



Protecting Your Future

Carpenters' District Council of Kansas City & Vicinity Welfare Fund (Kansas City Plan) Merger into the Carpenters Health & Welfare Trust Fund of St. Louis (St. Louis Plan) Effective May 1, 2013

Kansas City Members,

It is with great pleasure that we welcome you to the Carpenters' Health & Welfare Trust Fund of St. Louis. We understand the coming months may bring apprehension regarding the upcoming merger. This is understandable – our benefits and Plan are new for you. However, we hope to eliminate as much confusion as possible during this transition in order to help you better understand your new benefits and support team.

Why Merge?

Your Kansas City Plan is merging into the St. Louis Plan for one purpose: to make two strong health and welfare plans stronger. The Board of Trustees is committed to delivering the best benefits possible to the most members possible for as long as possible. The health and welfare merger will help make this happen. We believe you will find overall benefits in the St. Louis Plan as good as or better than the benefits available to you today.

What's Next?

The Kansas City Plan and benefits will remain unchanged until April 30th. All hours you are currently working or self-pay premiums you are making apply to earning coverage in the St. Louis Plan. On May 1st the better of the two Plan's eligibility rules will apply to you, either St. Louis or Kansas City eligibility rules. You may refer to Page 9 of this Builder for more information on determining eligibility after May 1st.

In April, you will receive a packet from our office regarding your new Plan coverage, including St. Louis Dental and Vision benefits

and our HIPAA Privacy Practices. Please refer to the top box below for information on additional medical and pharmacy mailings. For more information about the St. Louis Plan now, please visit our website at www.carpdc.org/BenefitServices/HealthAndWelfare.

Carpenters Benefit Plans



Our logo represents all three St. Louis Carpenters' Benefit Plans: Health & Welfare, Vacation and the St. Louis Pension Plan. This logo will appear on any document that comes from our office and will help you identify Health & Welfare and Vacation Plan information.

Please note: Your Kansas City Pension Plan will continue to be administered by Wilson McShane. As a result, information about your Kansas City Pension will often come separately.

“We Protect What You Build”

One of the most important values we want to share with you is our deep commitment to our members' long-term wellbeing. Our mission as an organization is to provide exceptional member service and support by every means available. Serving you is “why” we are here. Our Vision is to protect what you build. It is more than providing you with the benefits you have earned. Our Vision means protecting your family with the outstanding health benefits throughout your working and retirement years.

We look forward to partnering with you in the near future. Should you have any questions or concerns regarding the merger or the St. Louis Plan, please contact us.

Sincerely,
Carpenters' Benefit Plans

New Medical ID and Prescription ID Cards are on their way in April!

You will receive one **Medical ID card** per covered family member from **Coventry Health Care of Kansas, Inc.** These ID cards list important telephone numbers and addresses instructing providers where to file your claims. Please present the corresponding ID cards to all providers of service.

Prescription ID cards will be sent to you from **Express Scripts** for use at any Express Scripts retail pharmacy. If you take maintenance medication, mail-order service is also available through Express Scripts. Please contact the Carpenters' Member Service Department for a Medco by Mail form or you may also visit our website at www.carpdc.org/BenefitServices or the Express Scripts website at www.express-scripts.com.

Your ID cards will come directly from **Coventry Health Care** and **Express Scripts** in separate notifications in late April.

*These cards do not guarantee eligibility into the Plan

Members Only: Not Registered on [carpdc.org](http://www.carpdc.org)? Want to get more information on your Plan and Benefits?

- Go to our website: www.carpdc.org
- Locate the **Log In** box in the upper left corner of the website and select **Register**
- Follow the prompts for **Steps 1 - 4**
- Once you complete **Steps 1 - 4**, you will be sent an email from our website to **verify your email address**
- If you don't receive an email from our website to your email Inbox, **check your Spam or Junk email folder**
- Once you have your verification email, click on the link within the email to **verify your email address**
- After you have verified your email address, you have an active carpdc account! Happy Surfing!

St. Louis Carpenters' Plan Eligibility For additional Eligibility rules, see Page 8...

Initial Eligibility

Members obtain initial eligibility the first day of the month after working at least 500 credit hours for a contributing employer within six consecutive months. A credit hour is defined by the Plan as one hour of work for which contributions have been made into the Carpenters' Health and Welfare Trust Fund of St. Louis (Plan). A credit hour also includes an hour for which you perform picket duty for the Carpenters' District Council or its locals and for which contributions have been paid on your behalf.

Continuing Eligibility

There are three eligibility rules that can continue a member's eligibility: the **Quarterly Rule**, the **Look-Back-Rule** and the **Plan Year Rule**. Members must meet at least one of these Rules to maintain eligibility in the Plan through hours worked.

- 1. Quarterly Rule:** If members work 300 hours in a Contribution Quarter provide coverage for the corresponding Eligibility Benefit Quarter.

| Minimum Hours Worked | In a Contribution Quarter | Provides Coverage | For the Following Benefit Quarter |
|----------------------|---------------------------|-------------------|-----------------------------------|
| 300 | May, June, July | ⇒ | Oct, Nov, Dec |
| 300 | Aug, Sept, Oct | ⇒ | Jan, Feb, March |
| 300 | Nov, Dec, Jan | ⇒ | April, May, June |
| 300 | Feb, March, April | ⇒ | July, Aug, Sept |

- 2. Look Back Rule¹:** Members who have worked at least 1,200 credit hours within 12 consecutive months, period ending with any month in a Contribution Quarter will continue coverage for the corresponding Eligibility Benefit Quarter.

| Minimum Hours Worked | In a 12 Month Period Ending | Provides Coverage | For the Following Benefit Quarter |
|----------------------|-----------------------------|-------------------|-----------------------------------|
| 1,200 | May, June, or July | ⇒ | Oct, Nov, Dec |
| 1,200 | Aug, Sept, or Oct | ⇒ | Jan, Feb, March |
| 1,200 | Nov, Dec, or Jan | ⇒ | April, May, June |
| 1,200 | Feb, March, or April | ⇒ | July, Aug, Sept |

- 3. Plan Year Rule¹:** Members who work at least 1,300 hours during a Plan Year (ex., May 1, 2013 through April 30, 2014) will earn coverage for the following Plan Year Rule Eligibility Period (in this example, coverage would be extended July 1, 2014 – June 30, 2015).

| Minimum Hours Worked | In the Plan Year | Provides Coverage | For Period |
|----------------------|------------------|-------------------|------------------|
| 1,300 | May 1 - April 30 | ⇒ | July 1 - June 30 |

¹To qualify for this Rule, members must remain eligible for employment with a signatory employer.

Minimum or Difference Payments

Members with less than 300 hours worked in a Contribution Quarter who do not meet any of the other continuing eligibility requirements listed above may continue coverage by making a Minimum or Difference Payment. A Minimum Payment may be made when a member has no hours worked and chooses to continue eligibility by "paying the minimum" of 300 hours. A Difference Payment would "pay the difference" between actual credit hours worked and the minimum 300 credit hours required multiplied by the current hourly rate for Employer Health and

Welfare contributions. It's important to note that this coverage is an alternative to COBRA Coverage. You may make a combination of Minimum or Difference Payments for no longer than eight consecutive benefit quarters (24 months). An additional 12 months of coverage is available beyond 24 months at the current contribution rate multiplied by a total of 400 hours.

| Hours Worked per Contribution Quarter | Provides Coverage | For the Following Benefit Quarter |
|---------------------------------------|-------------------|-----------------------------------|
| May, June, and July | ⇒ | Oct, Nov and Dec |
| Aug, Sept, and Oct | ⇒ | Jan, Feb, and March |
| Nov, Dec, and Jan | ⇒ | April, May, and June |
| Feb, March, and April | ⇒ | July, Aug, and Sept |

COBRA Continuation Coverage

The Plan provides continued health and welfare coverage on a self-pay basis as required by the Consolidated Omnibus Budget Reconciliation Act of 1985, commonly known as COBRA. COBRA is available to members and their families as an opportunity for a temporary extension of health coverage called continuation coverage when there is a "qualifying event." A "qualifying event" may be any one of the following situations: (1) members do not meet the hour requirements to continue active coverage; (2) a spouse and member divorce; or (3) when a dependent child reaches age 26. Depending on the type of qualifying event, "qualified beneficiaries" would include members, the member's spouse and the member's dependent children. "Qualified beneficiaries" would continue the same coverage as active members.

Spousal Coverage Program

If a spouse is employed and eligible to participate in a qualified employer-sponsored health plan, the spouse must enroll in the minimum coverage offered through his/her employer to qualify for benefits under the Plan. The employer sponsored health plan would be the "primary" insurance payer and this Plan would be "secondary". In most cases this will result in 100% coverage.

A spouse is "Exempted," or an exception is given, in any of the following situations:

1. Spouse is not employed
2. Spouse is self-employed and has no other employees
3. Spouse works less than 30 hours per week
4. If the spouse's employer does not contribute to towards the cost of the health coverage offered.

The Plan requires exempt spouses to complete a Spousal Coverage Verification Form annually to qualify for spousal coverage.

Self-Payment Provisions – Non-Active Classification

There are three categories for Self-Pay under the Non-Active Classification. These are **Retired Members**, **Disabled Members** and **Surviving Spouses**. The Non-Active Classification allows qualified members – members falling in one of the above three categories – and their eligible dependents to continue eligibility under the Plan, provided the applicable premium is paid. The benefits are similar to those under the Active Classification for medical benefits. Members in the Non-Active Classification also have the option to participate in Vision and Dental benefits for an additional monthly premium amount.

Medical Coverage

Plan Design

The Carpenters' Plan has partnered with **Coventry Health Care** to provide you and your dependents access to a network of doctors, hospitals, and other medical care providers. The medical care providers in the Coventry Network of doctors are under contract to charge predetermined fees for their services and, in most cases, these fees are lower than their normal rates. Under this contract, members are not required to select primary care physicians, nor are referrals necessary when visiting specialists. Under the Carpenters' Plan design, there are three levels of benefits, referred to as Tiers, as follows.

1. Tier 1 PPO-ASO Network

After a small co-payment for services, the Plan pays 100% of most covered expenses.

2. Tier 2 Coventry National Network

Some services require a small co-payment then the Plan pays 100%, other services may have a small co-payment with 90% coverage.

3. Tier 3 Out Of Network

The Plan offers coverage at 50% coinsurance for services obtained outside of the Tier 1 and Tier 2 Networks. Since the Plan does not have contracts with non-network providers, members could be responsible for significant out-of-pocket expenses.

Refer to Page 4 for the Medical Schedule of Benefits.

Managed Care and Utilization Management

Under Coventry Health Care's Managed Care program, all hospitalizations and many other services are reviewed by a team of medical professionals to determine medical necessity of the care and availability of more cost effective resources. This program is designed to help members and covered dependents become better, more effective consumers of health care. It is also designed to help them receive the most appropriate care for specific medical conditions.

In order for members to receive the maximum allowable benefits under the Plan, certain services require prior authorization to verify services are necessary. To find out what services require prior authorization, please refer to the Carpenters' website at www.carpdc.org/BenefitServices/HealthAndWelfare under the Schedule of Benefits tab, Services Requiring Authorization 2013 or contact the St. Louis Carpenters' Member Services Department.

It is important for members/patients to discuss prior authorization with their physicians so that both understand what is to occur.

Failure to comply may result in reduced benefits or loss of all benefits for the services in which precertification is required. For providers within the Coventry network, prior authorization is the provider's responsibility. When an out-of-network provider is used, members are responsible for prior authorization of services.

Mercy's Member Assistance Program



Where do you go when you need encouragement or help?

Some people go to family, friends, their church, and some do absolutely nothing. Carpenters' Benefit Plans, however, has recently added a new benefit for you and your family to address these kinds of issues....a confidential resource to support members and their families deal with a range of day-to-day problems, effective May 1, 2013.

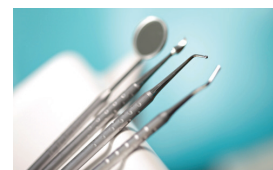
Staffed with professional counselors, the Member Assistance Program (MAP) is just a phone call away.

By calling (800) 413-8008 #2, members are referred to a local counselor who will help sort out the kind of help you may need, meet with you to help resolve issues, problem solve, and offer support, guidance and coaching. Mercy MAP is the Carpenters' Benefit Plans' resource for the Carpenters' District Council's Drug Testing Program.

Dental and Vision Coverage

Dental Benefits

The Carpenters' Plan and **Delta Dental** have come together to bring dental benefits to members' with minimal to no out-of-pocket expense when selecting a Delta Dental PPO Network dentist. The Carpenters' Plan's dental fee schedule offers three levels of coverage to consider when selecting a dentist for routine services and services for other dental care:



- 1. Delta Dental PPO Network:** PPO dentists offer the highest level of benefits available, resulting in minimal to no out-of-pocket expense for services. There is no deductible for preventive services and Delta Dental PPO Network dentists agree to provide you with a 20-30% discount off standard charges. Currently, over 50% of the practicing dentists nationally participate in the Delta Dental PPO Network.
- 2. Delta Dental Premier Network:** Dentists in the Premier Network are discounted slightly but not as significantly as PPO dentists. Members are responsible for deductibles for all services. Use of a Premier Network dentist will result in greater out-of-pocket costs than with a PPO dentist.
- 3. Out-of-network:** Out-of-Network dentists charge full price for services and member out-of-pocket expenses will be the highest among all three levels of coverage.

Know the difference between PPO and Premier Network dentists. For more information on our dental program and to see allowable amounts of the fee schedule, please visit www.deltadentalmo.com/carpdc and click on the **Dental Fee Schedule** link.

Vision Benefits

VSP (Vision Service Plan) is the vision service network for the Carpenters' Health and Welfare Trust Fund of St. Louis (Carpenters' Plan). Vision benefits are available to all Active covered members and dependents. When visiting an In-Network vision provider, members are eligible for the following services with copays and allowable amounts designated by the Carpenters' Plan and VSP.

- Annual eye exam
- Annual Contact lens exam
- New prescription lenses annually
- New frame every 24 months
- New contacts instead of glasses annually
- Discounts toward laser correction surgery from VSP-approved laser surgeons and centers



Non-Active Classification members and eligible dependents may elect to enroll in the dental and vision benefits for an additional monthly premium initially when moving to the Non-Active Class or during open enrollment annually.

Carpenters' Health and Welfare Trust Fund of St. Louis – Core Plan
Schedule of Medical Benefits – Effective May 1, 2013



| BENEFIT | Coventry PPO Network Tier 1 | Coventry National Network Tier 2 | Out of Network Provider |
|--|-----------------------------------|---|---|
| Annual Out-Of-Pocket Maximum | N/A | \$1000.00 | \$3000.00 Emergency Only ⁴ |
| IN-OFFICE SERVICES | | | |
| Primary Care Physician Office Visits | \$25 co-pay | \$25 co-pay | 50% |
| Obstetrical Care ¹ | \$25 co-pay (first visit only) | \$25 co-pay (first visit only) | 50% |
| Specialty Physician Office Visit | \$40 co-pay | \$40 co-pay | 50% |
| Mammograms | 100% | 100% | 50% |
| Surgical/Diagnostic Procedure in Physician's Office ^{1,3} | \$55 co-pay | \$55 co-pay | 50% |
| X-Ray, Laboratory, Anesthesia and Other Ancillary Services | 100% | 90% | 50% |
| Physical, Speech and Occupational Therapy Services ¹ | \$10 co-pay | \$10 co-pay | 50% |
| Chiropractic Care (\$1,500 annual benefit maximum cross accumulates among all benefit levels) | Maximum of \$42 per visit. | Maximum of \$42 per visit. Member can be billed for balance. | Maximum of \$42 per visit. Member can be billed for balance. |
| INPATIENT SERVICES¹ | | | |
| Inpatient Hospital Services ¹ | \$175 co-pay per admission | \$285 co-pay per admission, then 90% | 50% |
| Convalescent Skilled Nursing Facility ¹ (Aggregate 100-day maximum cross accumulates among all benefit levels) | \$175 co-pay per admission | \$285 co-pay per admission, then 90% | 50% |
| Physician Hospital Visits and Specialist ¹ Care/Consultations | 100% | 90% | 50% |
| Inpatient Ancillary Services (Emergency Room, Radiology, Anesthesiology, Pathology) | 100% | 90% | 50% |
| OUTPATIENT FACILITY SERVICES^{1,3} | | | |
| Includes: Observation Room Stay (excluding pregnancy), Outpatient Surgical Facility, Partial Hospitalization, Intensive Outpatient Treatment, Residential Facility Treatment, Electroshock Treatment ^{1,3} | \$115 co-pay | \$235 co-pay | 50% |
| Obstetrical Observation Room Stay | 100% | 90% | 50% |
| CT, PET, MRI Scans, Bone Mineral Density Testing, Nuclear Scans and Other Diagnostic Services ^{1,3} | \$55 co-pay | \$55 co-pay | 50% |
| X-Ray, Anesthesia and Other Ancillary Services ¹ | 100% | 90% | 50% |
| Outpatient Independent Lab | \$5 co-pay | \$5 co-pay | 50% |
| ANCILLARY SERVICES¹ | | | |
| Hospice | 100% | 90% | 50% |
| Home Health Services (maximum 100 visits per calendar year) | \$5 co-pay | \$5 co-pay | 50% |
| Durable Medical Equipment | 10% co-pay-Maximum \$200 | 10% co-pay-Maximum \$200 | 50% |
| Orthotics/Prosthetics | \$5 co-pay | \$5 co-pay | 50% |
| EMERGENCY AND URGENT CARE² | | | |
| Hospital Emergency Room ^{2,3} | \$115 co-pay | \$115 co-pay | \$115 co-pay |
| Urgent Care Facility | \$30 co-pay | \$30 co-pay | 50% ⁴ |
| Ambulance Service | \$55 co-pay | \$55 co-pay | \$55 co-pay |

¹May require pre-certification through the Medical Care Management Company.

²Medically necessary emergency room care, as defined by the Plan, will always be paid at 100% (after copayment) regardless of the provider chosen. Urgent care expenses will be paid at the benefit level corresponding to the provider of care.

³In cases where the Plan applies a copayment and more than one service with a copayment exists on the claim, the higher co-pay will apply.

⁴Qualified Emergency Care obtained out of the network will be paid at 70%, up to \$3,000 out of pocket, then at 100%.

Carpenters' Health and Welfare Trust Fund of St. Louis
Medicare Supplemental Coverage
Schedule of Medicare Supplemental Benefits – Effective May 1, 2013



If Medicare is the primary payer of benefits for you or one of your dependents who is covered under this Plan, that person will receive Medicare Supplemental Coverage, rather than the normal benefits provided by the Plan. The Medicare Supplemental coverage provides benefits at the level shown below on the Medicare Supplement Schedule of Benefits, regardless of the provider used. This is a supplemental medical plan designed to coordinate coverage with what Medicare allows.

MEDICAL

| TYPE OF BENEFIT | COVERAGE LEVEL |
|---|---|
| Annual Out-Of-Pocket Maximum | \$2,000.00 |
| Co-Insurance for all covered medical services | 80% |
| Ambulance Services | \$50 co-payment |
| Hospital Emergency Room | \$100 co-payment (Co-pay waived if admitted) |

PRESCRIPTION DRUG

| You Receive: | You Pay: Retail | You Pay: Mail – Medco by Mail administered by Express Scripts |
|------------------------------|---|---|
| Generic Drug | 20% (\$50 copay maximum per Rx 30 day supply) (\$115 copay maximum per Rx 31-90 day supply) | 20% (\$100 copay max per Rx 31-90 day supply) |
| Brand Drug | 35% (\$75 copay maximum per Rx 30 day supply) (\$175 copay maximum per Rx 31-90 day supply) | 35% (\$150 copay max per Rx 31-90 day supply) |
| Annual Out-of-Pocket Maximum | \$2,500 | |
| Day's Supply | Up to 90 | |

Members under the Carpenters' Medicare Supplement Plan have a \$2,500 annual out-of-pocket (OOP) maximum *per member* plus catastrophic coverage member cost sharing when the OOP is reached. The catastrophic cost sharing is the greater of 5% or \$2.65 for generics and \$6.60 for brands.

In addition, there is no pre-certification requirement for any treatment under the Medicare Supplemental Coverage. Services obtained must be authorized as medically necessary under Medicare to be eligible for benefits under this Plan.

Your provider should submit claims to Medicare for consideration. After Medicare has paid, the claim will be crossed over to Carpenters' Benefit office for consideration. This Plan will generally pay the balance of the covered charges determined by Medicare. The total benefit paid by Medicare and this Medicare Supplemental Coverage cannot exceed 100% of the allowable expenses. (See page 69 for definition of "allowable expense.")

Generally, this Plan is a supplement to Medicare and does not consider charges for additional days or visits beyond Medicare limits.

Prescription Drug Benefits

Carpenters' Plan partners with **Express Scripts** (formerly Medco) to administer prescription benefits. Express Scripts offers both Retail and Mail-Order benefits. Diplomat Specialty Pharmacy is the pharmacy network that has partnered with the Carpenters' Plan to provide services for all specialty pharmacy needs that require long term personalized medical care.

- **Retail Prescription Drug Program**

Participating retail pharmacies will provide up to a 30-day supply of covered prescription drugs. Members will pay a lower co-payment for generic drugs and receive the same quality medication as the brand drug equivalent. Participating retail pharmacies can also provide up to a 90-day supply of covered prescription drugs; however, members may want to consider utilizing Medco by Mail administered by Express Scripts for long-term maintenance medications. Co-payments for a 90-day supply of medication at a retail pharmacy may be greater than co-payments through *Medco by Mail*.

- **Mail-Order Prescription Program**

Medco by Mail administered by Express Scripts should be used for maintenance prescription drugs. Maintenance drugs include those medications taken for periods of 30 days or longer for chronic health conditions, such as diabetes, asthma, arthritis, high blood pressure and heart disease. As with retail 30-day supply medications, generic medications are encouraged to save cost to members and the Plan. The Mail-Order form explains how you can pay by credit card. Mail Order forms are available from the Carpenters' Benefit Plans Office or online at www.carpdc.org/BenefitServices/Forms.

- **Prescription Drugs: Specialty Medications**

Diplomat Specialty Pharmacy is used for all specialty medications regardless of day's supply. In addition, Diplomat is able to administer a "short fill" program that allows for certain medications that have a high incidence of adverse effects and/or discontinuation within the first few months of use. The "short fill" program issues only a 15 day fill at half the out of pocket of a 30 day fill. The "short fill" may be applied to a specialty medication for the first 6 fills. Once determined that the patient is able to safely tolerate the medication, the normal 30 day fill is allowed.

A. Generic Drug Co-Insurance is 20% up to:

1. \$ 50 maximum for a 1-31 day supply at Retail
2. \$115 maximum for a 32-90 day supply at Retail
3. \$100 maximum for a 32-90 day supply at Mail Order

B. Brand Name Drug Co-Insurance is 35% up to:

1. \$ 75 maximum for a 1-31 day supply at Retail
 2. \$175 maximum for a 32-90 day supply at Retail
 3. \$150 maximum for a 32-90 day supply at Mail Order
- *Annual Family Out-of-Pocket Limit is \$2,500*

ACTIVE MEMBERS ONLY

C. *Specialty Medications approved by the FDA in 2013 or later require a 50% Co-Pay with no out-of-pocket maximum unless approved otherwise.*

Clinical Care Management Protocols

Four programs are in place to help manage your prescription benefit.

1. Starter Quantity Program

The Starter Quantity Program is designed so that coverage for any new prescription is limited to a quantity prescribed by your physician not to exceed a 30-day supply before becoming eligible for larger quantities. A covered prescription would be considered a new prescription in any of the following situations:

- there is a change in drug strength or dosage of current medication;
- your physician writes a prescription that you have not taken for six months or more; or
- a new prescription is issued by your physician.

The purpose of the Starter Quantity Program is to make sure any new medications prescribed to you perform the way you and your doctor expect. Once you are sure the new medication is effective without untold side-effects, you may order a larger supply. This program prevents large quantities of medications from being covered that are unable to be used.

2. First Line Treatment Program

First line treatment programs require the "first line" or proven medications, often generic, to be tried prior to obtaining newer, less proven "second line" medications. All members taking the second line medications prior to January 1, 2006 may continue with their therapy and will not be required to meet the first line treatment requirements.

- a) Anti-arthritis:** A traditional Non-steroidal Anti-inflammatory Agent (NSAID), such as Ibuprofen, must be tried prior to receiving coverage for a COX-2 medication, such as celecoxib (Celebrex).
- b) Anti-arthritis Injectables:** The Plan requires a patient must try methotrexate or other disease-modifying anti-rheumatic drug (DMARD) before receiving coverage for Enbrel or Humira. The manufacturer recommended guidelines suggest a DMARD be attempted as first line treatment.
- c) Depression:** It is recommended a patient seek counseling in conjunction with taking an antidepressant. If taken correctly, antidepressants have the ability to provide benefits; however, there is no one drug that is a "medication of choice." The Depression First Line Treatment Program requires a patient receiving coverage for the treatment of depression to start with traditional generic medication treatment options first, before obtaining coverage for newer, less-proven treatments.
- d) Gastrointestinal/Acid Peptic:** Research has shown the administration of histamine H2-receptor antagonists (Zantac/Tagamet/Axid/Pepcid/Prevpac) in standard divided doses can achieve complete symptom relief and heal the esophagitis in patients with gastro esophageal reflux disease (GERD) and peptic ulcer disease. Newer medications called PPIs have also been proven effective in the treatment of acid peptic disorders; however H2 treatments are recommended as the first line of treatment because of their safety, cost and effectiveness. In order to qualify for coverage of a PPI medication (example: Nexium) a patient must have tried and failed with treatments of an H2-Antagonist and generic PPI, such as Omeprazole (generic for Prilosec) within the last six months.



y Coverage

e) **Hypertension:** Research sponsored by the National Heart, Lung and Blood Institute studying treatment options for high blood pressure found the first line of treatment for high blood pressure should be a diuretic. If you need multiple drugs to control your high blood pressure, one of the medications should be a diuretic. Coverage for hypertension will be restricted to a diuretic as the first line of treatment unless other existing medical conditions or medications require other drug therapies.

3. **Supply and Dosage Limit Program**

a) **Anti-fungal Lifetime Supply Limit:** Indications are that nail fungus treatment drugs prescribed such as Lamisil be limited to a life-time supply of 90 days. Medical literature indicates if the condition is not cured within the 90-day treatment period, it will not benefit the patient to continue taking these medications. Therefore, antifungal medications are limited to 90 days per lifetime. Prior authorization is required for coverage of quantities in excess of those guidelines.

b) **Anti-migraine Medication Dose Management:** Studies have shown anti-migraine medication in doses higher than manufacturer guidelines may actually cause the migraines they are intended to treat. Coverage is limited to the guidelines provided by the National Headache Foundation. Prior authorization is required for coverage of quantities in excess of the manufacturer's guidelines.

i. **Amerge:** 1 mg and 2.5 mg - (9) tablets per 30 days regardless of strength.

ii. **Axert:** 6.25 mg and 12.5 mg - (12) tablets per 30 days regardless of strength.

iii. **Frova:** 2.5 mg - (12) tablets per 30 days.

iv. **Imitrex:** 25 mg, 50 mg, and 100 mg - (9) tablets per 30 days regardless of strength.

v. **Imitrex Nasal Spray:** (12) units or (2) packages per 30 days.

vi. **Imitrex Injections:** (12) injections or (6) kits per 30 days.

vii. **Maxalt:** 5 mg and 10 mg - (12) tablets per 30 days regardless of strength.

viii. **Migranal Nasal Spray:** (8) units or (2) kits per 30 days.

ix. **Zomig:** 2.5 mg and 5 mg - (12) tablets per 30 days regardless of strength.

x. **Replax:** 20 mg, 40 mg, and 80 mg - (9) tablets per 30 days regardless of strength.

c) **Insomnia Medication Dose Management:** Certain insomnia medications (Ambien, Sonata) are used to treat acute insomnia, but are not indicated for long-term maintenance or chronic therapy. Therefore, as recommended by the manufacturer, the following quantity limits will apply:

i. **Ambien and Sonata:** Limited to a quantity of 14 regardless of dosage per 30-day supply and each claim is limited to a 30 day supply.

ii. **Lunesta and Rozerem:** Limited to a quantity of 30 tablets per 30-day supply and each claim will be limited to a 30-day supply.

All coverage for additional insomnia medications must receive prior authorization and are subject to the Plan's refill utilization parameters.



4. **Preferred Drug Step-Therapy**

a) **PPI Step-Therapy (Ulcer Treatment):** Patients requiring a prescription for ulcer medications will be required to try the generic drug Omeprazole first. If that fails to treat the condition properly, then the brand name drug, Nexium, will be available. If Nexium does not treat the condition properly, then other drugs are available.

b) **SSRI (Selective Serotonin Reuptake Inhibitor):** Patients requiring a prescription for depression and/or anxiety will be required to try the generic drug citalopram first. If it fails to treat the condition properly, then the brand name drug Lexapro will be available.

c) **Osteoporosis Treatment:** Patients requiring a prescription for osteoporosis treatment will be required to try Boniva or alendronate first. If those drugs fail to treat the condition properly, then other drugs are available.

d) **Intranasal Steroids:** Patients requiring a prescription for nasal steroids will be required to try the brand name Nasonex or the generic fluticasone first. If these drugs fail to treat the condition properly, other drugs are available.

e) **ARB (Angiotensin Receptor Blockers):** A patient requiring a prescription for treating or preventing: high blood pressure, various heart and kidney conditions, or stroke will be required to try the standard drugs Diovan/HCT and Micardis/HCT or the generic drug Cozaar/Hyzaar first. If these drugs fail to treat the condition properly, other drugs are available.

f) **NSA (Non-sedating Antihistamines):** A patient requiring an antihistamine to treat hay fever or similar allergy symptoms will be required to try the generic drug fexofenadine first. If it fails to treat the condition properly, then other drugs such as Allegra D, Clarinex and Xyzal are available.

All Active Non-Medicare Members who are receiving prescriptions that are affected by any of the clinical programs listed on pages 6 - 7 will be contacted in April 2013 to supply you with more personal information to assist your transition to the St. Louis Plan.

Protecting Your Health Benefits as Active Members

Kansas City Transition Period Eligibility

Active Coverage

Effective May 1, 2013 and throughout the transition period ending April 30, 2014, Active members will receive the better of the St. Louis and Kansas City Plan eligibility rules. What this means for transitioning Kansas City members is that eligibility will first be evaluated under the St. Louis Plan rules beginning May 1st. If a member is not eligible by St. Louis eligibility rules, Kansas City eligibility rules will be applied. In every instance of extending coverage, the member will receive the better of the two plan rules to ensure members and their families will receive coverage for the longest period.

Effective May 1, 2014 St. Louis Plan eligibility rules apply to all members.

Effective May 1, 2013, The St. Louis Plan will begin covering Common Law Spouses for Kansas residents using the same guidelines administered by the Kansas City Plan.

Plan B Participants

Kansas City members currently enrolled in Plan B Benefits with the Kansas City Welfare Plan will continue with their current plan of benefits through December 31, 2013.

Wilson McShane will continue to pay claims for Plan B participants through the end of the year. In addition, Cigna will remain as the Plan B primary medical network, and Express Scripts will continue to serve as Plan B's primary prescription drug network, both through December 31, 2013.

Any changes to Plan B after December 31st will be announced as they are approved. Stay tuned to information from the St. Louis Benefit Plans for more information in the coming months.



Protecting Your Safety: Training

Carpenters' District Council Safety Training Requirement

Members of the Kansas City locals are required to have an OSHA 10 completed and on file with the Carpenters' District Council by May 1, 2013. Copies of OSHA 10 or 30 cards may be submitted to the Safety Training Department in the Benefit Plans Office by email at training@carpdc.org, by fax at (314) 644-7227 or by mail at 1419 Hampton Ave. St Louis, MO 63139.

You may view your certifications online at www.carpdc.org by selecting the **Skill Advancement** drop down option and choosing **Certifications**. Members must have a current carpdc account and log in to the website to view this information. Contact the Safety Training Department at (314)644-4802, ext 1044 with any questions.

Protecting Your Safety: Drug Testing

Carpenters' District Council Drug Testing Program

All members from the Kansas City locals are required to have a drug screen through the Carpenters' District Council Drug Screening Program before May 1, 2013.

Drug screening will be available at each local location prior to your local meeting as scheduled by the Carpenters' Benefit Plans Drug Testing Department and your local.

Please visit www.carpdc.org/BenefitServices to view the news article and link to the full drug testing schedule for your local meeting testing times. Many of the testing dates listed on the website have already occurred. Please note that you may test at one of the other local locations if this works better for your schedule. The local meeting testing dates that have not yet occurred are provided here for your convenience.



Carpenters District Council Drug Screening Program Kansas City Local Meeting Drug Testing Schedule FUTURE DATES ONLY



| Date | Day | Testing Times | Local # | City | Meeting Location |
|---------|-----------|---------------|---------|-----------------------|---|
| 3/26/13 | Tuesday | 2:30-5:30 | 1181 | Kansas City, MO | Kansas City District Council 625 West 39th St, Kansas City, MO 64111 |
| 4/3/13 | Wednesday | 3:30-7:00 | 1529 | Kansas City, MO | Kansas City District Council 625 West 39th St, Kansas City, MO 64111 |
| 4/4/13 | Thursday | 3:30-6:00 | 201 | Wichita, KS | 1225 Carey Lane Wichita, KS 67217 |
| 4/10/13 | Wednesday | 3:30-6:30 | 1445 | Topeka, KS | Training Center 212 NW Norris, Topeka, KS 66608 |
| 4/17/13 | Wednesday | 3:30-7:30 | 315 | North Kansas City, MO | Finnegan's Hall 503 East 18th Ave, North Kansas City, MO 64116 |
| 4/18/13 | Thursday | 3:30-7:30 | 311 | Joplin, MO | 719 ^{1/2} South Main St, Joplin, MO 64801 |



Smart Phone Apps

Mobile App Download Instructions:

Coventry Health Care of Missouri/Coventry Health Care of Kansas

(1) search “Coventry” in the app store or (2) enter m.cvty.com in your mobile web browser.



Express Scripts (formerly Medco)

Search “Express Scripts” in the app store on your mobile phone, tablet or touch device.



Protecting Your Vacation Benefits

Vacation Benefit Plan and 2013 Redemption

On May 1, 2013, the Kansas City Vacation Plan will be transferred into the St. Louis Vacation Plan as approved by the Board of Trustees this winter. This will change the current Plan Year and payout schedule for former Kansas City members.

Currently, the Kansas City Vacation Plan Benefit Period runs from October 1 – September 30, with Vacation benefits payable December 1st. The St. Louis 2013 Vacation Plan Benefit Period is May 1 – April 30, with Vacation Benefits payable June 1st. To transition Kansas City members to the St. Louis Benefit Year, we are creating a “short benefit year” from October 2012 through April 2013. These seven (7) months of vacation benefit accruals will be payable by the St. Louis Plan on June 1st. For each subsequent year, all members will have vacation benefits payable on June 1st for the previous May 1 – April 30 Benefit year. This means that all Vacation benefits will begin accruing under the St. Louis Plan from May 1, 2013 through April 30, 2014 will be payable on June 1, 2014.

This year’s Vacation Benefit Redemption process will be new for both Kansas City and St. Louis members. In 2013, Vacation Benefits will be processed online. Beginning June 1st, members

will receive vacation benefits by logging into their personal account at www.cardpc.org and authorizing their benefit online. (See bottom of Page 1 for instructions on how to register your member account.) Vacation benefits are available for payout June 1st but can be approved online at any time after that date. Online redemption allows members to redeem vacation benefits when they want them.

Benefits will be paid electronically to a checking or savings account designated by the member. For members without access to a personal computer, smart phone, tablet or similar electronic device that allows internet connection, a computer terminal(s) will be available to you to approve your Vacation Benefits at the Carpenters’ Benefit Plans Office in Kansas City: 625 West 39th St, Ste 201, Kansas City, MO 64111. In addition, there are often computers available for public use at public libraries. Manual Benefit processing, upon special approval, will be available for a fee. Payment options for the 2013 Vacation Stamp Redemption will be direct deposit or, for an additional fee, the option to receive a paper check will be available.



Protecting Your Health Benefits in Retirement

St. Louis Medicare Supplement Coverage

Kansas City Self-Pay Retirees who are eligible for Medicare will be moved into the St. Louis Carpenters’ Medicare Supplement Plan. As a participant in the Carpenters’ Medicare Supplement Plan, a member must enroll in both Medicare Parts A and B coverage. The Carpenters’ Benefit Plans office must have a copy of the participant’s Medicare card on file; however if documentation was previously provided to the Kansas City Plan, it is not necessary to provide this information again.

Medicare Parts A and B

Medicare Part A is provided at no cost. However, Part B requires that a premium be paid to Medicare. Please check with the Social Security Office for more information. Remember, in order to participate in the Carpenters’ Medicare Supplement Plan, you must be enrolled in both Medicare Parts A and B. Members who do not enroll in Medicare Parts A and B will not be covered under the Carpenters’ Medicare Supplement Plan.

Carpenters’ Medicare Supplement Plan

Carpenters’ Medicare Supplement Plan coordinates benefits with Medicare. Medicare is primary, meaning they are your first source for medical benefits. When Medicare is primary, the Plan provides supplemental or secondary coverage. The Plan also participates in the Medicare Crossover Program. This means that after Medicare processes your claims, they will submit these claims along with the Medicare explanation of benefits to the Plan for processing. Therefore, you do not need to submit paper claims to the Plan. (See Medicare Supplement Schedule of Benefits on Page 5.)

Medicare Part D Prescription Coverage: Express Scripts’ Employer Group Waiver Plan (EGWP)

The St. Louis Plan provides Medicare Part D prescription drug coverage through a Medicare approved “Employer Group Waiver Plan”, commonly referred to as an “EGWP” (pronounced ‘E-gwip’). This Part D prescription program is administered by Express Scripts and provides comprehensive prescription drug coverage. Combining the Express Scripts EGWP with the Medicare Supplement Plan, Medicare members receive comprehensive coverage for both pharmacy and medical needs.

As part of the transition to the St. Louis Plan, you will be enrolled in Express Scripts’ EGWP when transferred from the Kansas City Plan or when your Medicare coverage is approved by the Centers of Medicare and Medicaid Services (CMS). Coverage will continue to be provided unless you decide to enroll in another Medicare Part D plan. *More Medicare Supplement information is found on Page 11.*

Medicare-D EGWP Coverage

A. Generic Drug Co-Insurance is 20% up to:

1. \$ 50 maximum for a 1-31 day supply at Retail
2. \$115 maximum for a 32-90 day supply at Retail
3. \$100 maximum for a 32-90 day supply at Mail Order

B. Brand Name Drug Co-Insurance is 35% up to:

1. \$ 75 maximum for a 1-31 day supply at Retail
2. \$175 maximum for a 32-90 day supply at Retail
3. \$150 maximum for a 32-90 day supply at Mail Order

* \$2,500 Individual Calendar Year Out-Of-Pocket Maximum*

Protecting Your Health Benefits in Retirement

7-Year Transition Period for Kansas City Retirees *Effective January 1, 2014*

When comparing self-pay rates, the Medicare Supplement rates for both the St. Louis Plan and Kansas City Plan are almost identical. However, Early Retiree Rates in the Kansas City Plan are heavily subsidized because members are not allowed to work after retirement. In this situation, “heavily subsidized” means that the Kansas City Plan’s Board of Trustees reduced the rates much lower than the actual cost to the Plan. For this reason, the Early Retiree Rates in the Kansas City Plan are currently much lower than the rates across the country and in the St. Louis Plan. St. Louis Plan

Early Retirees are allowed to work, so their subsidy for the actual cost of coverage is less. A very general estimate is that Kansas City Early Retiree rates are approximately 50% of Early Retiree rates in the St. Louis Plan. To compensate for this dramatic difference, the Boards of Trustees for both Plans approved the 7-year Transition Period included below. Effective January 1, 2014, Kansas City Retirees will begin a 7-year transition period in which their current Self-Pay rates will gradually increase to meet the rates of the St. Louis Retiree Self-Pay Rates.

| Retiree Group | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|--|------|------|------|------|------|------|------|------|
| Current KC Plan B Retirees | 0% | 10% | 25% | 40% | 55% | 70% | 85% | 100% |
| Current and New KC Retirees ¹ meeting KC Rules* | 0% | 10% | 25% | 40% | 55% | 70% | 85% | 100% |
| New KC Retirees ² meeting STL Rules* | STL | STL | STL | STL | STL | STL | STL | STL |

¹KC: Ten Years of Pension Service, covered for the pas 60 months, immediately retire

²STL: Eligible for Pension, returning to Carpenters within 5 years, had coverage in Group Health Plan within past 63 days of coverage

*If members meet both requirements, the less costly option may be selected.

Here is how this Table works.

- **2013:** The rates are set, so there is no adjustment (except some rates for Kansas City retirees which will actually go down May 1, 2013)
- **2014:** Assuming St. Louis Plan Rates increase, Kansas City Plan rates will increase the amount the St. Louis rates PLUS 10% of the difference in the two sets of rates. For example, if

the St. Louis rate is \$1,000 per month and the Kansas City rate is \$500, the increases to Kansas City would be \$50.

- **2015-2020:** The rates will go up as described for 2014 by the percentage listed in the above Table.

Kansas City rates for January 2020 coverage will equal the St. Louis Retiree Self-Pay rates.

Kansas City Retiree Self-Pay Rates *in effect as of May 1, 2013*

Plan A Rates

| | |
|--|----------|
| Single, non-Medicare | \$399.00 |
| Married, both non-Medicare | \$714.00 |
| So. City, Married, both non-Medicare | \$663.00 |
| Married, 1 non-Medicare, 1 Medicare w/Rx coverage | \$565.00 |
| Married, both on Medicare, both w/ Rx coverage | \$480.00 |
| Single on Medicare w/ Rx coverage | \$292.00 |
| So. City, Single, Medicare w/ Rx Coverage | \$264.00 |
| Single, Medicare, no Rx coverage | \$257.00 |
| Married, both on Medicare, no Rx coverage | \$409.00 |
| Married, 1 non-Medicare, 1 Medicare but no Rx coverage | \$530.00 |
| Married, both on Medicare, but 1 with no Rx coverage | \$445.00 |

Plan B Rates

| | |
|--|----------|
| Single, non-Medicare | \$320.00 |
| Married, both non-Medicare | \$693.00 |
| Married, 1 non-Medicare, 1 Medicare w/ Rx coverage | \$557.00 |
| Married, both on Medicare, both w/ Rx coverage | \$336.00 |
| Single on Medicare w/ Rx coverage | \$236.00 |



Watch your mail!!
You will be receiving
information from Express
Scripts regarding your St.
Louis Medicare Supplement
Coverage with us.

Protecting Your Benefits

Carpenters' Benefit Plans Office Staff

St. Louis Benefit Office Location and Staff

The Carpenters' Benefit Plans Office is physically located next door to the Carpenters' District Council of Greater St. Louis & Vicinity main office. The Benefit Plans Office is divided by areas of service:

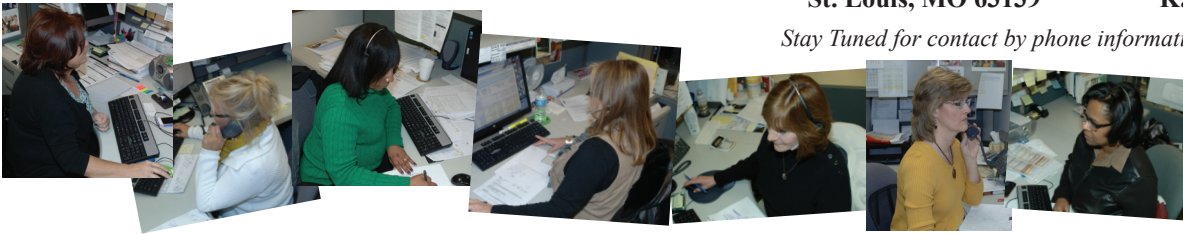
- Member Services
- Employer Services
- Operational Services
- Claims

The **Member Service Department** is here to serve you Monday – Friday, 7 am – 5 pm. These are the women you will speak with regarding your health benefits, eligibility, claims issues, weekly disability and self payments. They also work closely with other departments and outside vendors regarding member eligibility, etc. These 10 women strive daily to meet the needs of our membership, to go above and beyond to help in every situation.

The **Employer Service Department** serves the employers but also members. Employer Services encompasses the areas of Vacation benefits, Safety Training, the Drug Testing Program throughout Southern Illinois, Missouri and Kansas City and Reciprocity for traveling members.

Operational Services is responsible for keeping all member records up-to-date, maintaining eligibility records on all self-pay member records and processes all mail daily.

The **Claims Department** handles all claims auditing between Carpenters' Plan and Coventry, subrogation and weekly disability.



Kansas City Location and Staff

A satellite location of the Carpenters' Benefit Plans Office will be staffed with current Wilson McShane employees, offering local walk-in and call-in personalized services. This location will fulfill your member service needs with the same mission, vision and values we deliver in the St. Louis and Southern Illinois regions. This location will be available beginning Summer 2013.

Contact Us in St. Louis or Kansas City

There are many ways to get in touch with our office to make getting the answers to your questions simple.

Phone: (314) 644-4802
Toll-Free: (877) 232-3863
Email: benefits@carpdc.org
Website: www.carpdc.org/BenefitServices

Member Services: ext 1000
Employer Services: ext 1030
Drug Testing: ext 1042
Safety Training: ext 1044, or by
Safety Training email: training@carpdc.org

**Carpenters' Benefit Plans
STL Office**
1419 Hampton Ave
St. Louis, MO 63139

**Carpenters' Benefit Plans
KC Office (Summer 2013)**
625 West 39th St
Kansas City, MO 64111

Stay Tuned for contact by phone information for the Kansas City location!

Mail KC payments to:
Wilson McShane
3100 Broadway Ste 805
Kansas City, MO 64111

Our Providers

**Coventry Health Care of Missouri/
Coventry Health Care of Kansas City** is our primary medical network, referred to as the PPO ASO Network. To find out if your doctor is in the network or search for a new Coventry PPO ASO provider, please visit www.chcmisouri.coventryhealthcare.com and select the PPO ASO network.



Express Scripts (formerly Medco) is the prescription drug network for both retail and mail order pharmacy. Please note that this is the same prescription drug network currently under contract in Kansas City. Effective 5/1/2013, Plan rules will change to reflect the Carpenter's Plan rules, but pharmacies will remain the same. To compare medication costs or to find a participating Express Scripts pharmacy in your area, contact Express Scripts at (800) 939-2134 or online at www.express-scripts.com.



Diplomat Specialty Pharmacy is the specialty pharmacy vendor. Diplomat provides members requiring specialty medication and personalized service the best care by providing "high quality, individualized care, keeping patients healthier longer." For more information, members are required to contact Carpenters' Member Services.



Mercy Managed Behavioral Health is a Member Assistance Program (MAP) and Managed Mental Health and Substance Abuse Network of Providers providing counseling support, guidance and encouragement to eligible members. All mental health and substance abuse services must be authorized through Mercy Health by calling (800) 413-8008 or online at www.mercyeap.com.



Delta Dental has partnered with the Carpenters' Plan to offer eligible members enhanced benefits at the least out-of-pocket cost. To locate a PPO dentist in the network, please visit their website at www.deltadentalmo.com/carpdc.



Vision Service Plan, or **VSP**, provides the Carpenters' Plan members with an affordable eye care plan. Go to www.vsp.com or call them at (800) 877-7195 to find a VSP doctor near you.



The Carpenters' Plan has partnered with **Signature Medical Group** as the preferred orthopedic provider for members currently living with joint or back pain. To locate a Signature Orthopedic provider in your area, visit www.signaturehealth.net/FindADoctor.aspx. For more information or to take advantage of Signature's same day appointment pledge, contact Gerrie Hermann at (314) 973-4585.



March 2013

the builder

benefit news

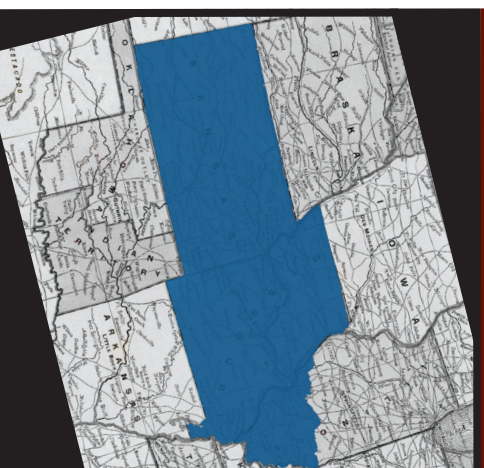
PROTECTING
WHAT YOU BUILD



In this issue:

- Determining Eligibility
- Medical/Dental/Vision Benefit Pharmacy Benefits
- Member Assistance Program
- Safety Training/Drug Testing
- Medicare Supplement
- Vacation Plan

Kansas City Welfare Fund Welcome Edition



1419 Hampton Ave
St Louis, MO 63139

Special Edition
www.carpdc.org/Benefit_Services

Toll Free 877.232.3863
St Louis 314.644.4802