

Southwest Ohio Regional Council of Carpenters Health and Welfare Fund

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SUMMARY OF MATERIAL MODIFICATIONS FOR THE SUMMARY PLAN DESCRIPTION OF THE SOUTHWEST OHIO REGIONAL COUNCIL OF CARPENTERS HEALTH AND WELFARE FUND

The Trustees have made *changes* to the Plan that will affect various provisions of your Summary Plan Description (SPD). This "Summary of Material Modifications" explains those changes and should be kept with your SPD. These changes will take effect for all services incurred on and after **July 1st, 2009**.

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I. Schedule of Benefits – Prescription Drugs

The Schedule of Benefits for Prescription Drug Benefits, beginning at page ix of the SPD, is hereby restated, as follows:

<p style="text-align: center;">PRESCRIPTION DRUG BENEFITS <i>(Eligible Employees, Eligible Retirees, and Eligible Dependents)</i></p> <p>The Prescription Drug Benefit allows for a 31-day supply at a Pharmacy for the following <i>copayments</i>:</p> <p>The Retail <i>copayments</i> are:</p> <ul style="list-style-type: none">• \$ 15.00 per prescription for a Generic Drug.• \$ 45.00 per prescription for a Preferred Brand Name Drug.• \$ 75.00 per prescription for a Non-Preferred Brand Name Drug. <p>You also have access to Express Scripts' Exclusive Mail-Order Pharmacy Service. This program allows you to obtain a 90-day supply of your prescription medication delivered directly to your home. The Mail Order Program is designed to allow members to receive large quantities of maintenance medications (e.g. heart medication, blood pressure medication, diabetic medication, etc.) directly through the mail.</p> <p>The co-payments are:</p> <ul style="list-style-type: none">• \$ 30.00 per prescription for a 90 day supply of Generic Medication.• \$ 90.00 per prescription for a 90 day supply of Preferred Brand Name Medication.• \$150.00 per prescription for a Non-Preferred Brand Name Medication.
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The above copayments appearing elsewhere in the SPD are amended accordingly.

II. Schedule of Benefits – Comprehensive Medical Benefits

The Schedule of Benefits for Comprehensive Medical benefits, beginning at page ix of the SPD, is hereby amended, with changes being reflected in bold typeface:

COMPREHENSIVE MEDICAL EXPENSE BENEFITS (Eligible Employees, Eligible Retirees, and Eligible Dependents) See pages 26 – 42		
Subject to the Precertification (pages ix, x, xi), Preferred Provider and Facility <i>Plan</i> Option (both of which are PAR providers) (page xi-xii), identification of <i>covered expenses</i> and other <i>Plan</i> terms and limitations, the Deductible and Coinsurance Information for Comprehensive Medical Expense Benefits is:		
MEDICAL DEDUCTIBLE AND COINSURANCE INFORMATION		
BENEFIT	PAR PROVIDER	NON-PAR PROVIDER
Lifetime Maximum	\$2,000,000 per <i>covered person</i> .	\$1,000,000 per <i>covered person</i> .
If you use a combination of PAR and Non-PAR providers, Non-PAR benefits will reduce the PAR lifetime maximum; however, PAR benefits will not reduce the Non-PAR lifetime maximum. The total lifetime maximum will not exceed the PAR Provider allowance.		
Deductible: Individual Family	\$500 \$1,000 aggregate	\$1,000 \$2,000 aggregate
Coinsurance	80% (<i>you pay 20%</i>)	70% (<i>you pay 30%</i>)
Out-of-Pocket Limit (excludes deductibles and copayments): Individual Family	\$4,000 \$8,000	\$ 8,000 \$16,000
When the amount of combined <i>covered expenses</i> paid by you and/or all your <i>covered dependents</i> satisfy the separate PAR and Non-PAR provider deductible and out-of-pocket limits as shown on the Schedule of Benefits, the <i>Plan</i> will pay 100% of <i>covered expenses</i> for the remainder of the <i>calendar year</i> , unless specifically indicated, subject to any <i>calendar year</i> maximums and the lifetime maximum of the <i>Plan</i> .		

The above deductibles and out-of-pocket limits, appearing elsewhere in the Plan of Benefits, are amended accordingly.

III. Schedule of Benefits – Coinsurance Information

The Schedule of Benefits, beginning at page xiii of the SPD, is hereby amended to revise coinsurance, as follows:

- A. The copayment for Office Visits is increased to:
 - 1. **\$35** for primary care, and
 - 2. **\$50** for specialty care.
- B. The copayment for Emergency Room Care is increased to **\$150**.
- C. The copayment for visits to an Urgent Care Facility is increased to **\$75**.

IV. Prescription Drug Benefits—Step Therapy

The following provisions are added to Prescription Drug Benefits beginning at page 43 of the SPD, as follows:

Prescription Drug Benefits – Step Therapy

What is Step Therapy?

Step Therapy is a program designed exclusively for people who have certain conditions such as, Acid Reflux/Heartburn, Arthritis, Asthma/Allergies, Depression, Eczeme/Dermatitis, High Blood Pressure, High Cholesterol, Insomnia and other conditions that required medicals to be taken regularly.

Step-Therapy medications are grouped into two categories:

- Front-line drugs – the first step – are generic drugs proven safe, effective and affordable. These drugs must be tried first because they can provide the same health benefits as more expensive drugs, but at a lower cost.
- Back-up – the second and third step – are brand name drugs such as those you see advertised on TV. There are lower-costs brand name drugs (Step 2) and higher-cost brand name drugs (Step 3). The patient must try the Step 2 back-up drug before trying the Step-3 back-up drug.

Back-up drugs typically cost more than front-line drugs.

What Drugs are Part of the Step Therapy Program?

The Step Therapy Program applies ONLY to certain prescription and conditions like allergies/asthma, depression, high blood pressure, high cholesterol, pain/inflammation, skin disorders, sleep disorders and ulcers/acid reflux and is subject to change.

Please note the front-line drugs and back-up drugs are continually updated as new products and generic drugs become available. Therefore, we recommend that you periodically check the Express Scripts website, www.express-scripts.com, for the most current information or you can contact Express Scripts directly at 1-800-467-2006.

Only your doctor can advise you about the drugs you take, so speak with your doctor about your medications.

If Step Therapy Applies to You, What Should You Do Now?

When your doctor prescribes a new medication for you, ask if a generic drug is rights for you. It makes good sense to ask for these drugs first because, for everyone, they work as well as brand-name drugs—and they almost always cost less.

If you have already tried a front-line drug within the previous 130 days then your doctor can prescribe a back-up drug, but this will be at a higher cost to you. If your doctor decides a front-line drug is not medically appropriate for you, your doctor can request an override or “waiver” by calling Express Scripts at 1-800-417-8164 and completing the appropriate form.

Prior Authorization Override Process

If your doctor feels it is medically necessary for you to take the Back-up (Second Step) Drug without trying the Front-Line Drug first, **your doctor** can call Express Scripts directly at 1-800-417-8164 to request a prior authorization override. You doctor will be asked a series of questions concerning your condition. If the override is approved, you can fill the prescription for the Back-up Drug and pay the applicable co-payment.

How Can a List of Front-Line Drugs be Obtained?

Please note the front line drugs are continually updated as new products and generic drugs become available. Therefore, we recommend that you periodically check the Express Scripts website, www.express-scripts.com, for the most current information or you can contact Express Scripts directly at 1-800-467-2006.

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Please keep this information with your Summary Plan Description. Also, if you have any questions regarding these changes, please contact the Fund Office.

BOARD OF TRUSTEES
SOUTHWEST OHIO REGIONAL COUNCIL OF
CARPENTERS HEALTH AND WELFARE FUND

May 15, 2009