

<h1 style="margin: 0;">IMPORTANT ANNOUNCEMENT</h1> <p style="margin: 0;">Insert with the September, 2011 Bulletin</p>

Date: September 15, 2011

TO: All Active Direct Payment Plan Employees and Eligible Dependents

RE: Healthy Structures, Your Tools for a Smart Finish Program

In July and August, Active Employees were sent various informational flyers, with the last mailing on August 30th. The flyers announced a new Program, called "**Healthy Structures, Your Tools for a Smart Finish**" and outlined three upcoming changes to the **Active Direct Payment Plan: (1) a new Care Counseling Benefit; (2) a new custom Prescription Drug Formulary, and (3) Designated Hospitals for Routine Total Hip or Knee Replacement Surgery.**

We briefly outlined the new **Care Counseling Benefit** as an article in the September, 2011 Cement Masons bulletin; the other two changes are being repeated from the July and August flyers in two separate **Important Announcements** and are included as inserts with the September, 2011 Bulletin.

CHANGE IN THE PRESCRIPTION DRUG PLAN
Insert #12 to the September, 2007 Health and Welfare Plan Booklet

When the term "**Formulary**" is used, it means a list of drugs that are covered by the Plan.

Effective September 1, 2011, the Active Direct Payment Plan's "Formulary" list changed. This change was communicated to Active Employees on August 1st and through a personalized letter on August 3rd to each Active Employee and/or dependent who was affected by the change in the **Formulary – that is, anyone taking a drug not on the new Formulary.**

Drugs that are not on the new "Formulary" list will no longer be covered by the Plan and are referred to as "**Non-Formulary**" drugs. If an Eligible Individual continues to use a **Non-Formulary** drug, he/she will pay the full cost for the drug **with no reimbursement from the Plan.**

Copayments Effective September 1, 2011			
Retail Contracting Pharmacy:		Mail Service Pharmacy:	
Formulary Generic	\$10 for a 30-day supply (first 3 fills) \$20 for a 30-day supply (4 th fill & after)	Formulary Generic	\$20 for a 90-day supply
Formulary Brand	\$25 for a 30-day supply (first 3 fills) \$50 for a 30-day supply (4 th fill and after)	Formulary Brand	\$50 for a 90-day supply

If an Eligible Individual has used a **Formulary** Drug for a certain condition and it has been determined by his/her physician that the drug is not suitable, the physician may request a **prior authorization** for a drug not on the **Formulary** (a **Non-Formulary**). The request for the **prior authorization** should be directed to the Pharmacy Benefit Manager, Prescription Solutions, at 1 (800) 711-4555. If Prescription Solutions agrees with the physician, a **prior authorization** for the **Non-Formulary** drug will be granted and the Eligible Individual will pay the applicable copayment. If Prescription Solutions does not prior authorize the drug, the Eligible Individual has the right to appeal before the Board of Trustees for the Cement Masons Health and Welfare Trust Fund. Claims and Appeal information can be found in Article XI beginning on page 114 of the Health and Welfare Plan Booklet.

If you have questions about your new Pharmacy Benefit, you may call either Prescription Solutions at **1(800) 797-9791** or you may call the Trust Fund Office, Monday through Friday, 8:00 AM to 5:00 PM.

Sincerely,

Board of Trustees