Dear Participant:

The Trustees are pleased to announce the following Plan changes in order to comply with the Patient Protection and Affordable Care Act (PPACA) – the federal health care reform law.

This Notice is to inform you of changes that will take effect on January 1, 2013.

PLEASE NOTE: Benefits are ***only*** payable under the Plan for medications dispensed ***with a prescription*** – even for the over-the-counter (OTC) medications, which will now be covered pursuant to the changes, below, you must have a prescription in order for it to be covered by the Plan.

1. PREVENTATIVE CARE IS COVERED WITH NO CO-PAY

a. SMOKING CESSATION

All over-the-counter (OTC) and prescription smoking cessation products for participants 18 years old and older will be covered with $0 co-pay. The Plan will cover a 90-day supply of all smoking cessation products in a rolling 365-day period – except for Chantix (which has a separate limit of 180 days of therapy per rolling 365-day period).

b. OVER-THE-COUNTER ASPIRIN FOR CARDIOVASCULAR PROTECTION

OTC aspirin for cardiovascular protection will be covered with $0 co-pay for males from age 45 until their 80th birthday and for females from age 55 until their 80th birthday. Outside of this age range, aspirin is not be covered by the Plan.

c. OVER-THE-COUNTER FOLIC ACID FOR WOMEN THINKING OF GETTING PREGNANT

OTC folic acid will be covered for females until their 51st birthday with $0 co-pay. Outside of this age range, folic acid will not be covered.

d. OVER-THE-COUNTER IRON SUPPLEMENTS TO PREVENT ANEMIA IN INFANTS

OTC iron supplements will be covered for infants until their first birthday with $0 co-pay. Outside of this age range, iron supplements will not be covered.

e. PRESCRIPTION FLUORIDE FOR CHILDREN UNDER AGE 6

Prescription fluoride products will be covered for children until their sixth

birthday with $0 co-pay. Outside of this age range, prescription fluoride products will be covered with the current co-pay.

f. VACCINATIONS

Vaccinations for flu, hepatitis, pneumonia, zoster, childhood diseases (*mumps, measles, etc.*), meningitis, tetanus and diphtheria are available at participating in-network retail pharmacies with $0 co-pay. Vaccinations for rabies and travel/bioterrorism are also available at participating in-network retail pharmacies with the applicable co-pay. Please note that the types of vaccinations offered at different network pharmacies may vary.

Vaccines provided in other settings continue to be covered under the Plan with applicable co-pays.

g. CONTRACEPTIVES

1) DIAPHRAGMS – Prescription diaphragms will be covered for females through their 51st birthdays with $0 co-pay. Outside of this age range, prescription diaphragms will not be covered. OTC spermicides/spermicidal jelly are not covered by the Plan.
2) HORMONAL CONTRACEPTIVES –
    a) Oral Contraceptives – All generic prescription oral contraceptives and all brand name prescription oral contraceptives for which there is no generic substitute will be covered for females until their 51st birthdays with $0 co-pay. Outside of this age range, such prescription oral contraceptives will continue to be covered with the applicable co-pay. Brand name prescription oral contraceptives for which there is a generic substitute will continue to not be covered.
    b) Injectable Contraceptives – All prescription injectable contraceptives will be covered for females until their 51st birthdays with $0 co-pay. Injectables will continue to be covered past age 51 at the applicable copay.
    c) Vaginal Ring Contraceptives – All prescription vaginal ring contraceptives will be covered for females until their 51st birthdays with $0 co-pay. Vaginal ring contraceptives will continue to be covered past age 51 at the applicable copay.
    d) Implantable Contraceptives – Implantable contraceptives will continue not to be covered under the prescription drug benefit.
3) EMERGENCY CONTRACEPTIVES – Prescription and OTC emergency contraceptives will be covered for females until their 51st birthday with $0 copay.

2. EXPANDED APPEAL PROCEDURES INCLUDING AN EXTERNAL APPEALS PROCESS

When you are dissatisfied with a benefit denial by the Fund, in addition to the internal appeals process currently in place (which have also been improved), the Plan will now provide a process for you to appeal a benefit decision outside the Plan.

a. Request for external review. You may request an external review in writing to the Fund Administrator within four months after the date you received a notice of a full or partial benefit denial, including a denial of eligibility for benefits from the Fund.

b. Preliminary review. Within five business days of receiving your written request for an external review, the Fund must complete a preliminary review of the request to determine if you were covered under the Fund at the time of service, if the denial was based on eligibility, if you exhausted the Fund's internal appeals process and if you have provided the necessary information for an external review.

   Within one business day of this review, the Fund must notify you that your request is (1) complete and is eligible for the external review, (2) complete but not eligible for an external review giving the reasons and contact information for the Employee Benefit Security Administration, or (3) eligible for review, but is not complete with a description of what additional information must be provided – you will have two days or until the end of the four month appeal period to provide the necessary information, whichever is longer.

c. Referral to Independent Review Organization. The Fund will assign your appeal to an independent review organization (IRO). The Fund is required to contract with three IROs and rotate appeals among them. The IRO must issue a decision within 45 days of the receipt of the appeal.

d. Expedited Review. If you have an Urgent Care appeal the external review process is expedited.

In addition, the Plan has improved its internal appeals procedures to provide that Urgent Care Appeals must be decided within 24 hours of receipt of the appeal.

For more information, contact the Fund Administrator.

Please feel free to call the Fund Office should you have any questions or require additional information.

Sincerely,

BOARD OF TRUSTEES