



Local Union No. 598 Plumbing & Pipefitting Industry Health & Welfare Plan & Trust

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To: Active Participants
From: Board of Trustees
Date: April 2018
Re: Summary of Material Modifications to the January 1, 2016 Benefit Booklet for the Local Union 598 Plumbing and Pipefitting Industry Health and Welfare Plan for Employees – Amendments No. 3 and 4

This is a Summary of Material Modifications to the January 1, 2016 Benefit Booklet for the Local Union 598 Plumbing and Pipefitting Industry Health & Welfare Plan for Employees effective December 13, 2017.

Description of the Change

1. On page 1, the first paragraph of the Benefit Booklet is replaced with the following:

This Benefit Booklet and the Trust Agreement are intended to meet the requirements of Section 402(b) of the Employee Retirement Income Security Act for the Local Union 598 Plumbing & Pipefitting Industry Health & Welfare Plan (the “Plan”).

2. One page 12 of the Benefit Booklet, the definition of Plan Document is amended to read as follows:

Plan Document means Benefit Booklet and the Trust Agreement.

3. The chart on page 40 of the Benefit Booklet which describes Maternity Services is amended to read as follows:

BENEFIT	PPO PROVIDERS (In Network)	NON-PPO PROVIDERS (Out of Network)
Maternity Services <ul style="list-style-type: none">• Prenatal Office Visits	100% of Negotiated Rate. Deductible waived.	60% of Usual and Customary Charge or Global Charge after Deductible.
Radiology services (i.e. ultrasounds), delivery and post-partum care	80% of Negotiated Rate after Deductible.	60% of Usual and Customary Charge or Global Charge after Deductible.



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4. On page 53 of the Benefit Booklet, the material below the heading **MATERNITY SERVICES, PPO In Network** is replaced with the following:

PPO In Network. Covered Services paid at 80% of the Negotiated Rate after the Deductible has been satisfied, except maternity services that are considered Preventive Care Services, such as routine prenatal office visits, lab services identified as Preventative Care Services, tobacco cessation, counseling specific to pregnant women, immunizations recommended by the Advisory Committee on Immunization Practices, counseling for breastfeeding and breastfeeding equipment (breast pumps) and supplies, and gestational diabetic screening are paid at the 100% of the Negotiated Rate.

5. Effective with January 2018 Employer Contributions, the first paragraph on page 126 of the Benefit Booklet is replaced with the following:

Introduction. The Health Reimbursement Arrangement (“HRA”) gives Employees and former Employees with an HRA account flexibility to meet their family’s health care needs. Employers contribute money for Employees’ HRA accounts. The Contribution rate is determined by the Collective Bargaining Agreement or action by the Trustees and was \$0.25 per hour for hours worked from January 2016 through December 2017, and \$0.50 per hour effective January 1, 2018. The Contribution rate is subject to change through contract negotiations or action by the Trustees. Money in your HRA that is not used in one year will be carried over the following year.

This is a Summary of Material Modifications to the January 1, 2016 Benefit Booklet for the Local Union 598 Plumbing and Pipefitting Industry Health & Welfare Plan for Employees effective March 1, 2018.

1. On page 73, of the Benefit Booklet, subparagraph (f) is replaced with the following:

(f) Disposable diabetic testing supplies, test strips, testing agents, lancet and testing units (limit one per Covered Person per year). Test strips are limited to 200 during a thirty (30) day period unless Your Provider can demonstrate that more are needed. Call Caremark Customer Service at (866) 818-6911 to determine how to obtain authorization for more than 200 test strips during a thirty (30) day period.



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2. On page 74 of the Benefit Booklet, a new subparagraph (n) is added to read as follows:

(n) Brand name formulary and non-formulary drugs that have an authorized generic. Authorized generic means the generic is identical to the brand name formulary or non-formulary drug, but has a lower cost.

3. On page 76 of the Benefit Booklet, immediately before the heading **Prior Authorization Requirement for Compound Prescription Drugs that Exceed \$500**, a new paragraph is added to read as follows:

Prior clinical authorization is also required for any non-specialty drug that costs more than \$1,500 for a thirty (30) day supply.

4. On page 77 of the Benefit Booklet, the last section is amended and a new paragraph is added at the end of page 77 to read as follows:

Quantity Limitation Program. There may be instances where the pharmacy will dispense less than a 30-day or 90-day supply of a Prescription Drug. The Quantity Limitation Program manages the quantity of a Prescription Drug you can receive. The quantity of a Prescription Drug may be limited to less than a 30-day or 90-day supply based upon current medical findings, manufacturer-labeling information and/or Food and Drug Administration guidelines. The Quantity Limitation Program targets Prescription Drugs that are not used on a daily basis, but on a per episode basis, or that are highly addictive. Examples include Prescription Drugs for nausea and vomiting, migraine headaches, erectile dysfunction and acute pain. Prescriptions may be limited to specific number of doses per month or per fill or by number of days' supply. You can receive at one time.

The Plan limits opioids (such as OxyContin, Vicodin, fentanyl, and morphine) to a seven (7) day supply or less depending on the medical condition. A supply greater than seven (7) days may be allowed based on medical need and Prior Clinical Authorization. See page 76 for the Prior Clinical Authorization procedures.

Conclusion

If you have any questions regarding this Summary of Material Modifications, contact the Administrative Office. Please keep this Summary of Material Modifications with your January 1, 2016 Benefit Booklet.