Plans 1, 2, and 3: Open Enrollment is October 1 – December 1

# For Your Benefit

Bakers Union & FELRA Health and Welfare Fund

September 2018 Vol. 12 No. 1

## Open Enrollment for Medical Coverage Runs October 1 – December 1

*The following article applies to actively working participants in Plans 1, 2 and 3.*

Starting October 1, 2018, you have the option to choose your medical coverage. You will receive an enrollment form in the mail – if you do not receive it, call the Fund Office at 866-662-2537 and request one.

If you are a full-time participant, your hire date will determine your plan. The following table shows the hire dates for Plans 1, 2, and 3. For detailed information on eligibility, please refer to your Summary Plan Description ("SPD") booklet, pp. 30-32. Eligibility details for part-time participants in Plans 3 and 4 are also provided in your SPD.

| PLAN | ACTIVE STATUS | HIRE DATE |
|---|---|---|
| **Plan 1** | Full Time | **Local 118:** before Oct. 17, 2004<br>**Local 68:** before Oct. 31, 2004 |
| **Plan 2** | Full-Time | **Local 118:** on or after Oct. 17, 2004<br>**Local 68:** on or after Oct. 31, 2004 |
| **Plan 3** | Full-Time | **Local 118:** on or after Dec. 9, 2014<br>**Local 68:** on or after Nov. 13, 2014 |

## Mental Health/Substance Abuse Coverage in Your Plan

Our nation is currently suffering a major opioid epidemic. According to the *National Institute* on *Drug Abuse*, more than 115 people in the United States die every day from overdosing on opioids.

Substance abuse can have devastating effects on your mental and physical health, leading to debilitating diseases such as diabetes, heart disease and increased risk for certain cancers. Fortunately, your benefits offer help with the treatment of mental health and substance abuse issues.

You must use a Cigna/CareAllies Healthcare behavioral health provider for all mental health and substance abuse treatment in order to receive coverage. To find a provider, call (800) 768-4695. For complete details on coverage, please refer to pages 105-109 of your Summary Plan Description book.

***Notice of Creditable Coverage***

Cut and keep. See page 4.

***This Issue—***

Open Enrollment for Medical Coverage Runs Oct. 1–Dec. 1 .......... 1

Mental Health/Substance Abuse Coverage in Your Plan .......... 1

PRESCRIPTION BENEFITS: Prior Authorization, Quantity Limitations, and Step Therapy Program .......... 2

Important Notice about Your Prescription Drug Coverage and Medicare .......... 4

Update Your Benefit Information with the Fund Office .......... 6

Hot Tea May Help Lower Glaucoma Risk .......... 6

Bakers FELRA COB Form .......... 7

WHCRA Allows Reconstructive Surgery Following Mastectomy .......... 8

*The purpose of this newsletter is to explain your benefits in easy, uncomplicated language. It is not as specific or detailed as the formal Plan documents. Nothing in this newsletter is intended to be specific medical, financial, tax, or personal guidance for you to follow. If for any reason, the information in this newsletter conflicts with the formal Plan documents, the formal Plan documents always govern.*

# PRESCRIPTION BENEFITS: Prior Authorization, Quantity Limitations, and Step Therapy Program

### Quantity Limitations and Prior Authorization Requirements

The Fund covers certain drugs that are subject to quantity The Fund also covers certain drugs, but only after you obtain prior authorization from the Fund Office.

**The following medications have quantities limited to the dosage shown on the chart below. Higher quantities require either a prior authorization or approval by the Board of Trustees.**

**Drugs with Quantity Limitations**

| DRUG | PRESCRIBED FOR |
|---|---|
| **Axert** = 12 pills / 30 days<br>**Amerge, Imitrex** = 9 pills / 30 days<br>**Relpax, Zomig** = 6 pills / 30 days<br>**Imitrex Nasal Spray**<br>12 spray unit devices / 30 days<br>**Imitrex Kit** = 4 kits (8 units) / 30 days | Migraine Medication (Triptans) |
| **Ambien, Sonata, Lunesta**<br>15 pills / 30 days | Sedative / Hypnotic Medication |
| **Anzemet** = 5 pills / 30 days<br>**Kytril** = 10 pills / 30 days<br>**Zofran** 4 & 8 mg = 15 pills / 30 days<br>**Zofran** 24 mg = 5 pills / 30 days | Anti-Emetics Medication (for Nausea) |
| **Butorphanol Nasal Spray** = 4 sprays / day<br>**Ketoralac** 20 pills / 5 days supply per 30 days | Analgesic Medication |
| **Cialis, Levitra, Viagra** = 6 pills / 30 days | Erectile Dysfunction Medication |
| **Celebrex** 100 mg., 200 mg = 30 pills / 30 days | Anti-inflammatory Drugs (COX-2 Inhibitors) |
| **Epinephrine** = Epi-pen 2 per year | Allergic Reactions |
| **Rozerem** = 15 pills / 23 days | Sleep Aid |

The Trustees may add or remove drugs from this list as deemed necessary.

## PRIOR AUTHORIZATIONS

If you need a prior authorization, contact Optum at (888) 869-4600 and ask for the Prior Authorization department. Optum will fax a form to your doctor to be completed. Once the form is completed and returned, Optum will review the form and if your condition warrants, put a prior authorization in place so your prescription will be covered.

**Drugs Which Require Prior Authorization**

| DRUG | PRESCRIBED FOR |
|---|---|
| **Provigil** | Wakefulness promoting agent |
| **Lotronex** | Irritable Bowel Syndrome (IBS) |
| **Oral Antifungals** (Lamisil / Sporanox) | Treat fungal infection of finger and toenails |
| **Forteo** | Osteoporosis |
| **Proton Pump Inhibitors** (i.e. Aciphex, Protonix, Nexium, Prevacid) (1 dose per day) | Treat Acid Reflux Disease |
| **Psoriasis Agents** (Raptiva, Amevive, Enbrel, Remicade) | Psoriasis Immunotherapy – chronic |
| **Xolair** | Allergy related asthma |
| **Weight loss drugs** | Medically necessary for treatment of obesity |
| **Retinoids** (after age 26) | Severe acne after failure of first-line agents |
| **Growth Hormones** | Growth/Pituitary disorders |
| **Botox** | Severe migraines, hyperspaspicity |

The Trustees may add or remove drugs from this list as deemed necessary.

## STEP THERAPY PROGRAM

Step Therapy is a process that requires the use of a preferred medication or specific criteria to be met before a particular drug will be approved. When a prescription for a medication requiring Step Therapy is presented to the pharmacy, your prescription profile is instantly reviewed when the claim is electronically submitted to Optum Rx. Based on the history in your file, the prescription claim may be approved automatically. If the prescription claim is rejected, two options exist. The pharmacist may call the Physician to obtain a prescription for the preferred medication, or the pharmacist may inform you that you will be required to pursue approval of the prescription through the Prior Authorization process. For questions regarding Step Therapy or Prior Authorization, please call Optum Rx Customer Service at (888) 869-4600.

If you currently take any of the medications listed in the Step Therapy Program, you can avoid an extra trip to the

pharmacy by asking your Physician for a prescription for the preferred medication. If you and your Physician decide this is not appropriate therapy for you, please contact Optum Rx to begin the Prior Authorization process. A fax will be sent to the prescribing Physician requesting documentation of your diagnosis and previous therapy. Once the Physician completes and returns the form, a clinical pharmacist will review it to determine whether you meet the Prior Authorization approval criteria.

The table below lists medications included in Step Therapy Programs:

| DRUG CLASS | PREFERRED PRODUCT | AFFECTED MEDICATIONS |
|---|---|---|
| Proton Pump Inhibitors | Prilosec OTC* | Aciphex, Nexium, Prevacid, Protonix |
| Non-Sedating Antihistamines | Claritin OTC* | Allegra/D, Clarinex/D, Zyrtec/D |
| Anti-inflammatory Cox-2 Inhibitors | Traditional NSAIDs (ibuprofen, naproxen) | Celebrex |
| Angiotensin II Receptor Blockers (ARBs) | ACE Inhibitors (Captopril, Enalopril, Fosinopril, Lisinopril, Quinapril, etc.) | Atacand, Avapro, Benicar, Cozaar, Diovan, Hyzaar, Micardis, Teveten |
| Dermatological | Generic topical steroid (hydrocortisone, triamcinolone, fluocinonide) | Elidel and Protopic |
| Antiasthmatic Agents | Albuterol | Xopenex |
| Allergic Rhinitis (Runny nose, watery/itchy eyes) | Steroid Nasal Spray plus an Antihistamine | Singulair - Members who use Singulair or asthma control are exempt from this requirement. Members less than 18 years of age are also exempt from this requirement. |
| Proton Pump Inhibitor/ Antacid | Prilosec OTC and Omeprazole or Pantoprazole | Omeprazole Sodium Bicarbonate |
| Treatment of allergies | Zyrtec or Zyrtec-D OTC | Clarinex, Clarinex D, Xyzal |

*** Prilosec Over-the-Counter ("OTC") and Claritin OTC are subject to a generic co-pay only with a valid prescription. Bring the prescription to the pharmacy along with the Prilosec or Claritin. Show the pharmacy your Optum prescription card and explain that although the drug is sold over-the-counter, it is covered under your prescription benefit.**

The Trustees may add or remove drugs from this list as deemed necessary.

## SPECIALTY PHARMACY/BRIOVA RX ASCEND PROGRAM

Prescriptions for specialty medications are provided through Briova Rx and not through your retail pharmacy. Specialty medications are used to treat genetic or rare chronic conditions like multiple sclerosis, hepatitis C, Crohn's disease, Gauchers disease, hemophilia, immune system/IVIG, oncology, psoriasis, rheumatoid arthritis, transplants, and HIV/AIDs.

If you have a prescription for a specialty drug, it will not be accepted at a retail pharmacy -- the pharmacist will receive a message indicating you must get the drug from the Briova Rx Ascend Specialty pharmacy.

**Call Briova Rx at 1-855-427-4682** to be assigned a care coordinator and to set up delivery of your medication. Your prescription will be delivered directly to your door (or to another location of your choosing). There are pharmaceutical staff available to answer any questions you may have about your medication. Specialty medications are limited to a 30 day supply.

### Exclusions under Prescription Drug Benefit

The prescriptions listed below are **not covered** under the Plan.

- Over-the-counter drugs or any drug which can be obtained without a prescription ***except*** Prilosec and Claritin as specified in the Step Therapy section
- Drugs used primarily for cosmetic purposes
- Prescriptions available without charge or for which payment is available under state, federal or local programs including Workers' Compensation
- Diagnostic drugs
- Intravenous drugs except Procrit and Activase
- Rhogam
- Serums
- Any charge for the administration of a drug, including insulin



*Continued on page 4*

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- Experimental or investigational drugs
- Drugs not approved by the Food and Drug Administration (FDA)
- Unauthorized refills
- Immunizations, immunization agents, blood or blood plasma, and biological sera
- Medication for a patient confined to a rest home, nursing home, extended care facility or similar entity
- Any charge where the cost of the drug is less than the *Participant's Co-Payment*
- Non-insulin syringes
- Infant formulas
- Liquid nutritional supplements
- Topical dental fluoride
- Respiratory therapy supplies
- Fertility drugs
- Electrolyte replacement
- Hair replacement products including Rogaine and similar products
- All other medical supplies

### Reimbursement If You Paid for Your Prescription In-Full

It's best to have your Prescription Drug ID card with you at all times. If you had to pay for your prescription in full at the pharmacy (for example, you don't have your card with you and the pharmacy does not have your information on file), you may request reimbursement from Optum. You will be reimbursed based on the **retail cost** of the drug (you lose the discount the pharmacy receives by processing the claim on the computer), less the appropriate *Co-Payment*.

### Follow These Steps for Reimbursement

- Request a reimbursement form from *the Fund Office* (not from Optum). This is important because the form tells Optum who you are and your level of coverage.
- Return the form to the *Fund Office* along with your itemized receipt (the detailed receipt usually stapled to your pharmacy bag, not the cash register receipt).
- You must submit a request for reimbursement within **730 days (2 years) from the date the prescription was filled.** After that time, your reimbursement will not be processed.
- Remember you will **only** be reimbursed based on the retail cost level minus the appropriate *Co-Payment.*

Reimbursement generally takes about 4 weeks.

### Appeal Process

If a Participant or covered Dependent wishes to appeal a prescription drug claim denial or limitation, he/she must address the appeal to the Board of Trustees. Optum Rx does not have an internal appeal process.

See the section "If Your Claim Is Denied -- Appeal Procedures" on page 102 of your Summary Plan Description for information on how to appeal to the Board of Trustees.

**Cut and Keep!**

# Important Notice about Your Prescription Drug Coverage and Medicare

*The following Notice of Creditable Coverage applies to all Medicare-eligible participants and/or spouses.*

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Bakers Union and FELRA Health and Welfare Fund and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan or stay with the Bakers Union and FELRA Health and Welfare Fund plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone eligible for Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Bakers Union and FELRA Health and Welfare Fund has determined that the prescription drug

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coverage offered by the Fund is, on average for all plan participants, expected to pay as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year thereafter from October 15 to December 7.

However, if you lose your current creditable drug coverage, through no fault of your own, you will also be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Bakers Union and FELRA Health and Welfare Fund coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

**You cannot have both Medicare prescription drug coverage and prescription drug coverage through the Fund at the same time. If you decide to enroll in a Medicare drug plan and drop your Bakers Union and FELRA Health and Welfare prescription drug coverage, be aware that you and your dependents may not be able to get the same coverage back.**

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Bakers Union and FELRA Health and Welfare Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may be required to pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information about This Notice or Your Current Prescription Drug Coverage…

Contact the Fund Office for further information at (866) 662-2537 or (410) 683-6500. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Bakers Union and FELRA Health and Welfare Fund changes. You also may request a copy of this notice at any time.

## For More Information about Your Options under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit the Social Security Administration on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (a penalty).**

Date: September 1, 2018
Name of Entity/Sender: Fund Office Bakers Union and FELRA Health and Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152
Phone Numbers: (866) 662-2537 | (410) 683-6500

# Update Your Benefit Information with the Fund Office

If you, your spouse, or your dependents have benefit coverage in more than one group health plan, the Fund Office needs to know. Why? Because there are Coordination of Benefits ("COB") rules to determine which plan processes the claim first, second and even third (if you have coverage under three group plans).

Virtually every group health plan has COB rules. They are designed to protect the Fund (and all group health and welfare plans) from paying claims for which it is not liable. The Fund's COB rules are described in your SPD on page 42.

Even if you have completed a COB form before and nothing has changed, please complete the form on the next page and return it to the Fund Office at the address shown at the bottom of the form.

Remember, updating this information NOW saves time LATER (when you have a claim waiting to be processed). If you do not tell the Fund Office about the other coverage and it is discovered later (after claims have been paid), you will be billed for the amount that was paid in error. Do not let this happen to you.

*See Page 7 for COB Form*

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# Hot Tea May Help Lower Glaucoma Risk

Coffee or tea? Personal tastes aside; it seems we may all benefit from a cup of hot tea added to our daily routines.

While in the past coffee consumption has been linked to an increased risk of glaucoma (due to an increase in intraocular pressure), a recent study has found that drinking hot ***tea*** every day may have the opposite effect and may actually *lower* our risk of developing glaucoma.

According to the study published in the British Journal of Ophthalmology, researchers from Brown University, Rhode Island University, and the University of California aimed to examine the association between the consumption of various caffeinated/ decaffeinated beverages and glaucoma.

The results found that participants who drank hot tea daily had a 74% lower risk of having glaucoma than those who did not. Although more research needs to be conducted (as there were certain constraints in the study such as the small number of participants with glaucoma and a lack of detailed information about the timeline of diagnosis) the study's authors noted that tea's basic health properties very much suggest it may lower glaucoma risk. Namely, phytochemicals and flavonoids, which can be found in tea, have been shown to have properties associated with the prevention of cardiovascular disease, cancer, and diabetes. Given these attributes, it wouldn't be so far-fetched to consider that the consumption of tea could have a protective metabolic effect.

Benefits of phytochemicals and flavonoids found in tea:

- Anti-inflammatory (reduces inflammation or swelling)
- Anti-carcinogenic (inhibits or prevents the activity of a carcinogen or the development of cancer)
- Antioxidant (protects cells from free radicals that can cause damage)
- Neuroprotective (protects nerve cells against damage, degeneration, and/or impairment of function)

With that said, the study's authors noted that further research was needed to fully establish the importance of their findings and whether or not hot tea consumption did indeed play a role in the prevention of glaucoma.

According to the National Eye Institute, glaucoma is a group of diseases that damage the eye's optic nerve and can result in vision loss and blindness. Glaucoma often has no symptoms and there is no cure for it. Vision loss as a result of glaucoma can occur in one or both eyes and cannot be restored. To detect the presence of glaucoma, a comprehensive dilated eye exam would have to be performed. Be sure to keep up with annual eye exams and talk to your eye care professional about your eye health.

*This article was provided by National Vision Administrators.*

**Bakers Union and FELRA**
**Health and Welfare Fund**

911 Ridgebrook Road
Sparks, MD 21152-9451
Telephone: (410) 683-6500
Toll Free: (800) 638-2972
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, MD 20785-2361
Telephone: (301) 459-3020
Toll Free: (866) 662-2537
www.associated-admin.com

# COORDINATION OF BENEFITS UPDATE

Update for Yourself, Your Spouse, or Your Dependent(s)

**Participant's Name:** ________________________________________ **Last Four Digits of SSN#:** ________

**There is Other Group Coverage On (Choose One):**

1) ___ Myself 2) ___ My Spouse 3) ___ Other Eligible Dependent

**If Spouse:**

a) Name: ______________________________
b) SSN: ________________________________
c) Date of Birth: ________________________
d) Spouse's Employer:

___________________________ Co. Name
___________________________ Address
___________________________
(____)_____________________ Phone No.
___________________________ Benefit/HR Dept. (Contact Name)

**If Other Dependent:**

a) Name: ______________________________
b) SSN: ________________________________
c) Date of Birth: ________________________
d) Spouse's Employer:

___________________________ Co. Name
___________________________ Address
___________________________
(____)_____________________ Phone No.
___________________________ Benefit/HR Dep (Contact Name)

**The coverage is from:**

___ Medicare Part A ___ Medicare Part B ___ Medicare Part D
___ Spouse's Employer ___ Other ___ Participant's Employer at Another Job

**Insurance Co. Name:** ______________________________________________________________

**Address:** ______________________________________________________________________

**Phone Number:** _________________________________________________________________

**Group Policy #:** ____________________________________________ **Effective Date:** _______________

**NOTE:** If more than one family member has more than one coverage, or if an individual is covered by more than one other policy, attach a sheet listing the information for each.

**Is it an Active or Retiree Plan?** ___ Active ___ Retiree
**Are you/your dependent eligible for Medicare coverage?** ___Yes ___No

***(PLAN 2 Participants Only)*** **[1] Was your spouse offered other coverage where the employer pays at least 70% of the premium? ____Yes _____No. [2] Was the coverage accepted or rejected by the Spouse? _____Yes _____No.**

**Participant's Signature** ____________________________________________ **Date** __________________

**Send to:** Bakers Union and FELRA
Health and Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

# WHCRA Allows Reconstructive Surgery Following Mastectomy

The Women's Health and Cancer Rights Act ("WHCRA") protects individuals who elect breast reconstruction after a mastectomy. Under federal law related to mastectomy benefits, the Plan is required to provide coverage for the following:

- All stages of reconstruction of the breast on which a mastectomy is performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of all stages of mastectomy, including lymphedema.

Such benefits are subject to the Plan's annual deductibles and co-insurance provisions. Federal law requires that all participants be notified of this coverage annually.