



# FOX VALLEY & VICINITY LABORERS

## HEALTH AND WELFARE AND PENSION FUNDS

DATE: December 1, 2017

TO: Eligible Participants, Retirees, and Beneficiaries

FROM: Board of Trustees

SUBJECT: Fox Valley Laborers Health and Welfare Plan  
Summary of Material Modifications

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This letter is a Summary of Material Modifications to the Plan. Please read this letter carefully and keep it with your copy of the Summary Plan Description booklet. The letter contains information on changes of existing plan provisions and new programs provided by your Health and Welfare Plan.

### Eligibility Changes:

- Effective July 27, 2017 coverage for dependents shall terminate upon the date the earliest of the following occurs:
  - the Eligible Participant loses eligibility;
  - the Plan terminates;
  - the individual ceases to be a Dependent, provided however, coverage will continue until the last day of the month in which the Qualifying Event occurred;
  - the individual is divorced from the Eligible Participant, provided however, coverage will continue until the last day of the month in which the Qualifying Event occurred;
  - the individual enters military service; provided, however, coverage will continue until the last day of the month in which the Qualifying Event occurred;
  - the Eligible Participant dies, provided however, coverage will continue for any Dependent until the last day of the Benefit Quarter in which the Eligible Participant's coverage would have terminated or the last day of the month in which the ninetieth (90<sup>th</sup>) day following the date of the Eligible Participant's death occurs, whichever is later.

### Benefit Design Changes:

- Effective July 27, 2017 the exclusion of expenses for injuries incurred while under the influence of an illegal substance was changed to exclude expenses for injuries sustained by the Eligible Participant or Dependent caused by the use of or as a result of the influence of an illegal substance as established by the Fund through a review of medical evidence.
- Effective October 18, 2017 the Plan will cover charges for Mental Disorder Treatment provided by a clinical psychologist, licensed clinical professional counselor, or a licensed social worker without needing the care to be prescribed by and under the ongoing supervision of a licensed psychiatrist or Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.).

Refer to your Summary Plan Description booklet for a complete description of benefits payable for Mental Disorder Treatment.

### Prescription Drug Benefit Changes:

- Effective April 27, 2017 the prescription drug Spinraza™ (nusinersen) will not be covered by CVS/Caremark. Charges for the prescription drug Spinraza™ will be covered as a medical benefit; however, prior authorization by the Fund Office is required.
- Effective July 27, 2017 the prescription drug Brineura™ (cerliponase alfa) will not be covered by CVS/Caremark. Charges for the prescription drug Brineura™ will be covered as a medical benefit; however, prior authorization by the Fund Office is required.
- Effective February 1, 2018 CVS/Caremark is implementing an opioid management program based on morphine milligram equivalents – or MMEs – a measure of the number of equivalent milligrams of morphine a drug contains. This program will:

**Limit Days' Supply:** The length of the first fill (when appropriate) will be limited to seven days for immediate release, new, acute prescriptions for members who do not have a history of prior opioid use, based on their prescription claims. A physician can submit a prior authorization (PA) request if it is important to exceed the seven-day limit.

**Limit Quantity of Opioids:** The quantity of opioid products prescribed (including those that are combined with acetaminophen, ibuprofen or aspirin) will be limited up to 90 MME per day (based on a 30-day supply). Prescribers who believe their patient should

exceed CDC Guideline recommendations can submit a PA request for up to 200 MME per day unless minimum FDA-labeled strength/dose/frequency exceeds 200 MME per day. Quantities higher than that would require an appeal. Opioid products containing acetaminophen, aspirin, or ibuprofen will be limited to 4 grams of acetaminophen or aspirin, and 3.2 grams of ibuprofen per day.

**Require Step Therapy:** Use of an immediate-release (IR) formulation will be required before moving to an extended-release (ER) formulation, unless the member has a previous claim for an IR or ER product, or the prescriber submits a PA.

- CVS/Caremark is making changes to the way they communicate with members. CVS/Caremark now offers members the option to receive full prescription information through email, with text messages offered in the future. Members will have the ability to authorize CVS/Caremark to provide full prescription information by unencrypted email or text.

The new program will comply with the HHS Office of Civil Rights (“OCR”) guidance that grants individuals the right to receive their protected health information (“PHI”) in the manner they request.

- CVS/Caremark continually reviews medicines and products for the Plan. This helps the Plan make sure the medicines that work well and are cost effective become part of the drug benefit plan. As part of this effort, there are changes that could affect your current medicine choices in 2018.

Enclosed is a list of the 2018 Standard Control Formulary Removals and Updates; and, the January 2018 Performance Drug List – Standard Control. The Plan does not cover drugs that are not on the contract pharmacy network formulary list.

If you are currently taking any of the drugs listed, you will be contacted by CVS/Caremark with available drug options that are covered by the Plan. If you choose to continue to use a drug that is not on the network formulary list, you will pay the full price for the drug. If your physician believes there are special circumstances with regard to the drug being removed, your physician can contact CVS/Caremark.

The Plan does not cover Levitra, Cialis, Viagra, or similar drugs.

- CVS/Caremark offers digital tools to help you manage your prescription drug benefits. Enclosed with this notice is a flier which explains the digital features available through CVS/Caremark’s mobile app.

Hearing Discount: The EyeMed Vision Care Network has added a hearing care discount. As explained in the enclosed flier, EyeMed has teamed up with Amplifon to add affordable hearing care to the EyeMed vision benefits package. The EyeMed discount program does not change the hearing expense benefits currently provided by the Plan.

The Plan covers up to a maximum of \$3,000 per ear every two consecutive calendar years. A detailed explanation of the hearing expense benefits can be found in your Summary Plan Description booklet.

Confused About Where to Go for Care? Smart health care choices may save you money. Sometimes it's easy to know when you should go to the emergency room, but other times when you are just not feeling well the emergency room can be an expensive option.

Enclosed is a chart which may help you to figure out when to use each of the types of care. Usually you pay less for care if you use in-network providers for your family's health care.

Statement of Grandfathered Plan Status: The Fox Valley Laborers Health and Welfare Fund believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (PPACA). As permitted by PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of PPACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in PPACA, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at 1-847-742-0900. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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If you have any questions reading these changes, please contact the Fund Office.

*SUMMARY OF MATERIAL MODIFICATIONS – December 2017 – EIN: 36-6219639 – PLAN NO. 501. This announcement contains highlights of certain features of the Fox Valley Laborers Health and Welfare Plan. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the language contained in this announcement and the documents that establish the Plan, the document language will govern and control. The Trustees reserve the right to amend, modify or terminate the Plan at any time. Receipt of this announcement does not guarantee eligibility.*

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-877-696-6775.

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-696-6775.

**注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-877-696-6775。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-696-6775.

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-696-6775 번으로 전화해 주십시오.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-696-6775.

**В Н И М А Н И Е:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-696-6775.

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-696-6775.

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-696-6775.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-696-6775.

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-696-6775.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-696-6775.

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-696-6775.

**注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。1-877-696-6775 まで、お電話にてご連絡ください。

لك تتوافر اللغوية المساعدة خدمات فإن، اللغة اذكر تتحدث كنت إذ: ملحوظة  
8776966775: واليكسم الصم هاتف. رقم) 8776966775 برقم اتصل. بالمجان