



**CONSTRUCTION
INDUSTRY LABORERS
FRINGE BENEFIT FUNDS**

Managed for the Trustees by

TIC International Corporation

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October 30, 2015

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

RE: PLAN CHANGES EFFECTIVE JULY 16, 2015

IMPORTANT NOTICE – PLEASE READ CAREFULLY

Dear Participant:

The Trustees of the Construction Industry Laborers Welfare Fund wish to announce the following changes:

- **Dental Course of Treatments** – Currently if you have begun a dental course of treatment but have not completed the course of treatment when you are no longer eligible for benefits, benefits for only that the course of treatment would be continued until completed. With this change, all benefits will end when you are no longer eligible for benefits, even if a course of treatment is not completed. This includes all dental benefits, including orthodontic, temporomandibular joint or temporomandibular pain-dysfunction syndrome treatments.
- **Loss of Benefit for Occupational Accidents and Injuries** – The current Loss of Time Benefits are payable for occupational and non-occupational related accidents and injuries. When you are receiving Loss of Time benefits, you will also receive credit for eligibility up to 400 hours.
- **Timeframe for Filing a Legal Claim to Obtain Benefits** – If you have exhausted the Plan's Claims and Appeals Procedures and are not happy with the outcome pertaining to your benefits, you have the right to bring civil action against the Plan. Any legal action must be filed within two years of the date of the Trustees' final decision regarding the appeal.

(OVER)

Effective January 1, 2016

- **Chiropractic Benefit** – Currently this benefit is only available to the participant. This Benefit has been expanded to also include coverage for your dependent spouse. Benefits are payable for manipulations, physical therapy, x-ray and laboratory tests up to the \$250 maximum per calendar year. Limitations do apply. Please refer to your Summary Plan Description or contact the Fund Office with any questions.
- **Emergency Room Copay** – The emergency room copay will increase from \$62 per visit to \$65 per visit. This is not charged if you are admitted to the hospital.
- **Mandatory Mail Order Program and copayment change**

Currently your copayment for mail order prescriptions is 17% and it is voluntary. Effective January 1, 2016, your copayment will only be 13%, but the program is now mandatory for all maintenance drugs. The Trustees have implemented this program as a convenient and cost-effective way for you to order up to a 90-day supply of “maintenance” or long-term medication for direct delivery to your home.

Beginning January 1, 2016 if you are taking a maintenance medication you will be allowed 2 refills of your 30 day prescription at your retail pharmacy before you will be required to use this mail order service to obtain your prescription. Medication is to be sent in confidential, secure packaging via United States Postal Service. More information will follow in direct letters as well as contact with you and/or your physician regarding this change. The letters will come from LDI representatives to make this transition as smooth as possible.

LDI is dedicated to providing you with personal service. Feel free to call LDI at any time to speak with a customer service specialist about your order or with a pharmacist about your medications. They can be reached at 1(866) 516-3121 Monday - Friday between 8:30 a.m. and 6 p.m. CST. They are open Saturdays from 8:30 a.m. - 1:30 p.m. CST. A Pharmacist-on-Call is available for emergency assistance 24 hours a day/7 days a week at 1(866) 516-3121.

- **Prescription Drug Card Benefit – Step Therapy**

The Plan has elected to enhance the LDI Step Therapy Program in an effort to maintain and preserve a high quality and cost-effective program for you. This program is mandatory for certain medication classes. The Step Therapy Program through LDI is designed to help you take the most cost-effective medications to treat certain conditions. The program promotes the use of generic medications because they are proven to be as safe and effective as brand name medications for most patients, but cost much less.

The Step Therapy Program groups certain medications into “steps”. Generic medications, which are the most cost effective, fall into the “first-step” category, preferred brand-name medications fall within the “second-step” category and non-preferred brand-name medications, which are the least cost effective, fall into the “third-step” category. The Step Therapy Program steers members to take first-step medications prior to coverage of a second step medication and to take a second step medication prior to coverage of a third step medication.

The medication classes which qualify for the enhanced Step Therapy Program include: Proton Pump Inhibitors, ADHD, acne medications, asthma, and diabetes. Below is a chart illustrating the brand name drugs that fall within these drug classes required for Step Therapy:

DRUG CLASS	BRAND NAME
Proton Pump Inhibitors (PPI)	Aciphex, Dexilant, Esomeprazole Magnesium, First-Lansoprazole, First-Omeprazole, Nexium, Prevacid, Prevacid Solutab, Zegerid
ADHD	Adderall, Adderall XR, Concerta, Daytrana, Focalin, Focalin XR, Intuniv, Metadate CD, Methylphenidate HCL ER, Ritalin LA, Strattera
Acne	Vyvanse, Oracea, Solodyn
Asthma	Advair Diskus, Advair HFA, Alvesco, Asmanex Twisthaler 30 MET, Asmanex Twisthaler 60 MET, Clarinex, Clarinex-D 12 Hour, Flovent Diskus, Flovent HFA, Foradil Aerolizer, Nasonex, Omnaris, Patanase, Proair HFA, Proventil HFA, Pulmicort Flexhaler, QNASL, QVAR, Rhinocort Aqua, Singulair, Symbicort, Ventolin HFA, Veramyst, Xopenex HFA, Zetonna
Diabetes	Apidra, Bydureon, Byetta, Farxiga, Glumetza, Humalog, Humalog Kwikpen, Humalog Mix 75/25 Kwikpen, Humulin N, Humulin N Kwikpen, Humulin R U-500 (Concentr), Invokamet, Invokana, Janumet, Janumet XR, Januvia, Jentadueto, Kombiglyze XR, Lantus, Lantus Solostar, Levemir, Levemir Flexpen, Levemir Flextouch, Novolin 70/30, Novolin N, Novolog, Novolog Flexpen, Novolog Mix 70/30, Onglyza, Oseni, Toujeo Solostar, Tradjenta, Victoza, Xigduo XR

You will receive a letter directly from LDI notifying if you or your Dependents are taking medications in any “second-step” or “third-step” category. The letter will outline the procedure you must follow beginning January 1, 2016. On or after this date, your prescription for any of these “second-step” or “third-step” categories will be denied unless physician has determined that you require a different medication for medical reasons and the LDI Clinical Department have provided a prior authorization.

You will be required to use the following procedures if you are currently taking any “second-step” or “third-step” prescriptions of the above medication classes:

1. Contact your physician and share the step therapy information contained in your letter. Your physician can decide which first-step medication is right for you.
2. If you have already tried one of the first-step medications and your physician has determined that you require a different medication for medical reasons, then your physician can call LDI’s Customer Service Center at (314) 652-3121 or toll-free 866-516-3121 to request a prior authorization for you to continue taking the medication. The LDI Clinical Department can advise your physician if a second-step medication is required.
3. You have the option to take any medication that your physician prescribes. However, it may not be covered under the benefit plan if the proper steps are not taken first.

If you have any questions about these changes, please feel free to contact the Fund Office at (913) 236-5490.

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.