



Managed for the Trustees by  
Wilson-McShane Corporation

**OCTOBER 2023**

**TO: ALL ELIGIBLE PARTICIPANTS OF THE CONSTRUCTION INDUSTRY LABORERS WELFARE FUND**

**RE: PLAN CHANGES and SUMMARY OF MATERIAL MODIFICATIONS**

**IMPORTANT NOTICE – PLEASE READ CAREFULLY**

Dear Participant:

The Board of Trustees may occasionally modify benefits based on the financial status of the Plan or to comply with changes in federal law. We announce the following modifications to your Construction Industry Laborers Welfare Plan (CIL Plan).

Effective January 1, 2024, the Greater Kansas City Laborers Welfare Fund will consolidate into the Construction Industry Laborers Welfare Plan. With the consolidation of this Fund, the CIL Plan will now be able to offer additional coverage options to current and future Medicare-eligible Retirees and Medicare-eligible Dependents of Retiree. This Summary of Material Modifications explains the changes applicable to the additional coverage options.

**What does this Consolidation mean to you and your dependents that meet eligibility requirements under the CIL Plan?**

The current benefits, plan rules, self-payments and contributions rates offered to Covered Persons will remain the same with a few eligibility and Medicare Retiree benefit enhancements described below. There will not be any changes to the benefits offered to Active, COBRA or Retirees not eligible for Medicare.

**Active Eligibility Enhancements:**

To facilitate the consolidation of the Greater Kansas City Laborers Welfare Fund, the Plan's Active eligibility rules will be amended in the following ways:

- The Plan will recognize the applicable hours history of Greater Kansas City Laborers Welfare Fund participants for initial eligibility, continuing eligibility, and reinstating eligibility in the Plan. Newly eligible Covered Persons without any prior work history under the Greater Kansas City Laborers Welfare Fund after January 1, 2024 will follow the current CIL Plan rules regarding all eligibility provisions.

**Retiree Eligibility Enhancements:**

To facilitate the consolidation of the Greater Kansas City Laborers Welfare Fund, the Plan's Retiree eligibility rules will be amended in the following ways:

- Effective January 1, 2024, current retirees in the Greater Kansas City Laborers Welfare Plan will become covered retirees in this Plan.
- The Plan's Initial Retiree Eligibility rules will be modified so that a pension from the Greater Kansas City Laborers Pension Fund and recent coverage from the Greater Kansas City Laborers Welfare Fund can be used to meet the eligibility rules for retiree coverage from this Plan. This means that individuals that retire on or after January 1, 2024 (or a surviving spouse that is not remarried) must meet the following rules to be an eligible Retiree in this Plan:
  - be receiving monthly benefits under the Construction Industry Laborers Pension Plan or the Greater Kansas City Laborers Pension Fund or other laborer plan (not applicable to surviving Spouse); and
  - have had coverage under this Welfare Plan or the Greater Kansas City Laborers Welfare Fund for at least 12 out of 20 calendar quarters beginning January 1, 2019 before the effective date of benefits under the Construction Industry Laborers Pension Fund or the Greater Kansas City Laborers Pension Fund; and

- have 10 or more pension credits with the Construction Industry Laborers Pension Fund or the Greater Kansas City Laborers Pension Fund (Reciprocal Pension Credits earned under St. Louis Laborers Pension Fund or the Kansas Construction Trades Open End Pension Fund may be used to satisfy this requirement). LIUNA National Plan service or other evidence satisfactory to the Trustees may be submitted to prove ten years of service as a laborer (not applicable to surviving Spouse); and
  - have elected coverage at the time of retirement.
- A Retiree's coverage may be terminated if the retiree ceases to be eligible for a pension benefit under the Construction Industry Laborers Pension Fund or the Greater Kansas City Laborers Pension Fund.

Medicare-Eligible Retirees and Medicare-Eligible Dependents of Retirees Medical and Prescription Drug Benefits Enhancements:

Currently, the CIL Plan coverage for Medicare-eligible Retirees and Medicare-eligible Dependents of a Retiree coordinates with Medicare Parts A and B at a certain percentage of what Medicare does not cover and does not provide coverage for prescriptions or hearing benefits. Since the CIL Plan does not offer prescription drug coverage each Medicare-eligible Retiree and Medicare-eligible Dependents of Retirees are required to purchase their own Part D coverage.

Effective January 1, 2024, the Plan will offer current CIL Plan Medicare-eligible Retirees and Medicare-eligible Dependents of Retirees the opportunity to enroll in a Medicare Advantage with Prescription Drug coverage ("MAPD") plan insured through United Health Care (UHC). The Plan will also include supplemental prescription drug coverage "wrap" through Sav-Rx for those individuals that are enrolled in the MAPD plan. The "wrap" plan covers eligible prescription drugs that are covered under the Plan's prescription drug benefit that are not covered by the MAPD plan. **You will have until Monday, November 27<sup>th</sup> to make your election. You will not be able to change your plan after that date.**

**What is a MAPD Plan and how is this different from your CIL Plan coverage available to you as a current CIL Plan Medicare-eligible Retiree and Medicare-eligible Dependents of Retirees?**

A MAPD Plan is a type of fully insured program offered through an insurance carrier that includes medical services, hospital stays, and prescription drug coverage. As mentioned above, the CIL Plan coverage for Medicare-eligible Retirees and Medicare-eligible Dependents of Retirees coordinates with Medicare Parts A and B at a certain percentage of what Medicare did not cover and did not provide coverage for prescriptions or hearing benefits. Since the CIL Plan did not offer prescription drug coverage each Medicare-eligible Retiree and Medicare-eligible Dependents of Retirees were required to purchase their own Part D coverage.

**Am I required to enroll in the new MAPD plan with supplemental drug coverage?**

No, the CIL Plan will continue to offer its current Medicare supplement plan to Medicare-eligible Retirees and their dependents. If you choose to remain covered by the current Medicare supplement plan, you must continue to elect your own Medicare Part D coverage.

**If I do not elect to enroll in the new MAPD plan with supplemental drug coverage, can I enroll at a later date?**

No, current Medicare-eligible Retirees and Medicare-eligible Dependents of Retirees will have a one-time opportunity to enroll in the MAPD Plan with supplemental drug coverage. This decision will be permanent, and you will not be allowed to switch plans at a later date.

Future retirees must make their election at the time they become eligible for Medicare and will not be allowed to switch plans at a later date.

If you elect to terminate your coverage for either plan option you will also not be allowed to re-enroll at a later date.

Coverage selected by the first family member eligible for Medicare will be applicable for other family members as they become eligible for Medicare.

**How do I enroll in the MAPD Plan with supplemental drug coverage?**

Current CIL Plan Retirees retired before January 1, 2024:

To enroll in the MAPD Plan with supplemental drug coverage, you must:

- Be enrolled in Medicare Parts A and B;

- Complete the Election Form mailed separately and return to the Fund Office by Monday, November 27, 2023. If you have not received this Election Form separately in the mail, contact the Fund Office by November 27, 2023 and provide any required documentation;

**You will have until Monday, November 27<sup>th</sup> to make your election. You will not be able to change your plan after that date.**

*Future CIL Plan Retirees retired after January 1, 2024:*

As mentioned above, future retirees who retire after January 1, 2024, will have the choice to enroll in either (1) the current CIL Medicare supplement plan; or (2) the MAPD plan with supplemental drug coverage. Coverage selected by the Medicare-eligible Retiree will be applicable to all eligible Dependents.

**What are the benefits provided by the MAPD Plan with supplemental drug coverage?**

This is a UnitedHealthcare Group Medicare Advantage Plan with Prescription Drug coverage. It is a plan that delivers all of the benefits of Original Medicare (Parts A and B) and includes basic prescription drug coverage (Part D). It is not a supplemental plan and does not pay secondary to Medicare. All claims are submitted directly to UnitedHealthcare for payment, not Medicare.

Here are some of the plan features:

- A \$250 deductible for all medical services
- You can see any provider (in-network or out-of-network) at the same cost share for covered services, as long as they accept the plan and have not opted out of or been excluded from Medicare. When you go out-of-network for care, the PPO plan pays providers just as much as Medicare would have paid. You pay the same out-of-pocket cost share as if you had stayed in the network
- Renew Active, a fitness program, that includes a free gym membership to participating locations
- Dedicated customer service – available from 8 am – 8 pm local time, Monday – Friday
- A hearing aid allowance of \$1,000 every 3 years
- A personal emergency response system
- Access to our Healthy at Home program, which provides meals, transportation and in-home care after a hospital or skilled nursing facility discharge

The UnitedHealthcare® Prescription Drug Plan (PDP) will be your primary prescription drug plan, and Sav-Rx will be your secondary prescription drug plan. The two benefit plans will work together behind the scenes. Other items to note are:

- You will not have to file claims to receive any of your benefits.
- You will receive materials from UnitedHealthcare *and* Sav-Rx that include information on your complete prescription drug benefit. The UnitedHealthcare benefit is not your complete prescription coverage. Please refer to your Sav-Rx materials for your complete prescription benefit.
- You will need to show two cards at the pharmacy.
- Sav-Rx will be the final payer on your prescription drug claims and can give information about your prescription drug costs and co-pays.

Please see the attached document for a more comprehensive list of covered services and applicable co-insurance or co-payments.

**What are the self-payment rates for each type of coverage option?**

The MAPD Plan will have a different self-payment rate than the current Medicare Supplement plan to encompass the added benefits. Dental and vision benefits for retirees will remain a separate self-payment, and you must continue to elect medical coverage to elect dental and vision benefits. Please see below for the applicable rates.

**Retiree Medical Self Payment Rates**

The rates below are a monthly self-payment rate charged by the Fund. Each rate is charged per person and is dependent upon your Retiree classification and your dependent’s status.

<b>Retiree Coverage Classification</b>	<b>MAPD Plan with UHC</b>	<b>CIL Retiree Plan</b>
Retiree or Spouse Without Medicare	N/A	\$301.00
Retiree or Spouse With Medicare	\$300.00	\$80.00
Child	N/A	\$147.00
Grandfathered, Retired prior to 1/1/2006- retiree no Medicare	N/A	\$167.00
Grandfathered, Retired prior to 1/1/2006 - retiree Medicare	N/A	\$66.00

For example, using the table above a Medicare Retiree choosing the MAPD Plan with UHC for coverage and this retiree has a spouse without Medicare and two children eligible for benefits under the Plan. The monthly self-payment rate for this member will be \$748.00 (\$300 for MAPD Plan + \$301 for spouse without Medicare + \$147 Child(ren)).

### **Retiree Vision and Dental Self Payment Rates**

The rates below are a monthly self-payment rate charged by the Fund. As a reminder, you must elect dental and vision coverage at the time of your initial retirement. If you are currently retired and have changed your medical election and did not have dental or vision coverage at the time of your retirement you are not entitled to make that election again. For those that are considering retirement, if you do not elect dental or vision coverage when you make you medical election, you will not be allowed to enroll at a later date.

<b>Benefit Type</b>	<b>Rate</b>
Vision (Composite)	\$7.00
Dental (Single)	\$16.00
Dental (Member and Spouse)	\$32.00
Dental (Family)	\$54.00

**Additional answers to Frequently Asked Questions about the MAPD Plan can be found at the this of this Notice.**

### **INFORMATIONAL MEETING DATES AND DETAILS**

**We encourage all to attend one of the informational meetings. Should you not be able to attend one of these meetings or want to revisit the information provided in the meetings, a recording of the informational meeting will be available for your review at [cilfunds.com](http://cilfunds.com).**

<b>Day</b>	<b>In-person/Virtual</b>	<b>Meeting Date</b>	<b>Meeting Time</b>	<b>Address</b>
Tuesday	Virtual	10/10/2023	10 AM CT	Participant Dial-In #/Access Code: 844-291-6356/5637647
Tuesday	Virtual	10/10/2023	2 PM CT	Participant Dial-In #/Access Code: 844-291-6356/5637647
Thursday	In-person	10/12/2023	10 AM CT	Local 579: Remington Nature Center, 1502 MacArthur Drive, St. Joseph, MO 64505
Friday	In-person	10/13/2023	1 PM CT	Local 1290; 2600 Merriam Lane, Kansas City, Kansas 66106
Tuesday	In-person	10/17/2023	10 AM CT	Local 663: Double Tree Hotel, 2431 N. Glenstone Ave., Springfield, MO 65803

Wednesday	In-person	10/18/2023	10 AM CT	Local 663: 7820 Prospect Avenue, Kansas City, MO 64132
Thursday	Virtual	10/19/2023	10 AM CT	Participant Dial-In #/Access Code: 844-291-6356/5637647
Thursday	Virtual	10/19/2023	2 PM CT	Participant Dial-In #/Access Code: 844-291-6356/5637647
Tuesday	In-person	10/24/2023	10 AM CT	Local 1104 and 830: 773 Enterprise, Cape Girardeau, MO 63703
Wednesday	In-person	10/25/2023	10 AM CT	Local 955, 840 and 662: 404 Tiger Lane, Columbia, MO 65203
Thursday	In-person	10/26/2023	10 AM CT	Local 660 and 110: 2633 West Clay Street, St. Charles, MO 63301
Thursday	In-person	10/26/2023	2 PM CT	Local 660 and 110: 2633 West Clay Street, St. Charles, MO 63301

If you would like to reference any materials you receive or need to print any forms you need to complete now or in the future, please visit the website at [www.cilfunds.com](http://www.cilfunds.com).

Please keep this notice with your Summary Plan Description booklet. If you have any questions about these changes, please feel free to contact the Fund Office toll free at (833) 479-9429 or at (816) 777-2669.

Sincerely,

## BOARD OF TRUSTEES

### Statement Regarding Status as a Grandfathered Health Plan

This group health plan believes this Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). 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 your 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.

## FREQUENTLY ASKED QUESTIONS

### 1. Are there any plan changes?

CIL Fund is offering a new option in 2024! It is a UnitedHealthcare Group Medicare Advantage Plan with Prescription Drug coverage. It is a plan that delivers all of the benefits of Original Medicare (Parts A and B) and includes basic prescription drug coverage (Part D). It is not a supplemental plan and does not pay secondary to Medicare. All claims are submitted directly to UnitedHealthcare for payment, not Medicare. Here are some of the plan features:

- A \$250 deductible for all medical services
- You can see any provider (in-network or out-of-network) at the same cost share for covered services, as long as they accept the plan and have not opted out of or been excluded from Medicare. When you go out-of-network for care, the PPO plan pays providers just as much as Medicare would have paid. You pay the same out-of-pocket cost share as if you had stayed in the network.
- Renew Active, a fitness program, that includes a free gym membership to participating locations.
- Dedicated customer service – available from 8 am – 8 pm local time, Monday – Friday
- A hearing aid allowance of \$1,000 every 3 years

- A personal emergency response system
- Access to our Healthy at Home program, which provides meals, transportation, and in-home care after a hospital or skilled nursing facility discharge.

The UnitedHealthcare® Prescription Drug Plan (PDP) will be your primary prescription drug plan, and Sav-Rx will be your secondary prescription drug plan. The two benefit plans will work together behind the scenes. Other items to note are:

- You will not have to file claims to receive any of your benefits.
- **You will receive materials from UnitedHealthcare *and* Sav-Rx that include information on your complete prescription drug benefit. The UnitedHealthcare benefit is not your complete prescription coverage. Please refer to your Sav-Rx materials for your complete prescription benefit.**
- **You will need to show two cards at the pharmacy.**
- Sav-Rx will be the final payer on your prescription drug claims and can give information about your prescription drug costs and co-pays.

**2. Do I need to do anything to enroll?**

Yes, if you elect to change your plan you will need to complete the Election Form that will be coming to you from the Fund Office soon. The Election form must be received by the Fund Office no later than November 27, 2023 if you wish to enroll in the MAPD Plan.

**3. Can I stay on the current plan?**

Yes, you are not required to make a change. You only need to make an election if you wish to enroll in the MAPD Plan.

**4. How do I terminate my current Part D coverage and enroll in the new MAPD plan?**

Once you send your election form back to Wilson-McShane and your application is processed, you will automatically be terminated from your individual Part D plan effective 12/31/2023. Medicare allows enrollment in only one Medicare Advantage plan and one Medicare Part D prescription drug plan at a time. The plan you enroll in last is the plan that CMS considers to be your final decision.

**5. What if my spouse or dependent is not Medicare Eligible?**

They will retain the current benefits under the CIL Plan that you previously received until they reach Medicare eligibility themselves.

**6. Can I leave the plan and come back?**

Under the CIL Welfare Plan rules, current Medicare-eligible Retirees and Medicare-eligible Dependents of Retirees will have a one-time opportunity to enroll in the MAPD Plan with supplemental drug coverage. This decision will be permanent, and you will not be allowed to switch plans at a later date. Coverage selected by the Retiree will be applicable to all eligible Dependents.

**7. When will I receive my card/ Welcome Kit?**

You will receive two new ID Cards and Welcome Kits by the middle to the end of December- one from UnitedHealthcare and one from Sav-Rx. Members and Medicare eligible dependents will each receive their own cards with their own unique ID numbers. Please note that each enrollee may receive their plan information and cards on different days. This is normal. If your spouse or dependents are not Medicare eligible they will retain the current benefits until they reach Medicare eligibility themselves.

**8. What do I do if I lose my card?**

Please call UnitedHealthcare at 844-481-8820 and they will ship you a new card and call your pharmacy and/or providers if needed.

**9. How much do I have to pay for the plan?**

You must continue to pay your Part B premium and CIL Fund (Wilson-McShane) will continue to accept your monthly premiums. They can be reached at 833-479-9429 to answer any premium questions.

**10. Who do I call if I need assistance with the plan?**

Please call the Fund Office at 833-479-9429 for eligibility questions or to make changes in coverage, UHC at 844-481-8820 for questions related to medical benefits or Sav-Rx at 800-545-2810 for questions related to the prescription benefits.

## Medical and Prescription Questions:

### 11. Do I need to be enrolled in Part A and B?

You must be enrolled in Medicare Parts A and B and continue to pay your Part B premium to be eligible for coverage under the UnitedHealthcare Group Medicare Advantage (PPO) plan.

### 12. Is this like the UnitedHealthcare plans we see on TV?

No, this is a custom plan only offered to retirees with the CIL Fund.

### 13. How do I find out if my doctor is in the network?

The UnitedHealthcare® Group Medicare Advantage plan is a National Preferred Provider Organization (NPPO) plan that allows you to see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded from Medicare.

### 14. How do I find out if my pharmacy is in network?

All major chain pharmacies are included in your retail network as well as most independent pharmacies. You will need to present your new UHC and your new Sav-Rx Secondary ID card at your retail pharmacy for your first fill to utilize the full benefit of the Medicare Part D Plan and the Sav-Rx Secondary Plan. If you have any questions regarding the pharmacy network, please call Sav-Rx at 800-545-2810.

### 15. What happens if my doctor does not accept Medicare Advantage plans or participates in Medicare but does not accept this plan?

The UnitedHealthcare® Group Medicare Advantage plan does not require a doctor to have a contract with UnitedHealthcare. The plan does pay the same as Medicare would pay. If the provider accepts Medicare and is willing to bill UnitedHealthcare you are all set. If the provider is unsure if they accept the plan, please call United Healthcare customer service and we will be happy to reach out to the provider and inform them about your plan.

### 16. How do I transfer my current prescriptions to my new plan?

At the pharmacy, you will need to present your new ID cards (UnitedHealthcare and Sav-Rx) so that they may process your prescription under the new plan.

For mail order prescriptions, you will need to obtain a new 90 day script from your doctor and send to Sav-Rx in order to obtain your prescription on a go forward basis.

### 17. What if my NEW or EXISTING medication requires a prior authorization?

Your provider should contact OptumRx at 800-711-4555 and initiate the prior authorization.

\*If the medication is approved- Great! Everything will process as it should.

\*If the medication is denied the physician can appeal the decision to OptumRx or would need to seek approved therapies.

### 18. How much will I pay for prescriptions?

The Sav-Rx Prescription Plan is secondary to Medicare Part D. When you use both ID cards, you will only pay up to your Plan's designated cost share: \$5 per 30-day supply for generics, 25% up to an \$80 max per 30-day supply for preferred brands, and 30% up to a \$105 max per 30-day supply for non-preferred brands. Specialty medications are limited to a 30-day supply with a cost share of 30% up to a \$1,000 max. When you show both ID cards, you will not pay a deductible because your secondary benefit eliminates the deductible and other coverage phases of the Medicare Part D Plan, such as the donut hole. If you have any questions regarding your copays or totals at the pharmacy do not reflect those listed above, please call Sav-Rx at 1-800-545-2810.

### 19. Explanation of Benefits (EOB):

EOB's are sent by UnitedHealthcare once a month that contain your claims information and how your UHC benefits were applied to the services. The UHC EOB's DO NOT include how your Sav-Rx benefits are applied. If you did not have any claims, you will not receive an EOB.

### 20. How will my diabetic supplies and insulin be covered?

Blood glucose monitors, test strips, lancets, glucose control solutions and insulin used with a pump will be covered under your part B benefit and can be obtained at your local pharmacy if they are able to submit part B claims.

Alcohol swabs, gauze, syringes, insulin (unless used with a pump) insulin pens, insulin delivery services, as well as all other diabetic medications are covered under your part D benefit and can be obtained at your local pharmacy for a

\$0.00 copay. If your copay is not \$0, please call Sav-Rx at 800-545-2810, agents are available 24 hours a day 7 days a week to assist you.

**21. Where can I get my Continuous Glucose Monitors (CGM) and supplies?**

A CGM can be obtained from a medical supply company or from a pharmacy. For assistance finding a medical supply company, please call UnitedHealthcare Customer Service toll-free at 844-481-8820, 8:00 a.m. – 8:00 p.m. local time, 7 days a week.

If you're obtaining the CGM at the pharmacy, a prior authorization is required with OptumRx. Coverage at the pharmacy is limited to the following CGMs:

- Dexcom G6
- Freestyle Libre 2
- Freestyle Libre 14

**22. Who should I call if I have a question or an issue with my prescription?**

Your customer service for your pharmacy benefit is Sav-Rx Prescription Services. Please call Sav-Rx at 800-545-2810 for any question related to your pharmacy benefit including member cost share (copay), participating pharmacies, price quotes, mail order, and more. Participants can also request a replacement card by calling Sav-Rx directly.

**23. Who should I call if I have a question or an issue with my medical plan?**

If you have any questions on your medical plan, please call UnitedHealthcare Customer Service toll-free at 844-481-8820, 8:00 a.m. – 8:00 p.m. local time, 7 days a week. You can also find information online at [www.retiree.uhc.com](http://www.retiree.uhc.com).

**UHC Card Sample:**

**Front:**

UnitedHealthcare Medicare Solutions  
 Health Plan (80840): **911-87726-04**  
 Member ID: 999999999-99 Group Number: 13876  
 Member: **SUBSCRIBER BROWN** Payer ID: **SAMPLE GROUP**  
 87726  
 Copay: PCP \$0 ER \$0  
 Spec \$0  
 H2406 PBP# 805  
 UnitedHealthcare Group Medicare Advantage (PPO)  
 Medicare limiting charges apply.

<b>MedicareRx</b> Prescription Drug Coverage	
RxBin:	610097
RxPCN:	9999
RxGrp:	COS

**Back:**

Customer Service Hours: Monday – Friday 8:00 a.m. to 8:00 p.m.

**For Members**  
 Website: [www.UHCRetiree.com](http://www.UHCRetiree.com)  
 Customer Service: 1-800-457-8506 TTY 711  
 NurseLine: 1-877-365-7949 TTY 711  
 Behavioral Health: 1-800-453-8440 TTY 711  
 Dental: 1-800-445-9090 TTY 711

**For Providers** [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com) 1-877-842-3210  
 Medical Claim Address: PO Box 31362 Salt Lake City, UT 84131-0362

Dental Providers: [www.dbp.com](http://www.dbp.com) 1-877-816-3596

**Medicare Solutions UHC**  
 For Pharmacists 1-877-889-8510  
 Pharmacy Claims OptumRx PO Box 29045, Hot Springs, AR 71903

Sav-

**Rx Card Sample:**

**Front:**

**SAV-RX**  
**Prescription Drug Card**  
 800-545-2810 BIN: 006558 See back of card for instructions.  
 Construction Industry Laborers Welfare Fund  
 Secondary Plan  
 ID:123456789 Group: CILM  
 SMITH, JOHN 01

**Back:**

This is your secondary prescription card. Please show the pharmacy both your UnitedHealthcare prescription card and this card, in order to receive your full benefits. If you have any questions please contact Sav-Rx at 1-800-545-2810.

This is a funded prescription benefit, not a discount card. Pharmacies must transmit prescription claims on-line to Sav-Rx BIN 006558 to determine patient prescription benefit and pharmacy payment. A PCN is not required for successful transmission. For inquiries on electronic claim submission or for Benefit information call Sav-Rx at 1-800-627-4440.

Sav-Rx  
 224 North Park Ave.  
 Fremont, NE 68025

[www.savrx.com](http://www.savrx.com)  
 Use BIN: 006558