MASON TENDERS' DISTRICT COUNCIL TRUST FUNDS

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IMPORTANT NOTICE

Mason Tenders' District Council Welfare Fund

To: All Plan Participants

From: Board of Trustees
Mason Tenders' District Council Welfare Fund

Date: November 2015

This is an important notice concerning the PRESCRIPTION DRUG BENEFITS provided by the Mason Tenders' District Council Welfare Fund (the "Fund"). Please take the time to read this Notice carefully, and keep it with your copy of the Fund's Summary Plan Description ("SPD").

New Prescription Drug Benefit Manager

The Board of Trustees is continuously committed to ensuring the long-term financial health of the Fund while providing the best possible benefits for you and your family. With that in mind, effective January 1, 2016, the Trustees have decided to change the Fund's **PRESCRIPTION DRUG** program from Aetna Rx to OptumRx. Aetna will continue to administer the medical/hospital and dental programs. This will give the Fund access to better discounts on prescription drugs. The changes are explained in more detail below.

New Prescription Drug Benefit Manager and Formulary

Beginning January 1, 2016, OptumRx will become the Fund's prescription drug benefit manager and the Fund will adopt the OptumRx formulary, which is also called a drug list. This change will/may result in some prescriptions drugs being excluded from coverage drugs, but keep in mind that this list will change over time. You may view the most up-to-date list at www.optumrx.com or by calling OptumRx at the phone number included in the information welcome booklet that OptumRx will send to you in December.

Although some specific drugs will be excluded from coverage under the Fund's plan, there is always at least one *covered* alternative drug in the same therapeutic class as each excluded drug. If you are taking one of the drugs on the excluded drug list, you may wish to speak with your doctor about transitioning to one of the covered alternative drugs. In December, OptumRx will notify you directly if you are currently taking a drug that will no longer be covered beginning January 1, 2016. The notification will also identify covered alternative drugs to assist you and your doctor in evaluating alternatives. If you continue to use an excluded drug, you will be responsible for the full cost of your medication.

No Other Changes In Prescription Drug Coverage

If the medications you take are not excluded from coverage on the OptumRx formulary, your prescription coverage on January 1, 2016 will continue to be the same as it was under the Aetna Rx program. Prescription drug copays and coinsurance will remain the same.

Open Refills and Drugs Requiring Special Authorization

The Fund is working with OptumRx and Aetna to ensure that all open mail order prescription refills and prior authorizations are transitioned as smoothly as possible. However, there may be some instances in which a participant will need to ask their doctor to provide a new prescription because the refill or authorization could not be transferred. To be sure that your open mail order refills and/or authorizations have properly transitioned to the OptumRx program, you should confirm with OptumRx directly by calling the phone number included in the information welcome booklet that OptumRx will send to you in December.

Specialty Drug Pharmacy

Specialty drugs are high-cost medications with special administration, handling and/or clinical support requirements that are often prescribed for complex or rare conditions. Beginning January 1, 2016, specialty medications will be available exclusively through the OptumRx specialty pharmacy. This means that all future prescriptions must be filled with the OptumRx specialty pharmacy in order to be covered. If you are currently taking or are prescribed a specialty drug, you should call OptumRx for specific information on how to fill your specialty prescription. The phone number will be provided in the OptumRx information welcome booklet that you will receive in December.

What's Next?

As noted, in December you will receive a welcome booklet from OptumRx with important information about obtaining prescriptions, how to contact OptumRx with any questions and general educational information. You should keep a copy of the booklet with your SPD for future reference.

If you are currently taking a drug that will be excluded from coverage beginning January 1, 2016, the OptumRx mailing will send you information about alternative drugs that you should discuss with your doctor. You can also find lower-cost medication options using the *Price a Medication* tool in the member portal at www.optumrx.com.

OptumRx will send new prescription drug ID cards to eligible plan members to the address the Fund Office has on file for you. The OptumRx ID card should be used whenever you visit a pharmacy on or after January 1, 2016. Prior to January 1, please continue to use your current Aetna ID card to obtain your prescriptions.

Please note that eligible participants will also receive a new Aetna ID card for medical benefits in January. Prior to receiving the new Aetna ID card, you can continue to use your current Aetna ID card for medical benefits. You should destroy the old Aetna ID card once you have received both the OptumRx ID card and the new Aetna ID card.

If you have any questions regarding the information in this Notice or the enclosed list, please contact the Fund's Medical Eligibility Department.

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This Notice is intended to provide you with an easy-to-understand description of certain important changes to the Fund's plan of benefits. While every effort has been made to make this description as complete and accurate as possible, this Notice, of course, cannot contain a full restatement of the terms and provisions of the plan. For a full description of your rights under the Fund, please refer to the plan documents (including the SPD). If any conflict should arise between this Notice and the plan documents, or if any point is not discussed in this Notice or is only partially discussed, the terms of the plan documents (including the SPD) will govern in all cases. The Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Fund, or any benefits provided under the Fund, in whole or in part, at any time and for any reason, in accordance with the amendment procedures established under the plan and the trust agreement establishing the plan. The formal plan documents and trust agreement are available at the Fund Office and may be inspected by you during normal business hours. No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the plan documents, make any promises to you about benefits under the plan, or to change any provision of the plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the plan and decide all matters arising under the plan.

Notice of Grandfathered Health Plan Status

The Fund's Board of Trustees believes that the Fund 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 the Fund 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 Medical Eligibility Department at the Fund Office, at 212 452-9700 or 520 Eighth Avenue, Suite 600, New York, New York 10018. 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.