



November 2011

**IMPORTANT ANNOUNCEMENT
REGARDING CHANGES TO THE ACTIVE,
LOW COST AND RETIREE PLANS OF BENEFITS**

Please read the following information carefully. If you are married or have other dependents covered under the Active Plan, Low Cost Plan or the Retiree Plan of Benefits for the Chicago Regional Council of Carpenters Welfare Fund, please share this information with them. You should file this document with your Summary Plan Description (your benefit booklet) for future reference.

Prescription Drug Benefits

The Trustees have adopted some new programs to help mitigate prescription expenses for both you and the Fund. These programs encourage the use of generic and other cost effective medications. **Effective January 1, 2012**, the Plan will implement a Preferred Drug Step Therapy Program and a Preferred Therapy Prior Authorization Program for the medications listed below.

Please review the following information carefully. If you are currently taking one of the medications listed below, you will receive additional information directly from Medco Health Solutions. If your doctor believes you should use a non-covered medication, you or your doctor can request a “coverage review” by calling Medco Health Solutions, toll-free at 1-800-417-1764, 8:00 a.m. to 9:00 p.m. (EST), Monday through Friday.

Preferred Drug Step Therapy Programs

- ✓ **Bisphosphonates** are medications used to treat **osteoporosis** (bone loss). Effective January 1, 2012, the Plan will only cover Boniva and alendronate. These medications have been proven safe for treating certain bone loss conditions. Alendronate is a generic medication and the most cost effective for you and the Plan. The Plan will not cover Actonel/CA or Fosamax D. Talk to your doctor about prescribing alendronate (generic) or Boniva (brand).
- ✓ **Intranasal Steroids** are medications used to treat certain **allergy and respiratory conditions**. Effective January 1, 2012, the Plan will only cover Nasonex, fluticasone and triamcinolone. These medications have been proven safe for treating allergies and certain respiratory conditions. Fluticasone and triamcinolone are generic medications and the most cost effective for you and the Plan. The Plan will not cover Beconase AQ, Omnaris, Rhinocort/AQUA, and Veramyst. Talk to your doctor about prescribing fluticasone (generic), triamcinolone (generic) or Nasonex (brand).
- ✓ **Angiotensin II Receptor Blockers (ARBs)** are medications used to treat **hypertension** (high blood pressure). Effective January 1, 2012, the Plan will only cover Diovan/HCT, Micardis/HCT and losartan/HCTZ. Losartan/HCTZ is a generic medication and the most cost effective for you and the Plan. The Plan will not cover Atacand/HCT, Avapro/Avalide, Benicar/HCT and Teveten/HCT. Talk to your doctor about prescribing losartan HCTZ (generic), Diovan/HCT (brand) or Micardis/HCT (brand).



- ✓ **Tetracyclines** are medications used to treat **acne**. Effective January 1, 2012, the Plan will only cover minocycline. Minocycline is a generic medication and the most cost effective for you and the Plan. The Plan will not cover Solodyn. Talk to your doctor about prescribing minocycline (generic).
- ✓ **Triptans** are medications used to treat **migraines and cluster headaches**. Effective January 1, 2012, **for patients new to therapy only**, the Plan will only cover Maxalt/MLT, Replax, naratriptan, and sumatriptan. These medications have been proven safe for treating certain migraines and cluster headaches. Naratriptan, and sumatriptan are generic medications and the most cost effective for you and the Plan. The Plan will not cover Alsuma, Axert, Frova, Sumavel, Treximet and Zomig/ZMT. Talk to your doctor about prescribing Naratriptan (generic), sumatriptan (generic), Maxalt/MLT (brand) or Replax, (brand).
- ✓ **Glaucoma Drugs** - Effective January 1, 2012, the Plan will only cover Lumigan and latanoprost. These medications have been proven safe for treating certain glaucoma conditions. Latanoprost is a generic medication and the most cost effective for you and the Plan. The Plan will not cover Travatan, Travatan Z. Talk to your doctor about prescribing latanoprost (generic) or Lumigan (brand).

Specialty Drugs Benefits

Preferred Therapy Prior Authorization Program

- ✓ **Multiple Sclerosis (MS)** - Effective January 1, 2012, **for patients new to therapy only**, the Plan will only cover Avonex, Betaseron and Copaxone for treatment of MS. Certain criteria must be met before medication can be dispensed. The Plan will not cover Rebif and Extavia. Talk to your doctor about prescribing Avonex, Betaseron or Copaxone.

If you have questions relating to this notice, please contact Medco Health Solutions at 1-800-939-2089. A Medco customer service representative is available to assist you 24 hours a day, 7 days a week.

Sincerely,

The Board of Trustees

SUMMARY OF MATERIAL MODIFICATIONS

November 2011

EIN: 36-2229735 Plan No. 501

This announcement contains highlights of certain features of the Chicago Regional Council of Carpenters Welfare Fund's Active Plan, Low Cost Plan and Retiree Plan of Benefits. 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 anytime. Receipt of this announcement does not guarantee eligibility.