

Benefits News

FOR ACTIVE AND RETIREE MEMBERS

Winter 2024 (Issue 5)

Welcome

Welcome to the Winter 2024 issue of *Benefits News*! This newsletter provides you and your family with the latest news and updates about your Health Fund, including information about how to take full advantage of your benefits.

To find detailed benefits information, including your Summary Plan Description (SPD), visit the Fund's website at health49.org.

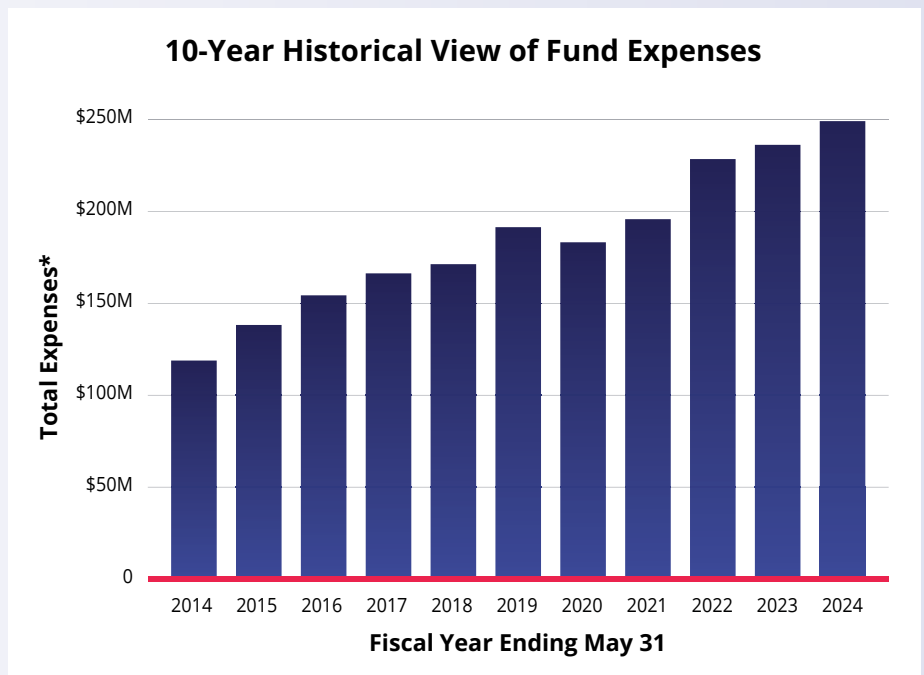


Health Care Costs Are Driving Changes for 2025

We're all feeling the pinch of higher prices at the grocery store and increased insurance premiums for things like our car and home. The Fund is no exception. We're facing rising costs for health care services, just like you. In fact, our costs have more than doubled over the past 10 years (see chart below).

Our Fund is self-funded, meaning the Fund has the financial responsibility for the cost of benefits offered to you and your eligible family dependents. In a self-funded arrangement, the Fund (not an insurance company) pays health care claims and all administrative expenses associated with operating the Fund.

When health care costs rise, we need to take action to protect the Fund's long-term financial health so that we can continue to provide the benefits you've come to expect now and into the future. As a result, we're making some benefit changes as explained on the next pages.



*Excludes Health Reimbursement Arrangement (HRA) expenses

What's New and Notable for 2025

These changes are effective Jan. 1, 2025:

- » The annual deductible will increase to \$1,000 (individual) and \$2,000 (family). This increase applies to all participants covered under the active and pre-Medicare retiree medical plans.
- » You'll pay a \$1,000 copay for an emergency room (ER) visit that does not result in a hospital admission. This copay applies to all participants covered under the active and pre-Medicare retiree medical plans. If you're admitted, the copay will be waived, but you will still be responsible for the deductible and coinsurance.
- » CVS Caremark will replace Optum Rx as the pharmacy benefit manager (PBM) for the active and pre-Medicare retiree medical plans.
- » Once you work 2,200 hours in a calendar year, no additional contributions will be added to your Health Reimbursement Arrangement (HRA). You will still be eligible for continued health coverage under the Plan and may still accumulate dollars to maintain six months of coverage in your Dollar Bank after you work the 2,200 hours, as necessary.
- » Medicare-eligible participants will have access to the Blue Cross Blue Shield Medicare Supplement (Senior Gold) and prescription drug program that provides benefits for all Medicare-allowable expenses and for all providers that accept Medicare. If you're eligible for this benefit, you will receive more information before the first of the year. This change addresses recent UnitedHealthcare Medicare network issues.

★ Important Reminder

You must be an eligible participant to receive reimbursement from your Health Reimbursement Arrangement (HRA). Effective Jan. 1, 2026, if you have not attained at least 1 month of Local 49 Health & Welfare Fund eligibility in the past 24-month period (beginning Jan. 1, 2024), your account will be subject to forfeiture. This rule does not apply to Local 49 members who are working under a Local 49 collective bargaining agreement that does not allocate contributions to the Fund, and it does not apply to retirees who have opted out of coverage due to other health plan coverage.



A New Pharmacy Benefit Manager and What It Means for You

You can expect some changes when CVS Caremark replaces Optum Rx as the PBM for the active and pre-Medicare retiree medical plans.

- » You will receive a CVS Caremark ID card before January. Begin using this card the first of the year, and discard your Optum Rx card at that time.
- » Every PBM maintains its own formulary, or list of approved drugs. If you're currently taking prescription medication and your drug is not included in the CVS Caremark formulary, CVS Caremark will reach out by early December and let you know what you need to do.
- » Similarly, if you're taking maintenance medications that you refill by mail, you will want to begin using the CVS Caremark mail order program. You will receive a welcome kit from CVS Caremark by early December that will walk you through the process of how to transition your prescription(s) to the CVS Caremark mail order program.
- » Taking a GLP-1? If you've been diagnosed with diabetes, you'll continue to pay 20% coinsurance for your GLP-1 medication. To receive coverage for a GLP-1 drug for weight management, beginning Jan. 1, 2025, you'll pay 50% coinsurance and must work with TEAM's wellness and nutrition professionals for lifestyle and weight management support. Your coinsurance will not count toward your annual out-of-pocket maximum. You can reach TEAM at **800-634-7710** or **651-642-0182** or [startwithteam.com](https://www.startwithteam.com).



Urgent Care Alternatives to the Emergency Room

When you're having a life-threatening emergency, call 911 or head to the ER. But when you're hurt or sick and your condition is not life-threatening, you can save time and money when you get virtual care, see your primary care physician, or visit an urgent care center. Before heading to the ER, consider these options:

- 1. Use your telehealth benefit to have a virtual visit with a doctor.**
 - » Active participants and pre-Medicare retirees: The Fund picks up 100% of the cost when you receive care through Doctor On Demand. Visit doctorondemand.com/bcbsmn.
- 2. Visit a local urgent care center.**
 - » Active participants and pre-Medicare retirees: You'll pay 20% coinsurance.
 - » Medicare retirees: You'll pay 0% of the allowed cost of services you receive.
- 3. Contact a TEAM Care Coordinator for help finding quality, affordable urgent care and primary care providers.** You can reach TEAM at **800-634-7710** or **651-642-0182** or startwithteam.com.

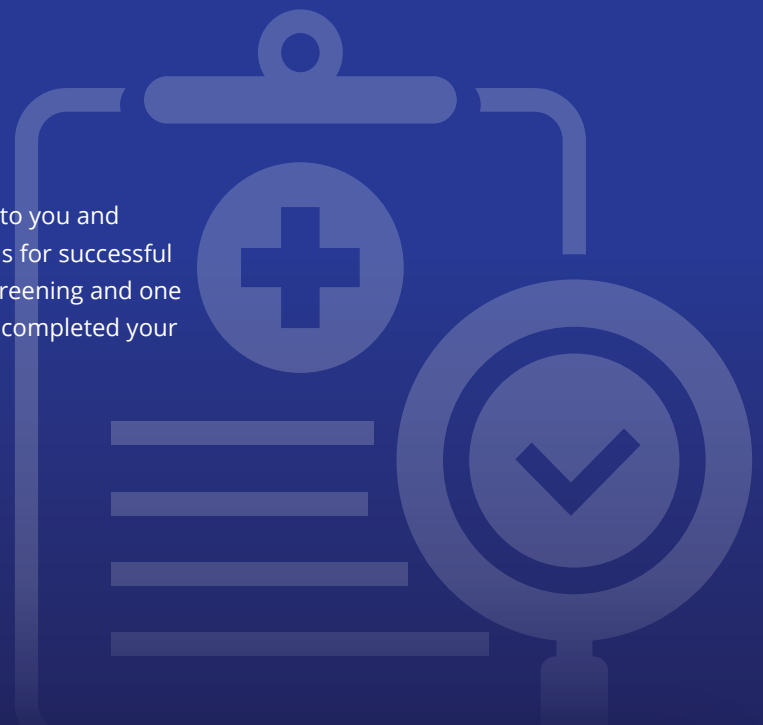
Register for Your Free Health Screening

The Fund offers cardiac and biometric screenings and bloodwork to you and your spouse to help identify health conditions early when the odds for successful treatment are greatest. You can only receive one Health Gauge screening and one preventive exam per calendar year. If you or your spouse already completed your 2024 exams, please wait until 2025 to complete your next exams.



Book your appointment today:

- » Visit luoe49.hgscreenings.com, or
- » Scan the QR code, or
- » Call **515-244-3080**.



The Summary Plan Description (SPD) and the related documents set forth the terms of benefits, including eligibility. If there are inconsistencies between information in this newsletter and the SPD, the SPD terms control. This newsletter is not a statement of eligibility. Visit health49.org to access information about your Plan and to find a copy of the SPD.