



Laborers' Metropolitan Detroit Health Care Fund

Local #1076 and #1191

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To: All Eligible Participants of the Laborers' Metropolitan Detroit Health Care Fund (Fund)

Re: **Summary of Material Modification for Medical, Prescription Drugs, Dental, Vision and Hearing Care Benefits**

Dear Participant:

This is an important notice about changes to your Fund benefits. These benefit changes include enhancements to your existing benefits and programs to help control health care costs.

Q. Who is affected by the benefit changes?

A. All active participants, self-pay participants, non-Medicare eligible retirees (early retirees), Medicare eligible retirees, disabled participants, surviving spouses and COBRA enrollees.

However, some changes apply only to specific participants as outlined below.

Page 7 features a chart summarizing which benefits changes apply to each participant class.

Q. When are these changes effective?

A. *All* benefit changes are effective August 1, 2018.

MEDICAL BENEFITS

Q. Who is affected by the medical benefit changes?

A. All participants except Medicare eligible retirees.

Q. What medical benefits are being added?

A. Autism Spectrum Disorder benefits and Medical Specialty Pharmaceuticals.

Q. What Autism benefits are provided?

A. This benefit provides services for the diagnosis and outpatient treatment of Autism Spectrum Disorder, including Autistic Disorder, Asperger's Disorder and Pervasive Development Disorder. These services are provided for children through age eighteen (18).

A BCBSM participating provider *must* be used and BCBSM pre-authorization for treatment will be required.

Q. What are Medical Specialty Pharmaceuticals?

A. These are specialty drugs that are provided as a medical benefit. Treatment can be through a home infusion program, outpatient setting, clinic or in a doctor's office.

A BCBSM participating provider *must* be used and BCBSM prior authorization is required. Your physician will coordinate with you and BCBSM when this type of specialty care is needed.

Examples of specialty drugs include, but are not limited to, Prolia for Osteoporosis, Remicade for Chron's disease and Entyvio for Ulcerative Colitis.

PHARMACY BENEFITS

Q. Who is affected by the pharmacy benefit changes?

A. All participants except Medicare eligible retirees.

Q. What are the benefit changes?

A. The following "Pharmacy Initiatives" will be added to the prescription plan:

- **Dose Optimization** - BCBSM may discuss with your doctor your use of specific prescription drugs in once-daily dosage regimens as opposed to using lower multiple doses of the same drug.
- **Brand-to-Alternate Generic Interchange** - BCBSM may discuss with your doctor options to replace a single-source brand-name drug with an equally effective, less-costly generic alternative.
- **One-time Generic Copayment Waiver** - This program helps the Fund save money and provide you with a "one-time" copayment waiver if you switch from a targeted high-cost brand-name drug to an equally effective, less-costly generic equivalent.
- **Quantity Limits** - BCBSM may limit the quantity of select drugs to maintain consistency with the Federal Drug Administration dosing guidelines.
- **Step Therapy** - This program requires you to try certain alternative drugs before using a more expensive prescription. A prescribed drug may not be covered if step therapy guidelines have not been met. Your physician will coordinate this program with you, if necessary.

- **Prior Authorization** - This program requires that select prescription drugs are authorized by BCBSM prior to purchase. Prior authorization ensures that drugs are prescribed appropriately and works in conjunction with the Step Therapy program.

Q. Do the Step Therapy and Prior Authorization programs apply to my current prescriptions?

A. Participants who have been receiving a prescription that requires Step Therapy within one hundred and eighty (180) days prior to August 1, 2018 will *not* be required to change their prescription due to Step Therapy and/or Prior Authorization.

You can find a list of prescriptions that require Step Therapy and/or Prior Authorization at www.bcbsm.com/pharmacy.

DENTAL BENEFITS

Q. Who is affected by the dental benefit changes?

A. All participants except retirees, disabled, surviving spouse and COBRA participants who did not elect dental benefits.

Q. What are the dental benefit changes?

A. The dental annual and lifetime maximums will be increased by the following:

- The annual maximum for Class I, II and III services will increase from \$1,000 to \$1,500.
- The lifetime maximum for Orthodontic services will increase from \$1,500 to \$2,000.

Q. How often am I eligible for dental benefits?

A. The Class I, II and III benefits are available on a calendar year basis. The extra \$500 Class I, II and III benefit is available beginning August 1, 2018 even if you maxed out your \$1,000 dental benefit earlier in the year.

Participants who have exhausted their orthodontic lifetime benefits at the \$1,500 maximum and have completed their orthodontic services are *not* eligible for the \$500 increase in orthodontic benefits.

Participants who are in the process of receiving orthodontic services or those participants who may receive future orthodontic services will be eligible for the \$500 benefit increase.

VISION BENEFITS

Q. Who is affected by the vision benefit changes?

A. All participants except retirees, disabled, surviving spouse and COBRA participants who did not elect vision benefits.

Q. What are the vision benefit changes?

A. The current vision benefit is being eliminated and replaced with the following Vision Service Plan (VSP) benefits:

- **Eye exam** - Covered 100% of approved amount (no copayment)
- **Frames** - \$250 allowance
- **Lenses/Progressive Lenses** - Covered 100% of approved amount. Must be provided by a VSP participating provider.
- **Elective contact Lens** - \$250 allowance
- **Medically Necessary Contact Lenses** - Covered 100% of approved amount (no copayment). Pre-authorization is required.
- **Fit and Follow-up Contact Lens** - \$60 copayment

Q. How often am I eligible for vision benefits?

A. Vision benefits are offered once every calendar year. For the 2018 calendar year, if you already used your vision benefits before August 1, 2018, your new benefits will not start until January 1, 2019.

Q. What if I want to go to a non-participating provider -- i.e., a provider that does not participate with VSP?

A. Vision benefits are significantly reduced if you use a non-participating provider.

Q. Are glasses and contact lenses covered if both are purchased in the same calendar year?

A. No. You must choose between applying your benefit to glasses or contact lens within the same calendar year.

HEARING BENEFITS

Q. Who is affected by the hearing benefit changes?

A. All participants.

Q. What are the hearing benefit changes?

A. The current hearing benefit is being eliminated and replaced with the following benefits:

- Audiometric exam
- Hearing aid evaluation test
- Standard Monaural (single) or Binaural (two) hearing aid

Q. How often am I eligible for hearing benefits?

A. Hearing benefits are covered once every 36 months. Hearing services must be obtained from a BCBSM participating hearing care provider. To find a BCBSM Hearing Care Provider, visit www.bcbsm.com, click “Find a Doctor”, then click “Search without Logging In.” Type in “hearing aid providers” next to the box that is titled “All Categories.”

The chart below summarizes the benefits added for each participant class as of August 1, 2018. For a broader understanding of these benefit changes, please review the Q & A section above.

Participant Class	Benefits Added on August 1, 2018
Actives	Medical, Pharmacy, Dental, Vision and Hearing
Self-pay Participants	Medical, Pharmacy, Dental, Vision and Hearing
Non-Medicare Retirees (Early Retirees)	Medical, Pharmacy, Dental, Vision and Hearing (if elected)
Medicare Eligible Retirees	Dental (if elected) Vision (if elected) Hearing
Disabled Participants	Medical, Pharmacy, Dental, Vision and Hearing (if elected)
Surviving Spouses	Medical, Pharmacy, Dental, Vision and Hearing (if elected)
COBRA Enrollees	Medical, Pharmacy, Dental, Vision and Hearing (if elected)

If you have any questions about these benefit changes, please call the Fund Office at (800) 228-0048 or 517-321-7502.