

# LEVEL

Winter 2012

## Chicago Regional Council of Carpenters Welfare and Pension Funds

Welcome to the winter edition of "on the LEVEL" – your benefits newsletter. In this edition we will discuss changes to the benefit plans effective January 1, 2012, and important reminders regarding the use of your benefits. As always, if you have any questions, please contact the Fund Office.

Have a great holiday season!



Service. Security. Stability.

### Pharmacy Benefit – Step Therapy Program

Effective January 1, 2012, the Plan will add the following medications to the Preferred Drug Step Therapy program.

#### What is a preferred drug step therapy program?

A preferred drug step therapy program identifies a generic or preferred brand medication in certain drug classes. Generic alternatives are medications within the same therapeutic category as your prescribed brand medication (example: If you take a Brand name high blood pressure medication, there may be a generic alternative within the same therapeutic category). The purpose of this program is to identify an FDA approved lower cost option to the brand medication, therefore managing cost for you and the Fund.

#### How does it work?

The preferred drug step therapy program allows for immediate coverage for generic and preferred brands. If your doctor has prescribed a non preferred brand your doctor will need to request a coverage review or switch to a generic or preferred brand.

#### Will my medication be impacted by this change?

The Plan will include the following conditions and medication therapeutic categories to the program on January 1, 2012. For your reference, we have included the specific brands and generic alternatives that the Plan will cover.

Therapeutic Category	Condition	Generic Drug	Brand Drug
Osteoporosis	Bone Loss	Alendronate	Boniva
Intranasal Steroids	Allergy and Respiratory	Fluticasone and Triamcinolone	Nasonex
Angiotensin II Receptor Blockers (ARB)	High Blood Pressure	Losartan/HCTZ	Diovan/HCT and Micardis/HCT
Tetracyclines	Acne	Minocycline	No Coverage
Triptans	Migraines and Cluster Headaches	Naratriptan and Sumatriptan	Maxalt/MLT and Replax
Glaucoma	Glaucoma	Latanoprost	Lumigan

**IMPORTANT:** Please have your physician consult with Medco Health Solutions to discuss how this program will coordinate with your treatment plan.

If your physician believes your treatment plan requires a medication not covered by the Plan, you or your physician can request a "coverage review" from Medco Health Solutions at 800-417-1764, 8:00 a.m. to 9:00 p.m. (EST), Monday through Friday. Please make certain your physician has your Medco identification number readily available.

### Pharmacy Benefit – Specialty Prior Authorization Program

Effective January 1, 2012 the Plan will implement a Preferred Therapy Prior Authorization Program for Multiple Sclerosis.

#### What is a Specialty Prior Authorization Program?

The purpose of a prior authorization program is to ensure the prescribed drug treatment is reasonable, safe and cost effective. On January 1, 2012, a prior authorization program will apply to anyone new to treatment for Multiple Sclerosis. Under this program, the Plan will allow coverage for Avonex, Betaseron and Copaxone as preferred medications, and Rebif and Extavia as non-preferred medications.

To initiate the prior authorization process, have your physician contact Medco Health Solutions at 800-417-1764. Your physician will need to have your Medco identification number readily available.

#### Will my current specialty medication be impacted by this change?

This change will only apply to participants who are new to the treatment for Multiple Sclerosis under the Plan.

#### How does it work?

The prior authorization program enables Medco to work with your physician to review your medication history to treat your medical condition. If approved, the Plan will notify you regarding the coverage of a preferred or non-preferred specialty medication. Approval of a non-preferred specialty medication will only occur if it is determined that the preferred medications failed to treat the condition, are not tolerable or the patients prescription history indicates prior treatment using Rebif or Extavia.

All approvals will last for 12 months. All patients will be required to resubmit for a prior authorization every 12 months. If the prior authorization is denied, you will be notified of your appeal rights under the Plan.

## Take Care of Yourself. Get a **FREE** Physical

Understanding, maintaining or improving your current health is important to your quality of life and finances. Taking prescription drugs or receiving ongoing treatment for lifestyle related conditions can be avoided if you take the necessary steps in diet and exercise to take care of yourself!

The first step is to understand your current health status. Through Health Dynamics, the Plan provides you and your spouse a **FREE** comprehensive physical. To locate a provider, contact Health Dynamics today at [www.hdhelpsu.com](http://www.hdhelpsu.com) or 1-414-443-0200 or access a current provider listing from the Fund Office's website at [www.crcbenefits.org](http://www.crcbenefits.org) (under News/Announcements).

## Get a **FREE** MRI, MRA CT, Arthrogram PET, or Bone Scan

Next time your doctor recommends you get an imaging test such as an MRI, MRA, CT, Arthrogram, PET or Bone Scan, remember to schedule your test through Diagnostic Benefit Management (DBM). By using DBM, you will help the Fund manage the high cost of these tests with the added benefit that there's no cost to you. It's **FREE!**

### Highlights of the service:

- Assistance identifying a convenient location for your test
- Distribution of test results to your physician within 48 hours
- Online scheduling tool at [www.diatri.net](http://www.diatri.net)
- Reminder calls on your upcoming appointments
- Toll free customer service line with translation services available between 6:00am and 7:00pm CST
- Over 300 locations in Illinois, Iowa and Wisconsin – simply call their toll-free number **1-800-331-5720** to get started

This program is **FREE** to eligible participants and dependents under the Active Plan of benefits. Deductibles and coinsurance do not apply.



## COBRA Rates effective January 1, 2012

The Board of Trustees approved the following rates for participants currently receiving COBRA continuation coverage or for new qualifying events occurring on or after January 1, 2012.

Coverage Type	Single	Family
COBRA Plus Medical, Dental, Drug & Vision	\$536	\$1,324
COBRA Care Medical & Drug only	\$472	\$1,166
COBRA Apprentice Medical & Vision only	\$402	\$993

### What about 2012 rates for the Low Cost Plan?

The 2012 rates are currently under review with the Board. The Fund Office will notify all members currently enrolled in the Low Cost Plan if and when a change to the current rate occurs.

## Important Changes to the Active Plan of Benefits

On July 1, 2011, in accordance with the Patient Protection and Affordable Care Act, the Plan covers the following preventive and wellness services.

Adult Screenings & Counseling For:	Female Screenings & Counseling For:	Child Screenings & Counseling For:	
Abdominal Aortic Aneurysm	Anemia	Alcohol & Drug Use	Hematocrit or Hemoglobin
Alcohol Misuse	Bacteriuria	Autism	Hemoglobinopathies
Blood Pressure	BRCA	Behavioral	HIV
Cholesterol	Breast Cancer Mammography	Blood Pressure	Lead
Colorectal Cancer	Breast Cancer Chemoprevention	Cervical Dysplasia	Medial History
Depression	Breast Feeding	Chlamydia Infection	Obesity
Type 2 Diabetes	Cervical Cancer	Congenital Hypothyroidism	Immunizations
Diet	Chlamydia Infection	Gonorrhea	Oral Health
HIV	Gonorrhea	Developmental	Phenylketonuria (PKU)
Obesity	Hepatitis B	Dyslipidemia	Sexually Transmitted Infection
Immunizations	Osteoporosis	Gonorrhea	Tuberculin Vision
Sexually Transmitted Infection	Rh Incompatibility	Hearing	
Tobacco Use	Tobacco Use	Health, Weight and BMI	
Syphilis	Syphilis		

### 1. Screenings & Counseling – Covered at 100% through the PPO provider.

Limitations and restrictions for each service may apply based on sex, age and the number of consultations or screenings

### 2. Dental & Vision for dependent children through age 18 –

- Certain oral and vision care is covered at 100% when services are rendered using a Delta Dental or EyeMed provider.
- The first \$4,000 in orthodontia charges are paid at 50% with additional charges paid at 25% when services are rendered by a Delta Dental provider. Benefit payments will be reflective of any orthodontia payments made by the Fund or Delta Dental prior to July 1, 2011. If you met the \$2,000 lifetime maximum benefit that was in effect prior to July 1, 2011, all future orthodontia payments will be paid at 25%.

For specific details associated with any of these benefit changes, contact the Fund Office at 312-787-9455, option 3.

## Participant Services

**Health-Welfare Benefits:** Phone: 312-787-9455/Option 3  
Fax: 312-951-1515

**Pension Benefits:** Phone: 312-787-9455/Option 4  
Fax: 312-951-3986

**Contributions & Collections:** Phone: 312-787-9455/Option 5  
Fax: 312-787-3212

**Administration:** Phone: 312-787-9455/Option 7  
Fax: 312-951-2996

**Website:** [www.crcbenefits.org](http://www.crcbenefits.org)