



THE ROAD
TO A *healthier* YOU

Summary of Material Modification

Dear Participant:

October 2017

The Trustees announce the following changes to the Health and Welfare plan of benefits:

Effective January 1, 2018, the Plan's calendar year deductible (*not applicable to West River Participants in South Dakota*) will increase from:

- \$250 per covered person and \$500 per family; to:
- \$500 per covered person and \$1,000 per family.

Remember: A waiver of the calendar year deductible is available for the employee and/or spouse who participates in a Health Dynamics physical. The calendar year deductible of \$500 will be waived in the calendar year following the 12-month period (December – November) in which a Health Dynamics physical is completed. For example, the employee and/or spouse who participates in a Health Dynamics physical between December 2016 and November 2017 will have their individual 2018 calendar year deductible waived.

Effective January 1, 2018, the Plan's non-specialty drug annual out-of-pocket maximum per family will decrease from \$6,000 to \$5,900.

Remember: All "specialty" drugs must be obtained through the Fund's specialty pharmacy, BriovaRx. Filling a specialty prescription is easy. Just call (855) 427-4682. BriovaRx will coordinate delivery of your medications to your home, care provider's office or other location you choose.

Effective January 1, 2018, Preadmission Notification is required. The Preadmission Notification requirement is fulfilled when EITHER you or a hospital (medical or behavioral) informs Blue Cross of Minnesota that you or your dependent will be admitted for inpatient care for any type of nonemergency admission or partial admission. All hospitals participating in the Blue Cross network and located in Minnesota are required to perform the Preadmission Notification on your behalf. If you are planning to be hospitalized outside of the state of Minnesota, make sure that Preadmission Notification will either be performed by the hospital, or you can satisfy the Preadmission Notification requirement by calling 1-866-938-9741.

Remember: The Fund does not cover inpatient hospitalization at hospitals that are not part of the Blue Cross network, unless the hospitalization is the result of an Emergency Medical Condition.

Please keep this Summary of Material Modification with your benefit plan booklet so that you will have an up-to-date description of the Fund's benefits. If you have any questions about this benefit change, please contact the Fund Office at the address or telephone number shown below.

Board of Trustees
Operating Engineers Local #49
Health and Welfare Fund

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