

## IMPORTANT NOTICE – PLEASE READ CAREFULLY!

To All Members and Beneficiaries of the  
Benefit Fund for Hospital and Health Care Employees — Philadelphia and Vicinity

### NOTICE OF CHANGE IN BENEFITS

This notice, called a “summary of material modifications,” advises you of changes in the information presented in your summary plan description (sometimes called an “SPD” or “descriptive booklet”) with respect to the Benefit Fund For Hospital and Health Care Employees – Philadelphia and Vicinity (the “Plan”). Please do three things with this notice: (1) Read it and, if you have any questions, contact the Plan Administrator; (2) keep this notice with your SPD; (3) mark the Sections of the SPD that have been changed, so that when you refer to that Section of the SPD, you will be reminded that the change described in this notice has occurred.

The following change to the Plan will become effective on November 15, 2014 for all Members:

1. **Urgent Care Center Copayments.** The copayment for obtaining care at a participating urgent care center was reduced from \$100 to \$60. (The copayment for obtaining care at an emergency room remains unchanged at \$100.) For more information on participating urgent care centers and the services that they provide, please contact the Fund Office or Aetna.

The following changes to the Plan’s prescription drug benefits will become effective on November 15, 2014 for Wage Class I Members and their Dependents and will apply to all prescriptions, refills and new fills:

2. **Prior Authorization for Certain Medications.** You are required to obtain prior authorization from Express Scripts before filling prescriptions for certain medications in order for those medications to be covered by the Plan. For more information on which medications require prior authorization before being approved for coverage, please contact the Fund Office, Express Scripts or visit the MyRx Choices website available at [www.express-scripts.com](http://www.express-scripts.com). (Please note that the MyRx Choices website will not be updated to reflect this new coverage authorization information until after the effective date.) **If you or your doctors do not obtain prior authorization from Express Scripts when required, the Plan will not cover the medication and you will be responsible for the full cost of the medication.**
3. **Quantity Limits for Certain Medications.** For certain medications, coverage under the Plan is limited to a specified quantity of units per prescription or per a defined period of time. (For example, the Plan will cover only up to 100 tablets/capsules of Drug A per 90 days, up to 60 inhalers of Drug B per 180 days, up to 2 bottles of Drug C per 28 days, up to 5 syringes of Drug D per prescription for a one-month supply, etc.) The quantity limit imposed for each affected medication is designed to be consistent with manufacturer

*continued*

recommendations and clinical dosing guidelines. For more information on which medications have quantity limits, please contact the Fund Office, Express Scripts or visit the MyRx Choices website available at [www.express-scripts.com](http://www.express-scripts.com). (Please note that the MyRx Choices website will not be updated to reflect this new coverage authorization information until after the effective date.) **If you fill a prescription that exceeds the quantity limit imposed by the Plan for a specified medication, the Plan will not cover the units that exceed the quantity limit and you will be responsible for the full cost of the units in excess of the quantity limit.** If you require a greater quantity than what is specified, then you or your doctor may request that the Plan cover the excess units by requesting a review or prior authorization from Express Scripts.

- 4. Implementation of Step Therapy Program.** You are required to try generic medications as the first step in treating certain ongoing medical conditions in order for certain medications to be covered by the Plan. Under the Step Therapy Program, within specific therapeutic classes, multiple medications are available to treat the same condition. Covered medications are organized into categories based on cost. Front-line medications are generic medications that have been proven to be safe, effective and affordable. Your copayment will usually be the lowest with a first-step medication. Back-up medications are brand name medications and are more expensive than their generic alternatives. If your condition falls into a step therapy class and your doctor prescribes a medication for your treatment, the Plan requires you to begin with a front-line medication as the first step. **If you submit a prescription for the first time and it is not for a front-line medication, you will have the option to pay the full cost of the prescription or contact your prescribing doctor to get a new prescription for a front-line medication that is covered by the Plan. Your dispensing pharmacist may be able to assist you in contacting your prescribing doctor and obtaining a new prescription for the front-line medication.** If a front-line medication does not work for you, the Plan may cover a back-up medication as a second step. Your doctor may request an override and request that the Plan cover the cost of a back-up medication as a first step if you have already tried the front-line medications covered by the Plan in the past, you are allergic to the front-line medications or the doctor decides that the back-up medication is necessary for medical reasons.

**FOR MORE INFORMATION ON THIS NOTICE, PLEASE CONTACT THE FUND OFFICE**

**PLEASE KEEP THIS NOTICE WITH YOUR SUMMARY PLAN DESCRIPTION**



**Urgent Benefit Information — Open Immediately!**



1319 Locust Street • Philadelphia, Pennsylvania 19107

Benefit Fund for  
Hospital & Health Care Employees -  
Philadelphia & Vicinity



PPSRT FIRST CLASS  
U.S. POSTAGE  
PAID  
PERMIT NO. 138  
PHILA, PA