary Services (Emergency Room, Radiology, Anesthesiology, Pathology)	Up to 80%	Approved by Medicare
Not-Covered Medicare Services Surgical Stockings IV Home Infusion Refraction	Up to 80%	Surgical Stockings limited to 4 pair per year; IV Home Infusion only if patient unable to receive care in another setting and is homebound; Refraction covered only for qualified medical diagnosis
Hospice	Up to 80%	Approved by Medicare
Home Health Services	Up to 80%	Limited to 100 visits annually
Durable Medical Equipment/ Orthotics and Prosthetics	Up to 80%	Most services require authorization by Medicare
PRESCRIPTION BENEFITS <sup>2</sup>	YOU PAY	
<b>Retail Pharmacy (30 day supply)</b> Brand Name Medication Generic Medication	35% 20%	Maximum \$75 Maximum \$50
<b>Retail Pharmacy (90 day supply)</b> Brand Name Medication Generic Medication	35% 20%	Maximum \$175 Maximum \$115
<b>Home Delivery (Mail Order) Pharmacy (90 day supply)</b> Brand Name Medication Generic Medication	35% 20%	Maximum \$150 Maximum \$100

<sup>2</sup> Prescription Benefits have a maximum annual out-of-pocket limit of \$2,500 per person.

<b>Specialty Medications approved after 1/1/2013</b> Standard Coverage Premiere Coverage (medications meeting clinical criteria covered at coinsurance levels indicated above when authorized by the Board of Trustees)	50%  See coinsurance levels above	No Maximum
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\*The Carpenters' Health and Welfare Medicare Supplement Plan is a Plan that is offered to members and their dependents who are eligible and are enrolled in Medicare Parts A & B. The Board of Trustees set the premium amount to enroll in the plan. The Plan helps pay for some of the health care costs and out of pocket expenses after Medicare pays, like coinsurance, copayment and deductibles. The Medicare Supplement Plan may provide some coverage for services that Original Medicare does not cover and are noted in the schedule of benefits. The Plan also includes prescription drug coverage under a Medicare Prescription Drug Plan (PDP).

Generally, this Plan does not pay for services that are not allowed by Medicare. The Carpenters' Medicare Supplement Plan does not cover long-term care, hearing aids or private duty nursing. You may purchase the Carpenters' dental and vision benefit package offered as an option for an additional premium.

**To participate in the Carpenters' Medicare Supplement Plan you must be enrolled in Medicare Parts A & B.**

<sup>1</sup>Chiropractic Care - Medicare does not allow for all services billed.



### Prescription Drug Benefits Effective January 1, 2014

Carpenters' Plan partners with **Express Scripts** to administer prescription benefits. Express Scripts offers both Retail and Home Delivery benefits. Diplomat Specialty Pharmacy is the Pharmacy network that has partnered with the Carpenters' Plan to provide services for all Specialty Pharmacy needs that require long term personalized medical care.

**Always Consider Generic Medications:** With any type of treatment, you are encouraged to ask your physician about receiving generic medications. In some instances, generic medications are required. With maintenance medications, there may not always be a generic "equivalent" to a brand name drug. However, there are often generic medications in the same therapeutic classification that can effectively treat your condition. Please discuss these options with your prescribing physician. Your co-payment for brand name drugs will be higher than it is for generic medications for both Retail and Home Delivery programs.

#### ⇒ Retail Prescription Drug Program

Participating retail pharmacies will provide up to a 30-day supply of covered prescription drugs. You are allowed up to two (2) consecutive fills of a prescription at retail. Home Delivery is required after the second 30-day retail fill.

#### ⇒ Home Delivery (Mail-Order) Prescription Drug Program

Home Delivery is required when your physician prescribes a medication for more than a 30-day supply. Primarily considered "maintenance drugs," these prescriptions are typically written for 90-day supplies, and include medications for chronic health conditions such as diabetes, asthma, arthritis, high blood pressure, and heart disease. Express Scripts Pharmacy Home Delivery program is administered by Express Scripts.

### How to Order Home Delivery Prescriptions:

There are three (3) ways to fill your prescriptions through the Home Delivery program. You may:

1. Complete a Home Delivery Order Form and send it, together with your original prescription (for up to a 90-day supply) and your copayment (contact **Express Scripts Pharmacy Member Services** at 800-939-2134 for correct dollar amount) to Express Scripts at the address printed on the form;
2. Your physician may fax your prescription to **Express Scripts Pharmacy** at 800-837-0959; or
3. Visit [www.express-scripts.com](http://www.express-scripts.com) and transfer any existing scripts from the retail pharmacy you currently use to Express Scripts for Home Delivery.

Please allow at least 14 days from the date that you submit your order for delivery. The Home Delivery form and the Express Scripts website detail how you can pay by credit card. Home Delivery forms are available from the Carpenters' Benefit Plans Office or online at [www.carpdc.org/BenefitServices/Forms](http://www.carpdc.org/BenefitServices/Forms). Contact Express Scripts Pharmacy to check on your order, to verify the correct copayment for your prescription drug, and to answer any other questions you may have regarding the program or you may log on to the Express Scripts website at [www.express-scripts.com](http://www.express-scripts.com).



### Prescription Drug Co-Insurance

#### A. Generic Drug Co-Insurance:

1. 20% up to a maximum of \$50 for a 30-day supply at Retail and Home Delivery
2. 20% up to a maximum of \$100 for a 90-day supply at Home Delivery

#### B. Preferred Drug Co-Insurance:

1. 35% up to a maximum of \$ 75 for a 30-day supply at Retail and Home Delivery
2. 35% up to a maximum of \$150 for a 90-day supply at Home Delivery

#### C. Non-Preferred Drug Co-Insurance:

1. 40% up to a maximum of \$125 for a 30-day supply at Retail and Home Delivery
2. 40% up to a maximum of \$250 for a 90-day supply at Home Delivery

#### ACTIVE MEMBERS ONLY

#### D. Specialty Drug Co-Insurance dispensed by Diplomat Specialty Pharmacy:

1. Specialty medications approved by FDA prior to 1/1/13: Coinsurance levels apply as indicated above
2. Specialty medications approved by FDA on/after 1/1/13:
  - a. Standard Coverage: 50% with no maximum
  - b. Premiere Coverage: Certain medications meeting clinical criteria will be covered at coinsurance levels indicated above when authorized by the Board of Trustees

*The family annual out-of-pocket maximum limit for prescription drugs is \$3,500.*

#### ⇒ Specialty Medication Prescription Drug Program

##### ACTIVE MEMBERS ONLY

**Diplomat Specialty Pharmacy** is required when your physician prescribes a high-cost specialty medication at any days-supply. Diplomat provides services for all specialty pharmacy needs required for long-term personalized medical care. "Specialty drugs" are very high-cost medications including prescriptions for treatment of patients in Specialty Programs including but not limited to: Oncology, Psoriasis, Crohn's Disease, Rheumatoid Arthritis, Hepatitis, Multiple Sclerosis, HIV/AIDS, Growth Hormone, Transplant, Fertility, and Hemophilia.

- **Short-Fill Program:** Diplomat is able to administer a "short fill" program that allows for certain medications that have a high incidence of adverse effects and/or discontinuation within the first few months of use. The "short fill" program issues only a 15-day fill at half the out of pocket of a 30-day fill. The "short fill" may be applied to a specialty medication for the first 6 fills. Once determined that the patient is able to safely tolerate the medication, the normal 30-day fill is allowed.
- **Details for Ordering Specialty Medications:** Your physician will be required to contact Diplomat Specialty Pharmacy to request a new specialty prescription. Diplomat will arrange for delivery and payment of the co-payments and call you 7 to 10 days prior to your prescription running out to arrange for your next delivery. In addition, ancillary supplies (syringes, needles, etc.) will be included at no extra charge. You or your physician may contact Diplomat by phone at 866-748-4768, by fax at 888-290-0007, or on Diplomat's website:

[www.diplomatpharmacy.com](http://www.diplomatpharmacy.com).

## Pharmacy Coverage

### Clinical Care Management Protocols

Four programs are in place to help manage your prescription benefits.

#### 1. Starter-Fill Program

When you are prescribed a new medication, a medication you have not taken for six (6) months or more, or a different dosage of a current medication, you must make sure the medication is right for you. Before obtaining a 90-day supply through Home Delivery, the Plan limits you a minimum 30-day supply to try it first. Once you know the new medication works for you and will be taken on an ongoing basis, you may order a 90-day supply through Home Delivery.

The purpose of the Starter-Fill Program is to make sure any new medications prescribed to you perform the way you and your doctor expect. Once you are sure the new medication is effective without untold side-effects, you may order a larger supply through the Home Delivery program. This program prevents large quantities of medications from being dispensed that are unable to be used.

#### 2. First Line Treatment Program

First line treatment programs require the “first line” or proven medications, often generic, to be tried prior to obtaining newer, less proven “second line” medications. All members taking the second line medications prior to January 1, 2014 may continue with their therapy and will not be required to meet the first line treatment requirements.

**a. Anti-arthritis:** A traditional Non-steroidal Anti-inflammatory Agent (NSAID), such as Ibuprofen, must be tried prior to receiving coverage for a COX-2 medication, such as celecoxib (Celebrex).

**b. Anti-arthritis Injectables:** The Plan requires a patient must try methotrexate or other disease-modifying anti-rheumatic drug (DMARD) before receiving coverage for Enbrel or Humira. The manufacturer recommended guidelines suggest a DMARD be attempted as first line treatment.

**c. Hypertension:** Research sponsored by the National Heart, Lung and Blood Institute studying treatment options for high blood pressure found the first line of treatment for high blood pressure should be a diuretic. If you need multiple drugs to control your high blood pressure, one of the medications should be a diuretic. Coverage for hypertension will be restricted to a diuretic as the first line of treatment unless other existing medical conditions or medications require other drug therapies.

#### 3. Supply and Dosage Limit Program

##### a. PPI Medications for Stomach (Gastric) Acid Treatment:

- i. Mandatory generic only coverage
- ii. All new PPI therapy is limited to eight (8) weeks of therapy unless the prescriber can provide clinical documentation of necessity for the following diagnoses:

◇ Severe GERD	◇ Barrett's Esophagitis
◇ Zollinger Ellison Syndrome	◇ GI Cancers
◇ Schatzki's Ring	◇ Chronic Erosive Esophagitis

##### b. Cholesterol (lipid) Lowering Drugs

Mandatory generic only coverage for all prescriptions.

*Exception:* If patient's history shows excessively high cholesterol levels, then Crestor 40 mg users will be allowed to continue therapy after 1/1/2014.

**c. Pain Medication (opiates) Limit:** Non-cancer patient pain medication is limited to 90 days.

##### i. Oxycontin is permitted under the following constraints:

- » Sixty (60)-day trial and failure of all of the following: morphine ER (extended release), methadone, fentanyl patches, oxymorphone ER
- » If approve Oxycontin, quantity limited to 90 per 30-days cumulative per strength
- » Only one (1) prescriber allowed, with one fill of three (3) days of therapy is permitted in 60 days for ER or urgent care needs.

##### ii. Short-acting opiates

- » **Oxycodone** limited to 180 mg daily
- » **Oxymorphone** limited to 120 mg daily
- » **Hydromorphone** limited to 24 mg daily

##### iii. Combination products (acetaminophen containing products)

- » Quantity not to exceed 4 g (accumulative) per day of acetaminophen

#### d. Suboxone (Treatment for Opioid Dependence)

- i. Coverage is limited to opioid dependence only
- ii. Physician must submit a treatment plan
- iii. Authorization limited to one (1) year

**e. Anti-fungal Lifetime Supply Limit:** Indications are that nail fungus treatment drugs prescribed such as Lamisil be limited to a life-time supply of 90 days. Medical literature indicates if the condition is not cured within the 90-day treatment period, it will not benefit the patient to continue taking these medications. Therefore, anti-fungal medications are limited to 90 days per lifetime. Prior authorization is required for coverage of quantities in excess of those guidelines.

**f. Anti-migraine Medication Dose Management:** Studies have shown anti-migraine medication in doses higher than manufacturer guidelines may actually cause the migraines they are intended to treat. Coverage is limited to the guidelines provided by the National Headache Foundation. Prior authorization is required for coverage of quantities in excess of the manufacturer's guidelines.

- i. **Amerge:** 1 mg and 2.5 mg - (9) tablets per 30 days regardless of strength.
- ii. **Axert:** 6.25 mg and 12.5 mg - (12) tablets per 30 days regardless of strength.
- iii. **Frova:** 2.5 mg - (12) tablets per 30 days.
- iv. **Imitrex:** 25 mg, 50 mg, and 100 mg - (9) tablets per 30 days regardless of strength.
- v. **Imitrex Nasal Spray:** (12) units or (2) packages per 30 days.
- vi. **Imitrex Injections:** (12) injections or (6) kits per 30 days.
- vii. **Maxalt:** 5 mg and 10 mg - (12) tablets per 30 days regardless of strength.
- viii. **Migranal Nasal Spray:** (8) units or (2) kits per 30 days.  
(Anti-migraine Medication Dose Management continued)
- ix. **Zomig:** 2.5 mg and 5 mg - (12) tablets per 30 days regardless of strength.
- x. **Replax:** 20 mg, 40 mg, and 80 mg - (9) tablets per 30 days regardless of strength.

*Continued on page 8*



### Active & Non-Medicare Pharmacy Coverage *Continued from page 7*

#### **g. Attention Deficit (CNS Stimulants)**

Requirements for new medications prescribed 1/1/2014 or after include:

- i. Mandatory generic only coverage
- ii. Limited coverage for new medications
- iii. Prior authorization required for patients older than 18 yrs
- iv. Only one (1) CNS stimulant prescription for covered for patient at a time

#### **h. Antidepressants**

New medications prescribed 1/1/2014 or after:

- i. Mandatory generic only coverage
- ii. Limited coverage for new medications
- iii. Prior Authorization required

#### **i. Antipsychotics**

New medications prescribed 1/1/2014 or after:

- i. Mandatory generic only coverage
- ii. Limited coverage for new medications
- iii. Prior Authorization required for children less than five (5) yrs

For **Seroquel XR**, the patient must use the maximum dose of generic Seroquel before psychiatrist may prescribe.

#### **j. Insomnia Medication Dose Management:** Certain insomnia medications (Ambien, Sonata) are used to treat acute insomnia, but are not indicated for long-term maintenance or chronic therapy. Therefore, as recommended by the manufacturer, the following quantity limits will apply:

- i. **Ambien and Sonata:** Limited to a quantity of 14 regardless of dosage per 30-day supply. Each claim is limited to a 30 day supply.
- ii. **Lunesta and Rozerem:** Limited to a quantity of 30 tablets per 30-day supply. Each claim will be limited to a 30-day supply.

*All coverage for additional insomnia medications must receive prior authorization and are subject to the Plan's refill utilization parameters.*

#### **4. Preferred Drug Step-Therapy**

**a. SSRI (Selective Serotonin Reuptake Inhibitor):** Patients requiring a prescription for depression and/or anxiety will be required to try the generic drug citalopram first. If it fails to treat the condition properly, then the brand name drug Lexapro will be available.

**b. Osteoporosis Treatment:** Patients requiring a prescription for osteoporosis treatment will be required to try Boniva or alendronate first. If those drugs fail to treat the condition properly, then other drugs are available.

**c. Intranasal Steroids:** Patients requiring a prescription for nasal steroids will be required to try the brand name Nasonex or the generic fluticasone first. If these drugs fail to treat the condition properly, other drugs are available.

**d. ARB (Angiotensin Receptor Blockers):** A patient requiring a prescription for treating or preventing: high blood pressure, various heart and kidney conditions, or stroke will be required to try the standard drugs Diovan/HCT and Micardis/HCT or the generic drug Cozaar/Hyzaar first. If these drugs fail to treat the condition properly, other drugs are available.



**All Active & Non-Medicare Members who are receiving prescriptions that are affected by any of the clinical programs listed on pages 6 - 8 will be contacted in December 2013 to supply you with more personal information to assist your transition to the St. Louis Plan.**

#### **Covered Drugs for Retail and Home Delivery**

Covered drugs include the following:

- ⇒ Drugs requiring a prescription under applicable federal and state law;
- ⇒ Compound medications when at least one ingredient requires a legal prescription;
- ⇒ Injectable insulin;
- ⇒ Insulin syringes and test strips are processed as generic with 20% co-insurance;
- ⇒ Oral contraceptives prescribed; and
- ⇒ Prenatal vitamins prescribed.

Please keep in mind that dispensing limits may apply to your prescription, and prior authorization is required for certain medications. To learn whether your prescription requires prior authorization and/or to request prior authorization, you may contact either the retail PBM at the telephone number shown on your ID card or the Carpenter's Benefit Plans Office.

#### **Excluded Drugs for Retail and Home Delivery**

The Plan does not provide any benefits under the Retail or Home Delivery prescription programs for the following:

- ⇒ Non-Sedating Antihistamines (NSAs)
- ⇒ Medications available over the counter (except for required preventive medications – see list)
- ⇒ Therapeutic devices or appliances, support garments and other non-medical substances
- ⇒ Drugs intended for use in a physician's office
- ⇒ Immunization agents, biological serum, vaccines, biologicals covered under the Medical plan
- ⇒ Implantable time-released medication (i.e., Norplant) unless prior authorized
- ⇒ Experimental or investigative drugs, including compounded medications for non-FDA approved use (see definition of "experimental or investigative" in the SPD, Appendix D)
- ⇒ Drugs you are eligible to receive without charge under any workers' compensation law, or any municipal, state or federal program
- ⇒ Rogaine, Renova or Propecia or any other medication for the treatment of hair loss
- ⇒ Zyban and other smoking cessation agents, including gum, patches and nasal spray including Nicorette, Habitrol, Nicoderm, Nicotrol, ProStep, etc., unless provided through the Carpenters' smoking cessation program (Trestle Tree)
- ⇒ Weight loss medications
- ⇒ Tri-Vi-Flor and other pediatric vitamins containing fluoride (except for children older than 6 months of age through 5 years old)
- ⇒ Any dental products, including fluoride preparations and rinses such as Luride and Phos-Flur (except for children older than 6 months of age through 5 years old)
- ⇒ Drugs used to enhance or improve fertility
- ⇒ Growth hormones, unless prior authorization is obtained
- ⇒ Anabolic steroids, including Anadrol, Oxandrin, and Winstrol
- ⇒ Any drugs that are not listed as covered

## Protecting Your Health Benefits as Active Members

### Kansas City Transition Period Eligibility

#### Active Coverage

Effective May 1, 2013 and throughout the transition period ending April 30, 2014, Active members receive the better of the St. Louis and Kansas City Plan eligibility rules. What this means for transitioning Kansas City members is that eligibility will first be evaluated under the St. Louis Plan rules beginning May 1, 2013. If a member is not eligible by St. Louis eligibility rules, Kansas City eligibility rules will be applied. In every instance of extending

coverage, the member will receive the better of the two plan rules to ensure members and their families will receive coverage for the longest period.

Effective May 1, 2014 St. Louis Plan eligibility rules apply to all members.

The St. Louis Plan currently covers Common Law Spouses for Kansas residents using the same guidelines administered by the Kansas City Plan.

## Protecting Your Safety: Training

### Carpenters' District Council Safety Training Requirement

Members of the Kansas City locals were required to have an OSHA 10 completed and on file with the Carpenters' District Council by May 1, 2013. Copies of OSHA 10 or 30 cards may be submitted to the Safety Training Department in the Benefit Plans Office by email at [training@carpdc.org](mailto:training@carpdc.org), by fax at (314) 644-7227 or by mail at 1419 Hampton Ave, St Louis, MO 63139.

You may view your certifications online at [www.carpdc.org](http://www.carpdc.org) by selecting the **Skill Advancement** drop down option and choosing **Certifications**. Members must have a current carpdc account and log in to the website to view this information. Contact the Safety Training Department at (314) 644-4802, ext. 1044 with any questions.



## Protecting Your Safety: Drug and Alcohol Testing

### Carpenters' District Council Drug Testing Requirement

Members of the Carpenters' District Council of Greater St. Louis and Vicinity (CDC) believe it is in the best interest of our contractors and construction consumers to adopt a uniform Drug and Alcohol Testing program. The program applies to all employees of contractors signatory to collective bargaining agreements of the CDC. Union Members and its member contractors have a vital interest in maintaining safe, healthful and efficient working conditions for its employees.



The objective of CDC's Drug and Alcohol Testing Program is to improve safety, productivity and morale on all construction sites and to eliminate duplicate and redundant testing for its Members.

Members are currently subject to random, renewal and Reasonable Suspicion drug and alcohol testing.

Currently, PCS Drug Testing is the drug testing company utilized by the CDC. Please refer to the carpdc website for their hours and locations at [www.carpdc.org/BenefitServices/DrugTesting](http://www.carpdc.org/BenefitServices/DrugTesting).

## Protecting Your Health Benefits in Retirement

### St. Louis Medicare Supplement Coverage

Kansas City Self-Pay Retirees who are eligible for Medicare will be moved into the St. Louis Carpenters' Medicare Supplement Plan. As a participant in the Carpenters' Medicare Supplement Plan, a member must enroll in both Medicare Parts A and B coverage. The Carpenters' Benefit Plans Office must have a copy of the participant's Medicare card on file; however if documentation was previously provided to the Kansas City Plan, it is not necessary to provide this information again.

#### Medicare Parts A and B

Medicare Part A is provided at no cost. However, Part B requires that a premium be paid to Medicare. Please check with the Social Security Office for more information. Remember, in order to participate in the Carpenters' Medicare Supplement Plan, you must be enrolled in both Medicare Parts A and B. Members who do not enroll in Medicare Parts A and B will not be covered under the Carpenters' Medicare Supplement Plan.

#### Carpenters' Medicare Supplement Plan

Carpenters' Medicare Supplement Plan coordinates benefits with Medicare. Medicare is primary, meaning they are your first source for medical benefits. When Medicare is primary, the Plan provides supplemental or secondary coverage. The Plan also participates in

the Medicare Crossover Program. This means that after Medicare processes your claims, they will submit these claims along with the Medicare explanation of benefits to the Plan for processing. Therefore, you do not need to submit paper claims to the Plan. (*See Medicare Supplement Schedule of Benefits on Page 5.*)

#### Medicare Part D Prescription Coverage: Express Scripts' Employer Group Waiver Plan (EGWP)

The St. Louis Plan provides Medicare Part D prescription drug coverage through a Medicare approved "Employer Group Waiver Plan," commonly referred to as an "EGWP" (pronounced 'E-gwip'). This Part D prescription program is administered by Express Scripts and provides comprehensive prescription drug coverage. Combining the Express Scripts EGWP with the Medicare Supplement Plan, Medicare members receive comprehensive coverage for both pharmacy and medical needs.

As part of the transition to the St. Louis Plan, you will be enrolled in Express Scripts' EGWP when transferred from the Kansas City Plan or when your Medicare coverage is approved by the Centers of Medicare and Medicaid Services (CMS). Coverage will continue to be provided unless you decide to enroll in another Medicare Part D plan. *More Medicare Supplement information is found on Page 10.*

## Protecting Your Health Benefits in Retirement

### 7-Year Transition Period for Kansas City Retirees *Effective January 1, 2014*

When comparing self-pay rates, the Medicare Supplement rates for both the St. Louis Plan and Kansas City Plan are almost identical. However, Early Retiree Rates in the Kansas City Plan are heavily subsidized because members are not allowed to work after retirement. In this situation, “heavily subsidized” means that the Kansas City Plan’s Board of Trustees reduced the rates much lower than the actual cost to the Plan. For this reason, the Early Retiree Rates in the Kansas City Plan are currently much lower than the rates across the country and in the St. Louis Plan. St. Louis Plan

Early Retirees are allowed to work, so their subsidy for the actual cost of coverage is less. A very general estimate is that Kansas City Early Retiree rates are approximately 50% of Early Retiree rates in the St. Louis Plan. To compensate for this dramatic difference, the Boards of Trustees for both Plans approved the 7-year Transition Period included below. Effective January 1, 2014, Kansas City Retirees will begin a 7-year transition period in which their current Self-Pay rates will gradually increase to meet the rates of the St. Louis Retiree Self-Pay Rates.

Retiree Group	2014	2015	2016	2017	2018	2019	2020
Current KC Plan B Retirees	10%	25%	40%	55%	70%	85%	100%
Current and New KC Retirees <sup>1</sup> meeting KC Rules*	10%	25%	40%	55%	70%	85%	100%
New KC Retirees <sup>2</sup> meeting STL Rules*	STL	STL	STL	STL	STL	STL	STL

<sup>1</sup>KC: Ten Years of Pension Service, covered for the past 60 months, immediately retire

<sup>2</sup>STL: Eligible for Pension, returning to Carpenters within 5 years, had coverage in Group Health Plan within past 63 days of coverage

\*If members meet both requirements, the less costly option may be selected.

Here is how this Table works.

- **2014:** Kansas City Plan rates will increase 10% of the difference in the two sets of rates. For example, if the St. Louis rate is \$1,000 per month and the Kansas City rate is \$500, the increases to Kansas City would be \$50.
- **2015-2020:** The rates will go up as described for 2014 by the percentage listed in the above Table.  
Kansas City rates for January 2020 coverage will equal the St. Louis Retiree Self-Pay rates.

### Medicare Supplement Members

Watch your mail!!

2014 Self-Pay Retiree Rates will be mailed to you from our office in a separate notification in November.

Also, you will be receiving information from Express Scripts regarding your St. Louis Medicare Rx Supplement Coverage with us prior to January 1<sup>st</sup>.

### Attention All Members

#### New Medical ID and Prescription ID Cards are on their way in December\*

You will receive one **Medical ID card** per covered family member from **Coventry Health Care of Kansas City, Inc.** These ID cards list important telephone numbers and addresses instructing providers where to file your claims. Please present the corresponding ID cards to all providers of service.

**Prescription ID cards** will be sent to you from **Express Scripts** for use at any Express Scripts retail pharmacy. If you take maintenance medication, mail-order service is also available through Express Scripts. Please contact the Carpenters’ Member Service Department for a Express Scripts Home Delivery form or you may also visit our website at [www.carpdc.org/BenefitServices](http://www.carpdc.org/BenefitServices) or the Express Scripts website at [www.express-scripts.com](http://www.express-scripts.com).

Your ID cards will come directly from **Coventry Health Care** and **Express Scripts** in separate notifications mid-December.

\*Please contact our office for a temporary ID card if you have not received your card and you are seeking medical attention after 1/1/2014.

⇒ These cards do not guarantee eligibility into the Plan ⇐



## Protecting Your Benefits

### Carpenters' Benefit Plans Office

#### St. Louis Benefit Office Location and Staff

The Carpenters' Benefit Plans Office is physically located next door to the Carpenters' District Council of Greater St. Louis & Vicinity main office. The Benefit Plans Office is divided by areas of service:

- Member Services
- Employer Services
- Operational Services
- Claims

Hours of Operation are Monday – Friday, 7a – 5p.



#### Want to contact us?

There are many ways to get in touch with our office.

Phone: (314) 644-4802  
Toll-Free: (877) 232-3863  
Email: [benefits@carpdc.org](mailto:benefits@carpdc.org)  
Website: [www.carpdc.org/BenefitServices](http://www.carpdc.org/BenefitServices)  
Member Services: ext 1000  
Employer Services: ext 1030  
Drug Testing: ext 1042  
Safety Training: ext 1044, or by  
Safety Training email: [training@carpdc.org](mailto:training@carpdc.org)

Carpenters' Benefit Plans  
St. Louis Office  
1419 Hampton Ave  
St. Louis, MO 63139

Mail KC Retiree Self-Payments to:  
Wilson McShane  
3100 Broadway Ste 805  
Kansas City, MO 64111

### Our Providers



#### Coventry Health Care of Missouri/

**Coventry Health Care of Kansas City** is our primary medical network, referred to as the PPO ASO Network. To find out if your doctor is in the network or search for a new Coventry PPO ASO provider, please visit [www.chcmisouri.coventryhealthcare.com](http://www.chcmisouri.coventryhealthcare.com) and select the PPO ASO network.



**Express Scripts** (formerly Medco) is the prescription drug network for both retail and mail order pharmacy. To compare medication costs or to find a participating Express Scripts pharmacy in your area, contact Express Scripts at (800) 939-2134 or online at [www.express-scripts.com](http://www.express-scripts.com).



**Diplomat Specialty Pharmacy** is the specialty pharmacy vendor. Diplomat provides members requiring specialty medication and personalized service the best care by providing "high quality, individualized care, keeping patients healthier longer." For more information, members are required to contact Carpenters' Member Services.



**Mercy Managed Behavioral Health** is a Member Assistance Program (MAP) and Managed Mental Health and Substance Abuse Network of Providers providing counseling support, guidance and encouragement to eligible members. All mental health and substance abuse services must be authorized through Mercy Health by calling (800) 413-8008 or online at [www.mercyeap.com](http://www.mercyeap.com).



**Delta Dental** has partnered with the Carpenters' Plan to offer eligible members enhanced benefits at the least out-of-pocket cost. To locate a PPO dentist in the network, please visit their website at [www.deltadentalmo.com/carpdc](http://www.deltadentalmo.com/carpdc).



Vision Service Plan, or **VSP**, provides the Carpenters' Plan members with an affordable eye care plan. Go to [www.vsp.com](http://www.vsp.com) or call them at (800) 877-7195 to find a VSP doctor near you.



The Carpenters' Plan has partnered with **Signature Medical Group** as the preferred orthopedic provider for members currently living with joint or back pain. To locate a Signature Orthopedic provider in your area, visit [www.signaturehealth.net/FindADoctor.aspx](http://www.signaturehealth.net/FindADoctor.aspx). For more information or to take advantage of Signature's same day appointment pledge, contact Gerrie Hermann at (314) 973-4585.

### Smart Phone Apps

#### Mobile App Download Instructions:

**Coventry Health Care of Missouri/Coventry Health Care of Kansas**

(1) search "Coventry" in the app store or (2) enter [m.cvty.com](http://m.cvty.com) in your mobile web browser.

**Express Scripts (formerly Medco)**

Search "Express Scripts" in the app store on your mobile phone, tablet or touch device.

