

Michigan Laborers' Health Care Fund
Michigan Laborers' Pension Fund
Michigan Laborers' Annuity Fund
Michigan Laborers' Vacation Fund
Michigan Laborers' Training and
Apprenticeship Fund
Michigan Laborers' and Employers'
Cooperation & Education Trust Funds
Managed for the Trustees by:
TIC International Corporation

Michigan Laborers' Fringe Benefit Funds

6525 Centurion Drive ■ Lansing, MI 48917-9275 ■ (517) 321-7502 ■ Fax (517) 321-7508
Toll Free 877-MI-LABOR (877-645-2267) ■ www.michiganlaborers.org

August 2018

**To: ALL ELIGIBLE PARTICIPANTS OF THE
MICHIGAN LABORERS' HEALTH CARE FUND (FUND)**

LiUNA!
Feel the Power

**Re: Summary of Material Modification for Medical, Prescription Drugs,
Maximum Out-of-Pocket Limits and Vision Benefits**



Dear Participant:

This is an important notice about changes to your Fund benefits. These benefit changes include enhancements to your existing benefits and programs to help control health care costs.

Q. Who is affected by the benefit changes?

A. All active participants, self-pay participants, Non-Bargaining Unit Employees (NBUEs), non-Medicare eligible retirees (early retirees), Medicare eligible retirees, disabled participants, surviving spouses and COBRA enrollees.

However, some changes apply only to specific participants as outlined below.

Q. When are these changes effective?

A. All benefit changes are effective September 1, 2018.

Q. Will I need a new BCBSM ID card?

A. No. You should continue to use your current BCBSM ID card.



MEDICAL BENEFITS

Q. Who is affected by the medical benefit changes?

A. All participants except retirees, dependents and surviving spouses enrolled in Medicare benefits.

Q. What medical benefits are being added?

A. Blue Cross Online Visits and Medical Specialty Pharmaceuticals.

Q: What is Blue Cross Online Visits?

A. Blue Cross Online Visits allows you and your dependents to access medical, therapy and psychiatric treatment via an online or telephonic platform that connects you to approved doctors.

Blue Cross Online Visits can be accessed in instances when you need care and

- Your primary doctor isn't available.
- You cannot leave your home or workplace.
- You are on vacation or traveling for work.
- You are in need of after-hours care.

Note: Using Blue Cross Online Visits does **not** replace your primary care provider.

Q. How can I access Blue Cross Online Visits?

A. You can access Blue Cross Online Visits in a variety of ways:

- Mobile – Download BCBSM's Online Visits App (for iPhone, Android and iPad)
- Web - Go to bcbsmonlinevisits.com
- Phone – Call 1-844-606-1608

Q: Do I have to register?

A: **Yes.** Prior to your first service you must create an online account and provide certain medical information. If you need assistance in enrolling, call 1-844-606-1608.

Q: Do I have out-of-pocket costs under this program?

A: **Yes.** Your out-of-pocket cost depends on the service you use. Cost-sharing amounts are:

- Medical Services - \$0 copayment
- Therapy Services – 20% co-insurance

- Psychiatry Services – 20% co-insurance

Note: Cost-sharing amounts are due at the time of service.

Q: Can I use this program for all of my medical needs?

A: **No.** You should only use Blue Cross Online Visits for minor, non-emergency services such as the common cold, sinus and respiratory infections, earaches, sore throats, etc. Online visits should **not** be used for life-threatening or serious medical conditions.

Q: What kind of therapy and psychiatric services are offered?

A: Services include the ability to speak with a professional about daily challenges, such as anxiety, depression, grief and insomnia. Therapists use talk therapy, while psychiatrists can conduct diagnostic interviews and manage medications.

Note: Certain age limits apply to therapy and/or psychiatry services. An appointment is also required. Contact Blue Cross Online Visits customer service for additional information (1-844-606-1608).

Q: What kind of doctors are in the network?

A: Doctors who are:

- U.S. Board-certified and experienced in pediatrics, family medicine, etc.
- Master and doctoral level behavioral health clinicians including fully-licensed psychologists and clinical social workers.
- Psychiatrists trained in telehealth and board-certified in psychiatry or neurology.
- Doctors who are licensed in the state where you receive services.

Q: Can network doctors prescribe prescriptions?

A: Yes. If the doctor determines that a prescription is medically necessary, the doctor will send an electronic prescription to the pharmacy of your choice.

Note: Your plan's prescription drug copayments apply and will be due at the time you pick up your prescription.

Q. What are Medical Specialty Pharmaceuticals?

A. These are specialty drugs that are provided as a medical benefit. Treatment can be through a home infusion program, outpatient setting, clinic or in a doctor's office.

A BCBSM participating provider *must* be used and BCBSM prior authorization is required. Your physician will coordinate with you and BCBSM when this type of specialty care is needed.

Examples of specialty drugs include, but are not limited to, Prolia for Osteoporosis, Remicade for Chron's disease and Entyvio for Ulcerative Colitis.

PHARMACY BENEFITS

Q. Who is affected by the pharmacy benefit changes?

A. All participants except retirees, dependents and surviving spouses enrolled in Medicare benefits.

Q. What are the benefit changes?

A. The following "Pharmacy Initiatives" will be added to the prescription plan:

- **Dose Optimization** - BCBSM may discuss with your doctor your use of specific prescription drugs in once-daily dosage regimens as opposed to using lower multiple doses of the same drug.
- **Brand-to-Alternate Generic Interchange** - BCBSM may discuss with your doctor options to replace a single-source brand-name drug with an equally effective, less-costly generic alternative.
- **One-time Generic Copayment Waiver** - This program helps the Fund save money and provide you with a "one-time" copayment waiver if you switch from a targeted high-cost brand-name drug to an equally effective, less-costly generic equivalent.
- **Quantity Limits** - BCBSM may limit the quantity of select drugs to maintain consistency with the Federal Drug Administration dosing guidelines.

MAXIMUM OUT-OF-POCKET LIMITS

Q. Who is affected by the maximum out-of-pocket limit?

A. All participants.

Q. What is a maximum out-of-pocket limit (also called TROOP)?

A. The maximum out-of-pocket limit is the most you will pay towards **In-network** cost sharing during a calendar year.

Q. What cost-sharing amounts apply to the maximum out-of-pocket limit?

A. **In-network** coinsurance and copayment amounts for medical and pharmacy services.

Note: Coinsurance and copayment amounts for Medicare Part D participants do not apply to maximum limits.

Q. What is the current maximum out-of-pocket limit?

A. The current limit is \$6,350 Per Individual/ \$12,700 Per Family per calendar year.

Q. What is the new maximum out-of-pocket limit?

A. The new limit is \$7,350 Per Individual/\$14,000 Per Family per calendar year.

Q. When is the new maximum out-of-pocket limit effective?

A. The new limit is effective September 1, 2018 and renews January 1 of each year.

Note: Within the maximum out-of-pocket limit, you continue to have a \$1,200 coinsurance family maximum per calendar year.

VISION BENEFITS

Q. Who is affected by the vision benefit changes?

A. All participants.

Q. Is there an increase in contributions or self-pay rates?

A. No. There is no increase in contributions or self-pay rates.

Q. What are the vision benefit changes?

A. The current Vision Service Plan (VSP) “discount only” vision plan is being eliminated and replaced with the following VSP vision benefits:

- **Eye exam** - \$10 copayment.
- **Standard Lenses** - \$10 copayment (combined with copayment for frames).
- **Progressive Lenses** - \$55 copayment. **Must be provided by a VSP participating provider.**
- **Frames** -\$200 allowance. \$10 copayment (combined with copayment for lenses).
- **Medically Necessary Contact Lenses** - \$0 copayment. **Preauthorization is required.**

- **Elective Contact Lenses** - \$200 allowance
- **Fit and Follow-up Contact Lens** - \$40 copayment (medically necessary or elective).

Q. How often am I eligible for vision benefits?

A. Vision exams are covered every twelve (12) months. Frames and lenses (including contact lenses) are covered once every twenty-four (24) months.

Q. Will both glasses and contact lenses be covered if purchased within the twenty-four (24) month period?

A. **No.** You must choose between applying your benefit to glasses or contact lenses within the twenty-four (24) month period.

Q. What if I want to go to a non-participating provider -- *i.e.*, a provider that does not participate with VSP?

A. Vision benefits are significantly reduced if you use a non-participating provider.

Q. How do I find a VSP participating provider?

A. Visit VSP's web site at "www.vsp.com" or call VSP at 1-800-877-7195. Remember to use your BCBSM ID card for these services.

If you have questions about these benefit changes, please call the Fund Office at 1-877-645-2267 or 517-321-7502.

Sincerely,

Board of Trustees
Michigan Laborers' Health Care Fund