

# Summary of Medical Benefits – Trust Plan – 1/1/2024

## Cement Masons – Employers Health, Welfare & Vacation Trust

503-254-4022 or 1-800-591-8326; email: mita@masonry-trusts.com

All mail and claims submission to be sent to : 9848 E Burnside ST, Portland OR 97216

	In-Network Provider You Pay	Out-of-Network Provider* You Pay
Annual Deductible ( <b>Individual/Family</b> ) In network deductible will apply to out of network deductible. Plan has Carry-over for calendar year 2022.	\$300 Individual \$900 Family	\$1,000 Individual \$3,000 Family
Annual Out of Pocket ( <b>Individual/Family</b> ) In-network OOP will apply to out-of-network OOP	\$6,550 Individual \$13,100 Family	\$6,550 Individual \$19,650 Family
<b>Preventive Services</b>		
Periodic Health Exams	100% no cost share	50% after deductible
Routine woman’s exams ( <b>pap test, pelvic and breast exam</b> )	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
<b>Professional Services</b>		
Office Visits and Home Visits	\$25 copay deductible waived	50% after deductible
Urgent Care Visits	\$50 copay deductible waived	50% after deductible
<b>Maternity Services (Employee and Spouse only)</b>		
Physician Global Delivery	20% after deductible	50% after deductible
Hospital Stay	20% after deductible	50% after deductible
<b>Inpatient Medical Services (Pre-Certification Required)</b>		
Inpatient Medical	20% after deductible	50% after deductible
Skilled Nursing Facility Care ( <b>60 days per year</b> )	20% after deductible	50% after deductible
<b>Outpatient Services</b>		
Hospital Visits – Outpatient services	20% after deductible	50% after deductible
Diagnostic X-Ray and Lab	20% Deductible Waived	50% after deductible
Specified Imaging ( <b>MRI, CT, CAT, PET scans</b> ) (Pre-Certification required)	20% after deductible	50% after deductible
Surgery ( <b>Some Pre-Certification required</b> )	20% after deductible	50% after deductible
<b>Mental Health Services</b>		
Inpatient Mental Health ( <b>Pre-Certification required</b> )	20% after deductible	50% after deductible
Inpatient Chemical Dependency ( <b>Pre-Certification required</b> )	20% after deductible	50% after deductible
Outpatient Chemical Dependency Visits ( <b>Pre-Certification required</b> )	\$25 copay deductible waived	50% after deductible
Outpatient Mental Health Visits	\$25 copay deductible waived	50% after deductible
<b>Emergency Services</b>		
Hospital Emergency Visits	20% after deductible	20% after deductible
Emergency Ambulance transports ( <b>6 trips annually</b> )	20% after deductible	20% after deductible
<b>Other Covered Services</b>		
Physical, Occupational, and Speech Therapies (Pre-Certification required & 30 visit maximum)	\$20 copay deductible waived	50% after deductible
Allergy injections	20% after deductible	50% after deductible
Alternative care: ( <b>Chiropractic, Acupuncture, Naturopathic Substances</b> ). \$1500 aggregate annual maximum. PT by Chiropractor requires prior authorization.	\$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 ( <b>Pre-Certification required</b> )	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](http://www.masonry-trusts.com)

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**Cement Masons  
2024 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](http://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 pharmacy 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
<b>Calendar Year Maximum Out of Pocket Limit</b>	<b>In-network: \$2,000 Individual, \$4,000 Family.</b>		
Generic Tier (Tier 1)	\$10.00 copay	\$20.00 copay	\$10.00 copay
Preferred Tier (Tier 2) *	\$50.00 copay	\$100.00 copay	\$75.00 copay
Non-Preferred Tier (Tier 3) *	\$75.00 copay	\$150.00 copay	\$150.00 copay

**Generic** medications means medications that have been determined by the Food and Drug Administration (FDA) to be therapeutically equivalent to the brand alternative and are often the most effective option. Generic medications must contain the same active ingredients as their brand counterpart and be identical in strength, dosage form and route of administration.

**Preferred** medications means those medications, including specialty preferred medications, that have been reviewed by Moda Health and found to be safe and clinically effective at a favorable cost when compared to other medications in the same therapeutic class and/or category. Generic medications may be included in this tier when they have not been shown to be safer or more effective than other more cost effective generic medications may be included in this tier.

**Non-Preferred** medications means brand medications, including specialty brand medications, that have been reviewed by Moda Health and do not have significant therapeutic advantage over their preferred alternatives. These products generally have safe and effective options available under the Value, Generic and/or Preferred tiers.

**\*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 are covered.
- Prescription oral contraceptive drugs for birth control and medical treatment are covered under your prescription benefit. Up to a 3-month supply can be dispensed at the initial fill and up to a 12-month supply for subsequent fills. The member or provider must contact Moda customer service before filling a 12-month supply of contraceptives.
- 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."
- Starting January 1, 2022 Walgreens retail pharmacies are in-network pharmacies and CVS retail pharmacies are out-of-network.
- 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 Navitus, you will need to submit a receipt. The claim procedure is simple.
  1. Complete the prescription drug claim form. Forms can be found online through your Member Dashboard ([modahealth.com/memberdashboard](http://modahealth.com/memberdashboard)) or by linking directly to the forms page at [modahealth.com/members/forms.shtml](http://modahealth.com/members/forms.shtml).
  2. Submit the claim form to: Navitus, PO Box 999, Appleton, WI 54912-0999. Navitus will process the claim request and send reimbursement to you.

**Mail Order Pharmacy Benefit**

- You have the option of obtaining covered medications through the exclusive mail order pharmacies, PPS and Costco. For more information you can contact PPS (800-552-6694, [ppsr.com](http://ppsr.com)) or Costco (800-607-6861, [pharmacy.costco.com](http://pharmacy.costco.com)).
- 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 through your Member Dashboard ([modahealth.com/memberdashboard](http://modahealth.com/memberdashboard)) or by linking directly to the forms page at [modahealth.com/members/forms.shtml](http://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.
- Certain specialty medications can be covered up to a 90-day supply per fill, with one copay for each month's supply.
- 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 [modahealth.com](http://modahealth.com), through your Member Dashboard, 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 medications.
- Naturopathic supplies.
- 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.**

[modahealth.com](http://modahealth.com)