

Resumen de los Beneficios Médicos del Trust

Albañil de Cemento-Empleador – 1/2024

El Trust de la Salud, Bienestar y Vacaciones

	Proveedor de la red Usted paga	Proveedor fuera de la red Usted paga
Deducible anual (Individual/Familiar) Deducible en la red aplicará al deducible fuera de la red.	\$300 Individual \$900 familiar	\$1,000 Individual \$3,000 familiar
Gastos de Desembolso anuales Gastos de Desembolso de la red aplicará a los gastos de desembolso fuera de la red	\$6,550 Individual \$13,100 familiar	\$6,550 Individual \$19,650 familiar
Servicios Preventivos		
Exámenes médicos rutinarios	100%, sin costo alguno	50% después de deducible
Exámenes médicos de la mujer de rutina (Papanicolaou, de mamas y pélvico)	100%, sin costo alguno	50% después de deducible
Vacunas	100%, sin costo alguno	50% después de deducible
Vacunas con farmacias que forman parte de la red	100%, sin costo alguno	50% después de deducible
Servicios Profesionales		
Consultas en la Oficina y en el Hogar	\$25 copago, no deducible	50% después de deducible
Consultas de Atención de Urgencia	\$50 copago, no deducible	50% después de deducible
Servicios de Maternidad (Empleado y Esposa Solamente)		
Cuidado de la maternidad completo	20% después de deducible	50% después de deducible
Estancia en el hospital	20% después de deducible	50% después de deducible
Servicios Médicos de Atención Hospitalaria (Se requiere Autorización Previa)		
Consultas Médicas de Atención Hospitalaria	20% después de deducible	50% después de deducible
Cuidado en una Instalación de Enfermería Especializada (60 días por año)	20% después de deducible	50% después de deducible
Servicios Médicos de Atención Ambulatoria		
Visitas al Hospital-Servicios de Atención Ambulatoria	20% después de deducible	50% después de deducible
Rayos X de Diagnóstico y Laboratorio	20% , no deducible	50% después de deducible
Tomas Específicas (Resonancia Magnética (MRI), tomografía de CT, CAT, PET) (Se requiere Autorización Previa)	20% después de deducible	50% después de deducible
Cirugías (Se requiere Autorización Previa algunas veces)	20% después de deducible	50% después de deducible
Servicios de Salud Mental		
Salud Mental de Atención Hospitalaria (Se requiere Autorización Previa)	20% después de deducible	50% después de deducible
Tratamiento de la dependencia química (Se requiere Autorización Previa)	20% después de deducible	50% después de deducible
Consultas de Atención Ambulatoria para Dependencia Química (Se requiere Autorización Previa)	\$25 copago, no deducible	50% después de deducible
Consultas de Salud Mental de Atención Ambulatoria	\$25 copago, no deducible	50% después de deducible
Servicios de Emergencia		
Visitas de Emergencia al Hospital	20% después de deducible	20% después de deducible
Transporte de Ambulancia de Emergencias (6 viajes anuales)	20% después de deducible	20% después de deducible
Otros Servicios Cubiertos		
Terapia física, ocupacional, y de lengua y habla (Se Requiere Autorización Previa y de máximo 30 visitas)	\$20 copago, no deducible	50% después de deducible
Inyecciones para Alergias	20% después de deducible	50% después de deducible
El cuidado alternativo (Quiropráctico, Acupuntura, Substancias Naturopáticas). \$1500 el máximo total anual. (Terapia física con un quiropráctico se requiere autorización previa)	\$25 copago deducible renunciado	50% después de deducible
Equipo Médico Durable/Prostéticas (Se requiere Aprobación Previa por cargos más de \$500)	20% después de deducible	50% después de deducible
Visitas de salud al Hogar, Tratamiento para enfermos terminales y Cuidados Temporales (Se requiere Aprobación Previa)	20% después de deducible	50% después de deducible

Beneficios de Recetas Médicas son provistos por Moda Health. Una tarjeta para los beneficios viene aparte, emitido por Moda.

*Cobertura fuera de la Red es sujeto a los cargos usuales y habituales por los servicios. Autorización Previa se obtiene a través de Innovative Care Management (ICM) al 800-862-3338. Este documento es solo un resumen de los beneficios. Para más información, favor de contactar al departamento de Reclamos al 503-254-4022 o al 1-800-591-8326. www.masonry-trusts.com : W:\Cement General\Benefit Summaries\2024\2024_Spanish_Version_SummaryofBenefitsTrustPlan.docx



**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 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
Calendar Year Maximum Out of Pocket Limit	In-network: \$2,000 Individual, \$4,000 Family.		
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) or by linking directly to the forms page at 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) or Costco (800-607-6861, 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) or by linking directly to the forms page at 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, 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.

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