



STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

4160 Dublin Blvd, Suite 400 * Dublin, CA 94568

Phone: (925) 208-2280 * Toll Free: (800) 622-0547 * Fax: (925) 833-7301

www.Local39Benefits.org * L39Benefits@hsba.com

Date **December 20, 2024**

To: **All Participants and Dependents (including COBRA beneficiaries) enrolled in the Self-Funded Medical Plan of the Stationary Engineers Local 39 Health & Welfare Fund**

From: **Board of Trustees**

REMINDER: PHARMACY BENEFIT MANAGER CHANGES 1-1-2025
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As previously announced, **CVS Caremark** will be the new pharmacy benefit manager (PBM) for the Trust Fund effective for prescriptions purchased on or after January 1, 2025.

Your new CVS Caremark ID card should arrive to you on or before January 1, 2025. Show your new ID card for prescriptions filled at a participating pharmacy on or after January 1st. Like the current program, the pharmacist will check your eligibility online, fill your prescription, and charge you only the applicable copayment for each prescription or refill.

In the event that you do not receive your CVS Caremark ID card by January 1, 2025, you can access your CVS Caremark online account at www.Caremark.com/StartNow any time after January 1, 2025, to print off a copy of your ID Card. For your convenience, a temporary CVS Caremark ID card has been included with this notice that can be used to fill prescriptions. Just present this card at any CVS Caremark pharmacy to fill your prescription. The pharmacy will require you to provide your name and date of birth to confirm coverage.

A copy of the November 4, 2024 Summary Material Modification is included for your records. Contact CVS Caremark at their toll-free number (833-894-0677) if you have any specific questions regarding your prescriptions and coverage provided by CVS Caremark. If you have any other questions or encounter any issues obtaining your prescriptions, please contact the Trust Fund Office at (800) 622-0547.

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 Trust Fund Office.

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Because this Plan is a “grandfathered health plan,” we are required by law to provide this notice to you:

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Trust Fund Office at 925-208-2280. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

*This document has been uploaded and is available on the participant website at:
www.local39benefits.org*

Hello.

Below is your temporary prescription card. You can present this card at your pharmacy to fill prescriptions starting January 1, 2025.



RxBIN: 004336
RxPCN: ADV
RxGRP: RX24ME
Issuer (80840): 9151014609

ID: _____

NAME: _____

Present this prescription card to fill your prescription at any participating retail pharmacy.

For more information, visit [Caremark.com](https://www.caremark.com) or call Customer Care at 1-833-894-0677.

Pharmacy Help Desk for Pharmacists:
1-800-364-6331

Submit paper claims to:
CVS Caremark Claims Department
P.O. Box 52136, Phoenix, AZ 85072-2136

How to use your card:

1. Fill in the blanks with your name and ID number. Your pharmacist needs this information to process your prescriptions.
2. Present your temporary prescription card to the pharmacist.
3. If you have questions, call 1-833-894-0677 to speak to a Customer Care representative.



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Date November 4, 2024

To: All Participants and Dependents (including COBRA beneficiaries) enrolled in the Self-Funded Medical Plan of the Stationary Engineers Local 39 Health & Welfare Fund

From: Board of Trustees

PARTICIPANT NOTICE ABOUT BENEFIT MODIFICATIONS

This Participant Notice will advise you of certain material modifications that have been made to the Stationary Engineers Local 39 Health & Welfare Fund effective January 1, 2025. **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully.

CHANGES TO PHARMACY BENEFIT MANAGER PROVIDER TO CVS CAREMARK

We are pleased to announce that the Board of Trustees has selected **CVS Caremark** as the new pharmacy benefit manager (PBM) for the Trust Fund effective for prescriptions purchased on or after January 1, 2025. With this change, we anticipate that you will enjoy CVS Caremark's superior customer service along with your current accessibility to major pharmacy chains. **Your current copayments are not changing.**

A new CVS Caremark ID card will be mailed to you later this year. Show your new ID card for prescriptions filled at a participating pharmacy on or after January 1st. Like the current program, the pharmacist will check your eligibility online, fill your prescription, and charge you only the applicable copayment for each prescription or refill.

In the meantime, if you have any questions, please feel free to contact CVS Caremark at their toll-free number (833-894-0677). You may also want to register for an online account so you don't miss out on any of plan updates. Go to www.Caremark.com/StartNow to get set up today. **Please watch your mail for additional correspondence directly from CVS Caremark outlining details of this change.**

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Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Trust Fund Office at 925-208-2280. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. Should you have any questions, please contact the Administrative Office at 925-208-2280.

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.

*This document has been uploaded and is available on the participant website at:
www.local39benefits.org*