

## ★★ IMPORTANT NOTICE TO PARTICIPANTS ★★

November 2014

To All Covered Persons:

This Notice is to inform you of the following changes to your Plan:

- Affordable Care Act Changes.
- Change To Reimbursement of Drugs Charged by the United States Department of Veterans Affairs (V.A.).
- Revised Exclusion for Telephone and Virtual Clinic Visits.
- New Programs Through Anthem.

### **Affordable Care Act Changes**

The Plan will make the following changes effective January 1, 2015, to comply with the Affordable Care Act (ACA).

#### ***In-Network (PPO Provider) Out-of-Pocket Limit Changes:***

To comply with the ACA out-of-pocket maximum requirements for all essential health benefits, the Plan will revise the in-network out-of-pocket limits effective January 1, 2015, as follows. Please note that currently there is **no** out-of-pocket limit for prescriptions filled under the Preferred Provider Pharmacy Program (Catamaran).

For Classes A and C, the out-of-pocket limit per calendar year for Preferred Provider Pharmacy Benefits will be \$4,100 per covered person/\$5,700 per family. This is in addition to, and separate from, the medical out-of-pocket limit of \$2,500 per covered person/\$7,500 per family.

For Class D, the out-of-pocket limit per calendar year for Preferred Provider Pharmacy Benefits will be \$6,600 per covered person/\$13,200 per family. There is no medical out-of-pocket limit because the Plan reimburses 100% of what Medicare does not cover.

For the Reduced Cost Option, the Medical Benefits in-network out-of-pocket limit per calendar year will be lowered from \$6,000 per covered person/\$12,700 per family to \$4,000 per covered person/\$9,000 per family. The out-of-pocket limit per calendar year for Preferred Provider Pharmacy Benefits will be \$2,600 per covered person/\$4,200 per family.

There is no change to the out-of-pocket limits for out-of-network (non-PPO provider) services.

### **Chiropractic Care Changes:**

Currently, chiropractic care is covered under Medical Benefits, up to a maximum of \$1,000 per covered person per calendar year. Effective January 1, 2015, the \$1,000 chiropractic maximum will be eliminated and replaced with a limit of 20 visits per calendar year. Any/all chiropractic services received on any given day will count or accumulate to one visit.

### **Tobacco Cessation Changes:**

Currently under the Preferred Provider Pharmacy Program, benefits are payable for 50% of the cost of prescription tobacco cessation medications purchased in conjunction with the Quit for Life Program, up to a maximum of a 90-day supply per calendar year, subject to the preventive care requirements of the ACA. Effective January 1, 2015, the Plan's coinsurance for such prescription tobacco cessation medications will increase to 100% and the Plan will pay for two 90-day supplies per calendar year. You must be enrolled in the Quit for Life Program for these medications to be covered by the Plan.

### **Change to Reimbursement of Drugs Charged by V.A.**

If you are eligible to use the V.A. prescription drug program, the Plan currently reimburses 100% of the amount charged by the V.A. for each prescription. This provision will be eliminated for all prescriptions filled on or after January 1, 2015, and you will be responsible for the applicable copayment. We recommend you use the Preferred Provider Pharmacy Program with Catamaran to fill your prescriptions.

### **Revised Exclusion for Telephone and Virtual Clinic Visits**

Effective January 1, 2015, the Medical Benefits exclusion (aa) is revised as follows:

*Charges for telephone conversations/telephone consultations or virtual clinics, except for those furnished by the LiveHealth Online Program through Anthem.*

### **New Programs Through Anthem**

The Fund's Preferred Provider arrangement with Anthem BlueCross BlueShield provides a network of hospitals and physicians who provide high quality medical care at prices that help the Fund manage costs. Effective January 1, 2015, you and your eligible dependents also will have access to the following three programs offered by Anthem. These programs are optional, not mandatory, but we encourage you to consider using them to discover how valuable they can be.

**LiveHealth Online:** A convenient way for you to interact with a physician via live, two-way video on your computer or mobile device 24/7, 365 days a year, anywhere with internet connection. Just enroll at: [livehealthonline.com](http://livehealthonline.com) or on the free mobile app. The

Plan will pay 100% of the cost of these visits. The enclosed brochure provides details regarding when it may be appropriate to use this service.

***Please Note: In the case of a medical emergency, call 911 or seek treatment at an emergency room. The services provided by LiveHealth Online are in no way meant to replace the emergency room or office visit when medically necessary.***

**Future Moms:** Individualized support for expectant moms to achieve healthier pregnancies, healthier deliveries, and healthier babies. It is designed to help expectant mothers focus on early prenatal interventions, risk assessments, and education to help recognize signs and symptoms of complications related to pregnancies, reduce low birth-weight newborns, and reduce pregnancy-related medical costs. Sign up for Future Moms by calling toll-free: 1-866-647-6120. There is no extra cost to you.

**24/7 NurseLine:** Free access to registered nurses any time of the day or night over the phone. Experienced nurses can address common health care concerns such as medical information, education, access to health care, diet, social/family dynamics, and mental health issues. Toll-free number: 1-866-670-1565.

***Please see the enclosed brochure that incorporates further information furnished by Anthem regarding these programs.***

Please keep this Notice with your Summary Plan Description (SPD) booklet for future reference. If you have any questions, please call the Fund Office at (952) 854-0795, or toll-free at 1-800-535-6373.

Yours very truly,

THE BOARD OF TRUSTEES

Enclosure

*This Notice, which serves as a Summary of Material Modifications (SMM), contains only highlights of certain features of the Local 434 Health and Welfare Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or discontinue all or part of the Plan at any time.*

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