

the builder

benefit news

Fall 2013

PROTECTING
WHAT YOU BUILD



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- Medical Schedule of Benefits
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- Pharmacy Benefits
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2014 Plan Redesign Introducing Carpenters' Platinum 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?

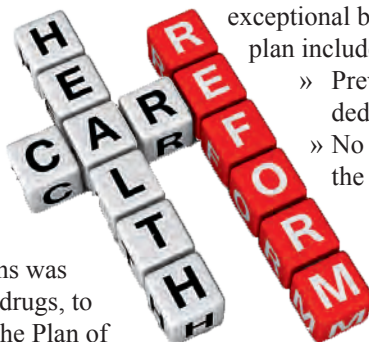
Not everything in the Medical Plan has changed!

- » 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.



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

Schedule of Medical Benefits – Effective January 1, 2014



BENEFIT	Coventry PPO/ASO & Coventry National Network Providers	Out-of-Network Providers
Annual Deductible	\$200 Individual/\$600 Family	\$600 Individual/\$1,800 Family
Annual Out-Of-Pocket Maximum	\$2,000 Individual/\$6,000 Family	Unlimited
Coinsurance	90%	50%
PREVENTIVE CARE		
Routine Preventive Care	100%	Deductible/50%
Routine Mammogram	100%	Deductible/50%
Routine Colonoscopy	100%	Deductible/50%
OFFICE VISITS - NON ROUTINE		
Primary Care Physician Office Visit	\$25 per visit	Deductible/50%
Specialist Office Visit	\$50 per visit	Deductible/50%
OUTPATIENT SERVICES^{1,3}		
Outpatient Surgery ¹	Deductible/90%	Deductible/50%
Lab, Radiology, Anesthesia, Pathology and other Ancillary Services	Deductible/90%	Deductible/50%
CT, PET, MRI Scans, Nuclear Scans and Other Diagnostic Services ¹	Deductible/90%	Deductible/50%
Physical, Speech and Occupational Therapy Services ³	Deductible/90%	Deductible/50%
Durable Medical Equipment, Orthotics and Prosthetics ¹	Deductible/90%	Deductible/50%
Home Health Services/ Hospice ¹	Deductible/90%	Deductible/50%
Mental Health Substance Abuse Partial, Intensive Outpatient and Electroshock Treatment ¹	Deductible/90%	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
INPATIENT SERVICES¹		
Inpatient Hospital Services ¹	Deductible/90%	Deductible/50%
Convalescent Skilled Nursing Facility ¹ (Aggregate 100-day maximum cross accumulates among all benefit levels)	Deductible/90%	Deductible/50%
Mental Health Substance Abuse Residential Care ¹	Deductible/90%	Deductible/50%
Observation Room ¹	Deductible/90%	Deductible/50%
Physician Hospital Visits and Specialist Care/Consultations	Deductible/90%	Deductible/50%
Inpatient Ancillary Services (Radiology, Anesthesiology, Pathology)	Deductible/90%	Deductible/50%
EMERGENCY AND URGENT CARE^{1,2}		
Hospital Emergency Room ²	\$250 copay	\$250 copay
Urgent Care Facility	\$75 copay	Deductible/50%
Ground Ambulance Service	\$150 copay	\$150 copay
Air Ambulance Service ¹	\$1,000 copay	\$1,000 copay

¹May require pre-certification through the Medical Care Management Company.

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

³Limited to combination of 60 visits annually.

Active and Non-Medicare Member Prescription Benefits and coverage are detailed on pages 4 - 6 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 ¹	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 ²	YOU PAY	
Retail Pharmacy (30 day supply) Brand Name Medication Generic Medication	35% 20%	Maximum \$75 Maximum \$50
Retail Pharmacy (90 day supply) Brand Name Medication Generic Medication	35% 20%	Maximum \$175 Maximum \$115
Home Delivery (Mail Order) Pharmacy (90 day supply) Brand Name Medication Generic Medication	35% 20%	Maximum \$150 Maximum \$100

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

Specialty Medications approved after 1/1/2013 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.

¹Chiropractic 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 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. 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.

Prescription Drug Co-Insurance

A. Generic Drug Co-Insurance:

1. 10% up to a maximum of \$50 for a 30-day supply at Retail and Home Delivery
2. 10% 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.

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	◇ Barret'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.
- 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 6

Active & Non-Medicare Pharmacy Coverage *Continued from page 5*

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.



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 10% 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 Carpenters' 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 Benefits

Carpenters' Benefit Plans Office

Want to contact us?

St. Louis Benefit Office Location and Staff

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

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

Phone:	(314) 644-4802
Toll-Free:	(877) 232-3863
Email:	benefits@carpdc.org
Website:	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

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

For questions regarding any of the Plan changes or ACA requirements included in this newsletter, please contact Carpenters' Member Services. Our Member Service Representatives will be happy to assist you.

All Benefits Office contact information is included here for your convenience.



Medicare Supplement Members Only

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

All Members: New Medical ID Cards are on their way in December*

You will receive one **Medical ID card** per covered family member from **Coventry Health Care, 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.

Your ID cards will come directly from **Coventry Health Care** in a separate notification 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 ⇐