

DETROIT & VICINITY TROWEL TRADES

Health and Welfare Fund

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March 2014

Effective May 1, 2014, the following changes have been adopted by the Board of Trustees:

PRESCRIPTION DRUG BENEFITS

Copayment Changes

Coverage for active Participants, COBRA Participants, and non-bargaining unit Participants:

Until \$3,000 in benefits is paid by the Fund in one year:

At retail: Co-payment is \$5 (generic) or 30% (all others) of prescription cost

Via mail order: Co-payment is \$0 (generic) or 30% (all others)

After \$3,000 in benefits is paid by the Fund in one year, for remainder of year:

At retail or via mail order: Co-payment is 95% of all prescription costs

Coverage for Early Retirees, Permanently and Totally Disabled Participants, and Surviving Spouses who are not eligible for Medicare:

Until \$100 in benefits is paid by the Fund in one year:

At retail: Co-payment is \$5 (generic) or 30% (all others) of prescription cost

Via mail order: Co-payment is \$0 (generic) or 30% (all others)

After \$100 in benefits is paid by the Fund in one year, for remainder of year:

At retail or via mail order: Co-payment is 95% of all prescription costs

Specialty Drug Program

Specialty pharmaceuticals are used to treat many chronic conditions including: Cancer, Multiple Sclerosis, Hepatitis, Hemophilia and Rheumatoid Arthritis, to name just a few.

The Sav-Rx Specialty Drug Program includes a full service specialty pharmacy committed to serving the needs of participants in the management of specialty drugs including biotech injectables, infusions and advanced oral drugs. The Sav-Rx clinical staff plays an active role in helping patients achieve and maintain good health while addressing the increased costs that are often associated with these treatments.

Under the new Specialty Drug Program:

- A physician prior authorization is required for all Specialty Drugs;
- Dispensing of all Specialty Drugs is limited to a 30 day supply per prescription fill; and

- After the initial prescription is filled at a retail pharmacy, participants are required to use the Sav-Rx Specialty Pharmacy for subsequent dispensing.

If you are currently using a specialty drug, you will receive additional information shortly.

Prior Authorization Program

The Sav-Rx Prior Authorization Program is an extension of the Sav-Rx Specialty Drug Program and designed on the premise that certain medications require a clinical review for determination of coverage. This requirement helps to ensure that members are receiving the appropriate drugs for the treatment of specific conditions and in quantities as approved by the U.S. Food and Drug Administration (FDA). In these cases, clinical criteria based on the most current medical information must be met. The approval criteria are developed by the Sav-Rx Clinical Department, which is an established group of medical professionals including physicians, and pharmacists whose primary concern is providing patients with the highest quality, most cost effective care while supporting the integrity of the doctor-patient relationship.

The following steps are involved in the Sav-Rx Prior Authorization Review Process:

1. Sav-Rx will receive a request from a patient, physician or pharmacy for a prior authorization on a particular medication for a specified participant.
2. Sav-Rx will conduct a therapeutic review of the clinical indications and dosage criteria for the medication as approved by the FDA.
3. Sav-Rx will contact the prescribing physician to obtain the necessary documentation of the patient's medical history and diagnosis.
4. Sav-Rx will either approve or deny the request for prior authorization for the medication based on the combined clinical information.
5. If approved, Sav-Rx will allow coverage of the medication at either a local pharmacy or the Sav-Rx Mail Order Pharmacy. The patient, physician and/or pharmacy will be notified by Sav-Rx in the case of either an approval or denial; along with the explanation of such decision.
6. Sav-Rx will maintain complete records of all requests and research documentation utilized in the decision for each individual prior authorization claim.

Therapeutic Quantity Limits Program

The Sav-Rx Therapeutic Quantity Limits Program is a program that ensures the proper utilization of certain medications based upon FDA guidelines. The program monitors prescription utilization and helps to identify potential overuse or abuse of medications, for both safety and cost-efficiency.

The program places therapeutic limits on particular classes of medications including:

- Narcotic Pain Relievers
- Migraine Medications
- Respiratory and Asthma Medications
- Nasal Medications
- Sedative Hypnotics

Controlled Substance Abuse Prevention and Management

The abuse and overuse of certain controlled substances, often referred to as narcotics, is something that Sav-Rx is committed to preventing. Some of the medications that are reviewed include:

- Class II analgesics: morphine IR/ER, oxycodone IR/ER, oxycodone/APAP, oxycodone/ASA, hydromorphone, Opana IR/ER, Kadian, methadone, fentanyl transdermal/transbuccal/ transmucosal etc.
- Class III analgesics: codeine/APAP, hydrocodone/APAP, Suboxone, Subutex
- Class IV analgesics: propoxyphene/APAP
- Class IV anxiolytics & hypnotics: lorazepam, clonazepam, diazepam, zolpidem, etc.

Sav-Rx will periodically monitor claims data for patients who are receiving multiple controlled medications from more than one prescriber and/or pharmacy within a specified length of time. Claims are viewed by Sav-Rx clinical staff to determine trends, appropriateness and duplication of therapy, etc. Usually, a pharmacist will contact each prescribing physician's office in order to obtain a diagnosis, prescriber specialty, and other pertinent background information relating to a patient's condition. Concerns identified are distributed by fax or phone to each provider.

For more information about Sav-Rx or any of the clinical programs that are being implemented please contact Sav-Rx at 1-800-228-3108.

MEDICAL BENEFITS

- There will no longer be a lifetime or annual dollar limit on medical benefits, including nuclear medicine, physical therapy and laboratory services.
- Physical therapy benefits are limited to 25 visits per calendar year.

VISION AND DENTAL

You may now elect to decline the Vision or Dental Benefits currently offered to you and your family. You will be able to do this once per year. Your self-payment amounts and the employer contributions required on your behalf will not change if you decline Vision or Dental Benefits. If you wish to discontinue your Vision or Dental benefits this year, please contact the Fund Office for the appropriate form. The completed form must be received by the Fund Office no

later than April 25, 2014 and will go into effect May 1, 2014. **If you take no action, your Vision and Dental Benefits will continue unchanged.**

If you have any questions about this notice or your coverage, please contact the Fund's Administrative Manager at:

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