

Summary of Medical Benefits – Trust Plan – 1/2018

Cement Masons – Employers Health, Welfare & Vacation Trust

	In-Network Provider You Pay	Out-of-Network Provider* You Pay
Annual Deductible (Individual/Family) In network deductible will apply to out of network deductible.	\$500 Individual \$1,500 Family	\$1,000 Individual \$3,000 Family
Annual Out of Pocket In-network OOP will apply to out-of-network OOP	\$5,350 Individual \$10,700 Family	\$5,000 Individual \$15,000 Family
Preventive Services		
Periodic Health Exams	100% no cost share	50% after deductible
Routine woman's exams (pap test, pelvic and breast exam)	100% no cost share	50% after deductible
Immunizations	100% no cost share	50% after deductible
Immunizations - Participating Pharmacies	100% no cost share	50% after deductible
Professional Services		
Office Visits and Home Visits	\$25 copay deductible waived	50% after deductible
Urgent Care Visits	\$50 copay deductible waived	50% after deductible
Maternity Services (Employee and Spouse only)		
Physician Global Delivery	20% after deductible	50% after deductible
Hospital Stay	20% after deductible	50% after deductible
Inpatient Medical Services (Pre-Certification Required)		
Inpatient Medical	20% after deductible	50% after deductible
Skilled Nursing Facility Care (60 days per year)	20% after deductible	50% after deductible
Outpatient Services		
Hospital Visits – Outpatient services	20% after deductible	50% after deductible
Diagnostic X-Ray and Lab	20% Deductible Waived	50% after deductible
Specified Imaging (MRI, CT, CAT, PET scans) (Pre-Certification required)	20% after deductible	50% after deductible
Surgery (Some Pre-Certification required)	20% after deductible	50% after deductible
Mental Health Services		
Inpatient Mental Health (Pre-Certification required)	20% after deductible	50% after deductible
Inpatient Chemical Dependency (Pre-Certification required)	20% after deductible	50% after deductible
Outpatient Chemical Dependency Visits (Pre-Certification required)	\$25 copay deductible waived	50% after deductible
Outpatient Mental Health Visits	\$25 copay deductible waived	50% after deductible
Emergency Services		
Hospital Emergency Visits	20% after deductible	20% after deductible
Emergency Ambulance transports (6 trips annually)	20% after deductible	20% after deductible
Other Covered Services		
Physical, Occupational, and Speech Therapies (Pre-Certification required)	\$20 copay deductible waived	50% after deductible
Allergy injections	20% after deductible	50% after deductible
Alternative care: (Chiropractic, Acupuncture, Naturopathic Substances). \$1500 aggregate annual maximum	\$25 copay deductible waived	50% after deductible
Durable Medical Equipment/Prosthetics (Pre-Certification required for charges over \$500)	20% after deductible	50% after deductible
Home Health, Hospice and Respite Care (Pre-Certification required)	20% after deductible	50% after deductible

Prescription Drug Benefits are provided by Moda Health. A separate card for these benefits is issued by Moda Health.

*Out-of-Network coverage is subject to Usual and Customary charges for the services. Pre-Certification is obtained through Innovative Care Management (ICM) @ 800-862-3338. This is a benefit summary only. For more details on benefits, please contact our

Claims Department @ 503-254-4022 or 1-800-591-8326. www.masonry-trusts.com

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Cement Masons 2018 Prescription Drug Summary

How To Use The Prescription Drug Card

To ensure the highest level of benefits please select an Moda Health participating network pharmacy. We can help you find an in-network pharmacy, please visit us online at modahealth.com or call Moda Health Pharmacy Customer Service. Your Moda Health member identification card (ID) will provide participating pharmacies the information necessary to process your claim and allow you to access your Rx benefits at the point of service. Please remember to present your Moda Health ID card to ensure your pharmacy has the most current benefit detail loaded in their system.

Drug Type	Retail Per 30-day supply (covers up to a 90-day supply)	Mail-Order 90-day supply	Specialty 30-day supply
Calendar Year Maximum Out of Pocket Limit	In-network: \$2,000 Individual, \$4,000 Family. Out of network: unlimited Individual, unlimited Family.		
Generic (Tier 1)	\$10.00 copay	\$20.00 copay	\$10.00 copay
Preferred Brand (Tier 2) *	\$50.00 copay	\$100.00 copay	\$75.00 copay
Non-Preferred Brand (Tier 3) *	\$75.00 copay	\$150.00 copay	\$150.00 copay

Generic medications have been determined by physicians and pharmacists to be therapeutically equivalent to their brand name alternative. Generic drugs must contain the same active ingredients as their brand name counterpart and be identical in strength, dosage form and route of administration.

Preferred Brand means brand name drugs that have been reviewed by Moda Health and found to be clinically effective at a favorable cost when compared to other medications in the same therapeutic class. A preferred drug chart can be accessed online at <http://www.modahealth.com/members/> through your myModa account. This list is subject to change and will periodically be updated. If you have any questions regarding the list, please contact pharmacy customer service.

Non-Preferred Brand means brand drugs that have been reviewed by Moda Health and in comparison do not have any significant therapeutic advantage over their preferred brand alternative(s). Drugs that are usually not recommended as first line therapy and have alternative treatment modalities are also considered non-preferred brand drugs.

***Generic Substitution:** Both generic and brand name medications are covered benefits. Regardless of the reason or medical necessity, if a member requests a brand name drug or the treating physician prescribes a brand name drug when a generic equivalent is available, the member will be responsible for the brand copay plus the difference in cost between the generic and brand name drug.

Specialty medications are often used to treat complex chronic health conditions. Specialty treatments often require special handling techniques, careful administration and a unique ordering process. Specialty medications must be prior authorized and medically necessary.

Covered Drug Supply

- Diabetes related supplies such as insulin syringes, needles, glucose tablets and blood glucose test strips.
- Prescription oral contraceptive drugs for birth control and medical treatment are covered under your prescription benefit.
- Select immunizations and related administration fees are covered at retail pharmacies (for example, influenza, pneumonia and shingles vaccines). Covered immunizations will be limited to those that are considered the "standard of care" by the local medical community. Immunizations for the sole purpose of travel or to prevent illness which may be caused by your work environment are not covered.

Retail Prescription Benefit

- The benefit covers up to a 90-day supply of a drug or medicine that is medically necessary for the treatment of an illness or injury, that cannot legally be dispensed without a prescription, and that by law must bear the legend "Caution -- federal law prohibits dispensing without prescription."
- Walgreens retail pharmacies are out-of-network pharmacies.
- At times you may be required to submit a claim form and applicable receipts for reimbursement. For example, if you fill your prescription at a non-participating pharmacy that does not access Moda Health's claims payment system through MedImpact, you will need to submit a receipt. The claim
 1. Complete the prescription drug claim form. Forms can be found online at www.modahealth.com, through your myModa account or by linking directly to the forms page at <https://www.modahealth.com/members/forms.shtml>.
 2. Submit the claim form to: Moda Health, Attn Pharmacy, PO Box 40168, Portland OR 97240-0168.
 3. Moda Health will process the claim request and send reimbursement to you in the form of a check.

Mail Order Pharmacy Benefit

- You also have the option of obtaining prescriptions for covered drugs and medicines through the exclusive Mail Order Pharmacy.
- A 90-day supply is available at mail-order. Both generic and brand name medications are covered benefits.
- Mail-order forms can be found online at www.modahealth.com, through your myModa account or by linking directly to the forms page at <http://www.modahealth.com/members/forms.shtml>.

Specialty Pharmacy Benefit

- A 30-day supply is available through the exclusive specialty pharmacy. Both generic and brand name medications are covered benefits.
- Specialty medications must be accessed through Ardon Health. For a list of eligible medications, please contact Moda Health customer service. Because specialty treatments require special handling techniques, careful administration and a unique ordering process, your program has partnered with Ardon Health to enhance the services you receive. Ardon offers an individualized patient care program, to provide comprehensive support, education and monitoring to help you get the most from your treatment.
- For more information, you can contact Ardon Health directly at 855-425-4085.

Prior Authorization

Certain prescription drugs and/or quantities of prescription drugs may require a prior authorization by Moda Health. Prior authorization programs are not intended to create barriers or limit access to medications. The practice of administering prior authorization provisions is intended to support cost effectiveness, promote proper use of medications and to ensure the safety of our members. Prior authorizations may be placed on medications for a variety of reasons (examples are listed below).

- **Utilization Control Edits:** Medications may have limited use, be prone to overuse or prescribed in quantities outside the recommended FDA indications.
- **Cost Effectiveness:** There may be therapeutically equivalent medications that are less expensive.
- **Prescribing Guidelines:** Medications may require diagnostic testing to ensure safety and efficacy of the treatment.
- **Benefit Coverage:** Medication may be prescribed for conditions that are excluded under the plan.

A list of medications that require a prior authorization can be found online at www.modahealth.com, through your myModa account or by contacting Moda Health pharmacy customer service.

Limitations

This program imposes administrative plan edits and provisions that may limit access to medications based on patient demographics, high dollar thresholds, quantity limits and in accordance with the parameters of the prescription as written by your provider.

- Compounded medications (containing at least one covered drug as an ingredient) are covered. Medications over \$150 for a 30 day supply will require authorization by Moda Health.
- New FDA approved drugs are subject to review and may require additional coverage parameters, requirements or limits established by the plan.
- Immunization agents (other than allergy sera).

Exclusions

The following services, procedures and conditions are not covered by the plan, even if otherwise medically necessary or if recommended, referred, or provided by a physician, provider or pharmacy. **Please Note:** The fact that a physician may prescribe, order, recommend, or approve a drug does not, of itself, make the charge a covered expense.

- Devices including, but not limited to: therapeutic devices and appliances; hypodermic needles and syringes (the plan does not exclude hypodermic needles and syringes for use with insulin or specialty medications). For contraceptive devices, see Covered Drug Supply. See your member handbook for a complete list of covered/ excluded benefits.
- Hair growth legend drugs.
- Medications administered to a covered person in whole or in part while the covered person is a patient in a hospital, sanitarium, rest home, skilled nursing facility, extended care facility, nursing home, or similar institution.
- Prescriptions, refills or quantities that have been dispensed in error by the pharmacy and are not representative of the prescription as written by the provider or the benefit provisions as set forth by the plan.
- Drugs or medicine that are to be taken by or administered to a member in whole or in part while the member is a patient in a hospital, a sanitarium, a rest home, a skilled nursing facility, an extended care facility, a nursing home, or a similar institution are not covered.
- Drugs or services to treat sexual dysfunction.
- Weight loss drugs
- Drugs or medicine to treat addiction to or dependence on tobacco or tobacco products (e.g., Nicorette) are not covered under the plan.
- Blood and blood products.
- Drugs or services prescribed to treat infertility.
- Medications used for a cosmetic indication.
- Drugs prescribed to treat a medical condition that is not covered under your Medical plan.
- A drug prescribed for purposes other than treating a health condition or disease that is covered by the plan.
- A drug prescribed to treat a medical condition that is not determined as medically necessary.
- Medications available without a prescription, which are classified as over the counter (OTC).
- Any charge in excess of the maximum plan allowance for a drug is not covered.
- Drugs prescribed for or used for non-FDA approved indications, unless approved by the Health Resources Commission.
- Any drug that is determined by Moda Health to be experimental or investigational or that is labeled: "Caution – Limited by federal law to investigational use"; or Any drug or medicine that is used for an experimental or investigational purpose, even if it is otherwise approved by the federal government or recognized as neither experimental or investigative for other uses or health conditions (e.g., progesterone suppositories).
- A charge for administration or injection of a drug or medicine is not covered, except when administered for selected medications at retail pharmacies.
- Drugs or medicines that are dispensed more than one year after the order of a physician are not covered.

This is a benefit summary only. For a complete description please refer to your member handbook.

Visit our website at www.modahealth.com

We contract with



to provide a Preferred Provider Network. When you use the First Health PPO you will have access to a national network of doctors, hospital and other health care professionals.

What is a PPO Network?

A PPO contracts with doctors, hospitals and other health care professionals to provide services to plan members at reduced pre-negotiated rates.

Why should I use a First Health Network Doctor or Hospital?

A PPO Network Provider has agreed to treat covered members at a reduced rate. When you use a Network Provider, you pay less out of your own pocket for covered services.

How Can I Find a First Health Network Doctor, Hospital or Other Health Care Professional?

You can use the First Health online provider search tool to find a provider. It's available 24/7 at:

www.myfirsthealth.com at the website pick the "Start now" button and the following criteria:

- Pick a provider type
- Choose to search by Zip Code or State
 - You can also pick specific counties or cities
 - To include more options, such as provider name, click "show more options"
- Click the "Search now" button

You can also call First Health at 1-800-226-5116 for assistance in locating a First Health provider.

What Happens When at the Doctor's Office or Hospital?

You will usually be asked for your insurance ID card when you register or sign-in. Your ID card says Cement Masons H&W Trust and has the First Health Network logo. If they have questions, the provider can call the number on your ID card.

Can you provide examples of Hospitals in Oregon and SW Washington that are part of the First Health PPO Provider Network?

The Portland Metro area includes the Legacy Hospitals, Portland Adventist Hospital and OHSU Hospital. In the Vancouver area PPO Hospitals include Legacy Salmon Creek and Peace Health Southwest Medical Center.

Other PPO Network Hospitals include:

Columbia Memorial Hospital – Astoria

Good Samaritan Regional Medical Center – Corvallis

Providence Medford, Newberg & Willamette Falls Medical Centers

Sacred Heart, University District, Eugene & Riverbend, Springfield

Salem Hospital - Salem

St. Charles Medical Center – Bend, Madras, Prineville & Redmond

Tuality Community Hospital – Hillsboro

Willamette Valley Medical Center – McMinnville

Please search website for a complete listing. This is just a sampling.

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- ▶ Assistance with any health issues or questions
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