# THE CHICAGO LABORERS' WELFARE PLAN

**Notice of Change to Prescription Drug Benefits**

February 2020

Dear Active Participant,

The Board of Trustees of the Chicago Laborers' Welfare Fund (the "Plan") is committed to keeping you informed of applicable changes to the Active Plan.

## 90-Day Prescriptions Available at Retail Pharmacies or by Mail Order

We are pleased to announce that, effective February 1, 2020, we are making an improvement to your prescription drug benefits. Starting February 1, you can fill your 90-day prescriptions for maintenance medications, those used to treat chronic illnesses such as arthritis, diabetes, emotional distress, heart disorders, high blood pressure and ulcers, at CVS/Caremark (CVS) retail pharmacies or through the CVS mail order program for a lower copay than at other retail pharmacies.

**You can continue to fill your prescriptions at any pharmacy you like, but it will cost you and the Fund less when you fill your 90-day prescriptions at CVS retail pharmacies or through the CVS mail order program.**

The table below shows the Plan's prescription drug benefits. The highlighted middle section shows the new option for filling your 90-day supply of maintenance medications at a CVS retail pharmacy or through the CVS mail order program. See your Summary Plan Description (SPD) for a full description of your prescription drug benefits.

| **Prescription Drug Benefits (CVS)** | | | |
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| | **Benefit Amount/Special Limits** | | |
| **Basic Prescription Drug Benefit** | $5,000 per covered person per calendar year (100% covered for eligible expenses) | | |
| **Copays** | **Retail Copays for 30-day supply** | **CVS Retail or CVS Mail Order Copays for 90-day supply** | **Non-CVS Retail Copays for 90-day supply** |
| **Generic Drug** | $ 5.00 | $ 10.00 | $ 12.50 |
| **Preferred Brand Name Drug** | $ 10.00 | $ 20.00 | $ 25.00 |
| **Non-Preferred Brand Name Drug** | $ 25.00 | $ 50.00 | $ 62.50 |
| **Coinsurance*** | After the Plan pays the first $5,000 of prescription drug expenses, you have to pay 20% of the cost of the medication for the remainder of the calendar year. The Plan pays the remaining 80% of eligible expenses. | | |

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| **Coinsurance (Specialty Medications)** | Each covered person in your family pays 20% of the cost of any specialty medications, up to a maximum of $1,000 per person each calendar year. Once an individual has paid $1,000 out of pocket, the Plan covers 100% of the cost of specialty medications for the remainder of the year for that person. |

** If you do not go to a participating pharmacy or you do not show your ID card when you pick up your prescription, you will pay 100% of the cost for your prescription medication and then must request reimbursement by filing a paper claim with CVS.*

## How Your Prescription Drug Benefits Work

As a reminder, here's how your prescription drug benefit works.

- Your **Basic Prescription Drug Benefit** covers 100% of the first $5,000 of prescription drug expenses.

- If you use a **network pharmacy** or the mail order program, you pay a copay as shown in the table (above). You are then able to submit a claim to the Fund Office to have your entire copay reimbursed to you until the initial Basic Prescription Drug Benefit of $5,000 at 100% is exhausted. Once the Plan has paid $5,000 toward your prescriptions, you are required to pay 20% of the cost of your medication at the time of purchase at a network pharmacy. This amount is **not** eligible for reimbursement back to you.

- If you use a **non-network pharmacy** or if you do not show your medical/prescription drug identification (ID) card at the pharmacy counter, you pay 100% of the cost of your medication at the time of purchase. The Plan will reimburse **only 50%** of this cost to you. The cost of prescription drugs filled at non-network pharmacies will not count toward your Basic Prescription Drug Benefit. To receive a reimbursement for any amounts you pay out of pocket for non-network pharmacy expenses, you must submit your pharmacy receipt with a CVS claim form to CVS at P.O. Box 52136, Phoenix, AZ 85072. To get more information on how to submit a paper claim and request a CVS claim form, contact CVS at (800) 552-8159.

To receive a reimbursement for any amounts you pay out of pocket, you must submit your **pharmacy receipt**. **A cash register receipt is not sufficient.** The Fund requires a pharmacy receipt that indicates the pharmacy, drug name, national drug code, and total charges for your prescription. Your receipt will also indicate if you filled your prescription at a network pharmacy. Remember that you must submit your pharmacy receipt to the Fund Office for any copay amounts you pay for network pharmacy expenses and to CVS for any amounts you pay out of pocket for non-network pharmacy expenses.

## How to Transfer Your Maintenance Prescriptions to CVS

While you can continue to fill your prescriptions at any pharmacy you like, it will cost you and the Fund less when you use CVS for a 90-day supply.

If you are currently filling a prescription for a maintenance medication and you are not using CVS, it's easy to transfer your prescription to CVS. Just call or go to your local CVS retail pharmacy, or call CVS mail order program at (800) 552-8159 or visit the CVS website (www.caremark.com). Talk to the pharmacist, give them the name of your medication and your doctor's name and phone number, and the pharmacist will do the rest.

If you are currently taking maintenance medication(s), and do not currently fill them at CVS, you should receive a letter from CVS after February 1, with information about how to transfer your prescription.

## Need More Information?

If you have questions about filling your prescriptions at CVS retail pharmacies, using the mail order program or transferring your prescriptions to CVS, contact CVS at (800) 552-8159 or visit the CVS website (www.caremark.com).

When you contact CVS, remember to have your ID card available and that our Group Number is RX6597.

If you have questions about your benefits in general, please contact the Fund Office at (708) 562-0200 or (866) 906-0200.

## Final Note

Please share this Summary of Material Modifications (SMM) with your family members who are eligible for coverage and store it with your SPD booklet and other benefits information for easy reference. If you have any questions regarding the changes mentioned in this SMM or your other Welfare Plan benefits, please contact the Fund Office at (708) 562-0200 or (866) 906-0200.

Sincerely,

Board of Trustees

**Statement of the Plan's Grandfathered Status.** The Board of Trustees of the Chicago Laborers' Welfare Fund believes this Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act), which means that the Welfare Plan existed when the health care reform law was signed on March 23, 2010. As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Welfare Plan may not include certain consumer protections of the Affordable Care Act 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 the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and 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 Fund Office at (708) 562-0200 or 866-906-0200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or **http://www.dol.gov/ebsa/healthreform/**. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

*The information contained in this Notice only highlights certain features of the Chicago Laborers' Welfare Plan (the "Plan") and is intended to be a Summary of Material Modifications. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the language in this Notice and the documents that establish the Plan, the document language will govern. The Board of Trustees of the Welfare Fund ("Trustees") reserves the right and has the authority to amend, modify, or eliminate benefits at any time, or terminate the Plan when financial conditions dictate. Receipt of this Notice does not confer or guarantee eligibility for benefits. In addition, the Trustees, or such other persons as delegated by the Trustees, have the discretion to interpret and construe the Plan's provisions.*

SUMMARY OF MATERIAL MODIFICATIONS

EIN: 36-2151212 PLAN: 501

FEBRUARY 2020

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