



DISTRICT COUNCIL 16
Northern California Health and Welfare Trust Fund
4160 Dublin Boulevard, Suite 400
Dublin, CA 94568-7756
Toll Free (800) 922-9902 Fax: (925) 833-7301
Email: Dc16info@hsba.com
www.dci6trustfund.org



Date November 2018

To: All Active Employees, Retirees and their Dependents, including COBRA beneficiaries participating in the Smart Choices APPO, Blue Cross PPO, or Retiree Direct Pay PPO Plans offered by District Council No. 16 Northern California Health & Welfare Trust Fund

From: Board of Trustees

This Participant Notice will advise you of certain changes to your outpatient prescription drug benefits from District Council No. 16 Northern California Health & Welfare Trust Fund. **This information is VERY IMPORTANT to you and your Dependents.** Please take the time to read it carefully.

**CHANGES TO WELLDYNERX FORMULARY
EFFECTIVE JANUARY 1, 2019**

Starting for prescriptions filled on or after January 1, 2019, the Fund will introduce a new list of covered drugs (called the “formulary list”). WellDyne evaluates drug products on multiple factors, including safety profile, therapeutic impact, medical necessity and cost-effectiveness. All decisions regarding which drugs to include on the formulary are based on our goal of providing the most appropriate and effective therapy at the lowest cost to both you and the Fund. Attached please find the new formulary list, which will become effective January 1, 2019. Please review this list carefully. As a consequence of these changes to the formulary list, some drugs that are currently covered will no longer be covered.

If you are currently taking a drug that is not on the new formulary list, you will receive a letter from WellDyneRx. To assist you in this transition, the Fund will consider your current drug to be “grandfathered” and continue to provide current benefits this drug **for three months, or through March 31, 2019**, while you and your doctor discuss the appropriateness of the alternative drug. Only you and your doctor can decide whether switching to a replacement drug is appropriate for you. If your doctor believes there is medical reason why you need to take a drug that is not on the formulary list, your doctor may request an exception with WellDyneRx by calling 1-866-240-2204. If approved, the regular copay for formulary retail or formulary mail-order drugs will apply.

**NEW OPIOID MANAGEMENT PROGRAM
EFFECTIVE JANUARY 1, 2019**

In order to prevent over prescribing or taking a medication longer than needed, the Fund is implementing, effective January 1, 2019, quantity limits (based on clinical guidelines) for opioids in order to reduce the risk of misuse and abuse.



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Beginning January 1, 2019, benefits for all opioid prescriptions will be limited to a 7-day supply, and high-risk opioids will require preauthorization before a prescription will be filled. Your doctor may request preauthorization by calling **WellDyneRx at 1-866-240-2204**. Any members with cancer, receiving end of life care, or in hospice are excluded from this program.

If you are currently taking a prescription opioid drug, you will see that the prescription quantity may be limited for prescriptions refilled after January 1, 2019, under this quantity limits program.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. We are also attaching an updated SBC that reflects the changes. Should you have any questions, please contact the Administrative Office at **(800) 922-9902**.

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the Plan changes, please contact the Administrative Office.

In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan and we are advising you of these Plan changes within 60 days of the adoption of those changes.

**GENERAL STATEMENT OF NONDISCRIMINATION:
(DISCRIMINATION IS AGAINST THE LAW)**

The District Council 16 Health and Welfare Trust Fund's health care plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Plan:

- a) Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- b) Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Coleen Christophersen.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Coleen Christophersen, Civil Rights Coordinator, HS&BA, 4160 Dublin Boulevard, Suite 400, Dublin, CA 94568-7756, Phone: (800) 922-9902, Fax: (925) 833-7301, E-mail: dc16info@hsba.com. You can file a



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grievance in person or by mail, fax, or email. If you need help filing a grievance, Coleen Christophersen, Civil Rights Coordinator, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHS Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: FREE LANGUAGE ASSISTANCE	
This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.	
Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-922-9902 .
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-922-9902
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-922-9902 .
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-922-9902 번으로 전화해 주십시오.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-922-9902 .
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-922-9902 .
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-922-9902 .
French Creole (Haitian)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-922-9902 .
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-922-9902 .
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-922-9902 .
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 1-800-922-9902 まで、お電話にてご連絡ください。
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-922-9902 .
Persian (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-922-9902 تماس بگیرید.



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Armenian	ՈՒՇԱԴՐՈՒԹՅՈՒՆ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-922-9902 .
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-922-9902 .