

## **SUMMARY OF MATERIAL MODIFICATIONS**

Date: November 2018

To: ALL PARTICIPANTS  
TEAMSTERS LOCAL 639 – EMPLOYERS HEALTH TRUST FUND

From: The Board of Trustees of the Teamsters Local 639-Employers Health Trust Fund

Subject: Notice of Plan Changes

Dear Participant:

***This Summary of Material Modifications announces changes to the Fund's coverage of a new prior authorization requirement with Cigna/Care Allies for certain outpatient injectable prescription drug medications that became effective October 1, 2018.***

***Please read this document carefully and keep it in a safe place.***

**Outpatient Injectable Prescription Drug Prior Authorization Requirement.**

**Effective October 1, 2018,** the Health Plan will require prior authorization to be performed by Cigna/CareAllies on certain injectable or infused medications that are administered by a health care professional in an outpatient setting.

The Health Plan covers most specialty medications under the medical benefits section of the Health Plan. Specialty medications are certain high cost pharmaceuticals, biotech or biological drugs that are used in the management of diseases, such as injectable, infused, oral medications, or products that may require special handling. Most of the medications are currently being dispensed to the patient's home or physician's office through Caremark's Specialty Pharmacy after review for medical necessity. This requirement and coverage is not changing.

Certain specialty medications are injected or infused only by a health care professional in outpatient settings such as doctors' offices, infusion suites or outpatient facilities. These medications are used to treat rare and chronic conditions such as Duchenne muscular dystrophy, cancer treatment with radioactive drugs, lymphoma with gene therapy and leukemia with CAR T therapy and require special handling and administration. Examples of these medications include Exondys 51, Kymriah, Lutathera and Yescarta. Cigna/CareAllies will review these injectable and infused medications

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administered in an outpatient setting for medical necessity prior to coverage under the medical plan.

You will receive a new ID card that will advise your health care provider that outpatient review is required for some injectables. This card will also contain the phone number your provider should use to call Cigna/CareAllies to get the needed approvals. In-network providers are responsible for obtaining the necessary approvals. If you are going to an out-of-network provider, it is your responsibility to obtain approval for your injectables.

This SMM describes changes to the Fund's benefits and should be kept with your SPD for handy reference and safekeeping.

If you have any questions, please do not hesitate to contact the Fund Office at (800) 983-2699.

The Trustees continue to reserve the right to amend, modify, or terminate the Fund and any or all benefits provided thereunder.

Sincerely,  
The Board of Trustees

## GRANDFATHERED HEALTH PLAN

*This group health plan believes it is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866)-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).*