

September, 2019

**TO: All Eligible Participants**  
Hawaii Teamsters Health and Welfare Trust

**FROM:** Board of Trustees

**SUBJECT: UHA 600 Medical Plan, Indemnity Prescription Drug Plan (Self-Insured) and Trust Notification Requirements**

### **I. UHA 600 Medical Plan**

When services are provided by a UHA Participating Hospital, Inpatient Hospital Room and Board, Special Care Units (Coronary care, intensive care, telemetry, or isolation) and Ancillary Inpatient Services are covered at 100% of Eligible Charges.

If you have questions about your benefits or whether a hospital is a participating facility, contact UHA at (808) 532-4000 or toll free at 1 (800) 458-4600. You may also visit the UHA website at [www.uhahealth.com](http://www.uhahealth.com).

### **II. Indemnity Prescription Drug Plan (Self-Insured)**

Effective October 1, 2019, for brand name medications with a generic equivalent, the generic equivalent will be substituted for a brand name drug. When you obtain a brand name medication and a generic equivalent is available, you will pay the applicable copayment plus the cost difference between the brand name and the generic equivalent medication. If you require the brand name medication in place of the generic equivalent, you or your physician must contact the Pharmacy Benefits Manager and obtain a Prior Authorization.

- If you obtain a Prior Authorization, you will pay the brand name drug copayment.
- If this is your initial prescription, you will pay the brand name drug copayment and the Pharmacy Benefits Manager will notify you that a generic equivalent is available. Thereafter, if you do not obtain a Prior Authorization, you will pay the brand name copayment plus the cost difference between the brand name and the generic equivalent medication.
- If you transition from a brand to the generic alternative, you will be able to fill up to a 60-day supply for a maintenance prescription drug. You are not required to obtain an initial 15-day supply.

Effective October 1, 2019, the following drugs are not covered:

- Drugs classified as “Me-Too Drugs”. These are medications that are essentially the same as effective drugs already available on the market and approved by the FDA. These drugs have minor differences but are just as clinically effective as what is already available. If you have a current prescription classified as a “Me-Too Drug,” the Pharmacy Benefits Manager will contact you and may authorize continued coverage not to exceed thirty (30) days, during which the Pharmacy Benefits Manager will assist you in determining if other options are available.
- Any drug FDA approved agent/drug released to the market within the most recent six (6) months until the Pharmacy Benefit Manager has an opportunity to properly evaluate and provide clinical and coverage criteria to these new medications not previously available.
- Non-FDA-approved products or products deemed unnecessary

### **III. Trust Notification Requirements**

It is important to keep the Trust informed of any change in your personal or family situation, or contact information. You or your dependents must notify the Trust Office, in writing, and submit the proper documentation, preferably within 30 days but no later than 60 days, after any of the following events occur:

- You change your name, address or telephone number.
- You get married, divorced, or legally separated.
- A covered family member dies.
- You want to add a new dependent such as a new baby or an adopted child or there is a change in the status of a dependent child.
- You become disabled.
- You enroll in Medicare.
- You have other health care coverage.

Failure to give timely notice to the Trust may cause:

- You to be liable to the Trust for any benefits paid to an ineligible person;
- Benefit payments being delayed until eligibility issues have been resolved;
- Your spouse and/or dependent children to lose their right to continue coverage under COBRA; or
- Coverage of a dependent child to end when it might otherwise continue because of a disability.

For any questions on all other benefits, please contact the Trust Fund office at (808) 842-0392 or toll free at (866) 772-8989.