

# CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL RETIREE HEALTH & WELFARE PLAN

## **Important Notice of Changes to Plan Benefits under Retiree Plans 1, 2, 3, and 4**

April 2024

Dear Retiree:

The Board of Trustees of the Chicago & Vicinity Laborers' District Council Retiree Health & Welfare Plan (the "Retiree Plan") is pleased to announce the following enhancements and updates to the benefits under Retiree Plans 1, 2, 3, and 4.

### **Prior Authorization Required for GLP-1 Diabetes Medications for Retiree Plans 1, 2, 3, and 4**

Effective October 1, 2023, prior authorization is required for a certain class of drugs used to treat diabetes known as glucagon-like peptide-1 (GLP-1). Commonly prescribed GLP-1 drugs include, but are not limited to, Ozempic.

If you have been prescribed a GLP-1 drug and the Plan's Pharmacy Benefits Manager, CVS, can confirm your diagnosis for type 2 diabetes, you do not need to take additional steps for prior authorization at this time. To confirm your diagnosis, CVS will review your prescription drug history to see if you have had a prescription filled for a different antidiabetic drug or a diabetic supply (e.g., test strips) in the prior 730 days. A prior prescription for a GLP-1 in your prescription drug history will not be considered confirmation of a type-2 diabetes diagnosis and you will need to have other indicators of type 2 diabetes or will have to obtain prior authorization.

If CVS cannot confirm a diagnosis of type 2 diabetes, you or your Physician must obtain approval before the Plan will cover the GLP-1 drug. If prior authorization is required, you or your Physician will need to submit documentation to confirm diagnosis. Such documentation that may be required includes:

- A history of an A1C greater than or equal to 6.5%.
- A history of a 2-hour plasma glucose greater than or equal to 200 mg/dL during oral glucose tolerance test.
- A history of symptoms of hyperglycemia (e.g., polyuria, polydipsia, polyphagia) or hyperglycemic crisis and a random plasma glucose greater than or equal to 200 mg/dL.
- A history of a fasting plasma glucose greater than or equal to 126 mg/dL.

If you fail to obtain prior authorization of the GLP-1 drug when required, the Plan will not cover the drug.

Impacted Participants and their prescribing Physician will receive a notification from CVS regarding the prior authorization process and what is required to obtain approval.

Note that the Plan does not cover medications to promote weight loss or to suppress appetite, including GLP-1 drugs when used for those purposes.

## Questions?

If you have questions about your benefits, please contact the Fund Office at (708) 562-0200 or (866) 906-0200, from 8:00 am to 5:00 pm, Monday through Friday.

## Final Note

Please share this Notice with your family members who are eligible for coverage and keep it with your SPD and other benefits information for easy reference. Capitalized terms used but not defined in this Notice have the meaning as set forth in the SPD.

Sincerely,

*Board of Trustees*

The information contained in this Notice only highlights certain features of the Chicago & Vicinity Laborers' District Council Retiree Health & Welfare Plan and is intended to be a Summary of Material Modifications to the SPD. The Board of Trustees of the Retiree Plan ("Board of Trustees") reserves the right and has the authority to amend, modify, or eliminate benefits at any time, or terminate the Retiree Plan when financial conditions dictate. Receipt of this Notice does not confer or guarantee eligibility for benefits. In addition, the Board of Trustees, or such other persons as delegated by the Board of Trustees, has the discretion to interpret and construe the Retiree Plan's provisions, as set forth in the SPD.

## SUMMARY OF MATERIAL MODIFICATIONS

EIN: 46-5243652      Plan No.: 501

April 2024