



CHRISTIAN
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Dear Christian Brothers Employee Benefit Trust Plan Participants:

The Trustees of the Christian Brothers Employee Benefit Trust (CBEBT) have approved several Plan changes, which become effective January 1, 2020.

One of these changes is the introduction of a new optional prescription drug program, **Smart90 Prescriptions**, which gives you the option to fill a 90-day prescription at a Walgreens pharmacy (or its affiliates) as an alternative to filling your daily prescriptions through Express Scripts mail order delivery program.

Additional plan changes include coverage being added for Habilitative services; coverage for Video and E-Visits with your physician; hypertension (high blood pressure) (high blood pressure) monitoring from Livongo; separate application of In-Network & Out-of-Network Deductible & Out-of-Pockets; combining Medical and Prescription Drug Out-of-Pockets; Allergy Copay Indexing, and the inclusion of a compulsory Generic Drug Provision called "Member Pays the Difference." Please take the time to review these plan enhancements/changes carefully as not all of them apply to all participants. The changes are described in more detail below.

Furthermore, please also find attached applicable participant notices regarding the Women's Cancer Care Rights, CHIP (Children's Health Insurance Program), our updated HIPAA Privacy Policy, and other employer notices. Your annual notices will also be emailed or mailed directly to you. These notices can also be found under [Required Notices](#) under the Health Resources & Tools at cbservices.org.

As a reminder, we have also included the notice of semiannual update to the Express Scripts' [formulary drug list](#), and the SaveonSP [specialty drug list](#), as well as the Affordable Care Act (ACA) and Health Savings Account (HSA) Qualified Plan Guidelines for 2020. To remain in compliance with IRS regulations, we have indexed HSA plans to the required updated level.

The Summary of Benefits and Coverages (SBCs) for 2020 will reference the new programs. The SBCs and other plan documents are accessible at mycbs.org/health under *My Coverage Summary*.

Should you have any questions regarding the changes, please contact your H.R. representative or call Christian Brothers Health Benefit Services using the number on the back of your card.

The following Plan changes will be effective Jan. 1, 2020:

Separate Application of In-Network & Out-of-Network Deductible & Out-Of-Pockets

As of January 1, 2020, Deductibles and Out-of-Pockets for all Plans will be applied separately for In-Network and Out-of-Network.

Medical & Prescription Drug Out-Of-Pockets Combined

Medical and Prescription Drug Out-of-Pockets for all Plans will be combined on January, 1, 2020. Check your Summary of Benefits & Coverage (SBC) to see your combined Out-of-Pocket levels.

Allergy Copay Indexing

Effective January 1, 2020, all participant copay plans will be set to \$10 for the allergy copay.

Coverage for Video and E-Visits

Video and On-Line visits, also known as E-Visits, will be covered under all CBEBT plans if offered by the physician. Under the plan, you will be subject to the office visit copay or plan of benefits that would normally apply.

Smart90 Prescriptions—90-day prescription fills at Walgreens Retail Network Pharmacies

Nearly all Rx plans offered by CBEBT have a Retail Refill Allowance that allows you to have an initial fill and two subsequent refills at a retail pharmacy before you are asked to utilize the mail-order pharmacy. You may continue to fill at the retail pharmacy after the two refills but you will pay the corresponding mail order copay and be limited to a 30-day supply of medication.

Smart90 Prescriptions gives you the option to either fill a 90-day prescription at a Walgreens (or its affiliates). This option applies to no other retail pharmacies for the 90-day fill option. The program provides you with flexibility if you prefer not to have your 90 days of medication delivered to your home.

Essential Health Benefits Habilitative Coverage

CBEBT has always included rehabilitative services when deemed medically necessary. These services are defined as the treatment of disease, injury, developmental delay, or other cause by physical agents and methods to assist in the rehabilitation of normal physical bodily function, that is goal-oriented and where the person has the potential for physical improvement and ability to progress.

Until now, CBEBT did not cover Habilitative services, which are defined as health care services that help a person maintain, learn, or improve skills and functioning for daily living. Such services may include physical therapy, occupational therapy, speech-language pathology and other services.

Beginning January 1, 2020, CBEBT will offer you Habilitative benefits limited to 20 visits, when medical necessity is shown, not to be combined with any service provided under Rehabilitative benefits. CBEBT will continue to provide Rehabilitative services as it has in the past provided medical necessity has been met.

Expansion of Livongo—Hypertension (high blood pressure)

Beginning January 1, 2020, CBEBT participants with hypertension can enroll in the Livongo for Hypertension program at no cost. The Livongo for Hypertension program offers real-time recommendations tailored to each person's unique health experience. When you enroll in the program, you will receive a connected high blood pressure monitor and access to the Livongo App through which you send your blood pressure readings. After each reading, a specialist provides you with personalized content based on the current reading and your past trends. You also receive feedback if your blood pressure is

elevated and you can schedule a session with Livongo’s trained coaches. If you have hypertension and are also currently enrolled in the Livongo for Diabetes program, you can now manage both conditions with one easy point of contact.

Brand to Generic—Member Pays the Difference

Currently, Trust plans include a Member Pays the Difference generic provision, which requires you to pay the brand copay and the difference between the brand and generic cost when you request the brand name and your physician indicates that it was acceptable to dispense the generic. If your physician indicates to dispense as written with no generic substitution, then you may fill the brand medication at the brand copay.

Beginning January 1, 2020, all Trust plans will include a more comprehensive Member Pays the Difference provision. If a generic is available and the brand medication is filled, regardless of how the prescription is written, you will pay the brand copay and the difference between the brand and generic cost.

A physician appeal protocol through Express Scripts is in place that will allow you to fill the brand name at the brand copay if you cannot take a generic due to reasons supported by the prescribing physician.

*Participants who may be affected will be notified in advance.

2020 Prescription Formulary Changes

Periodically Express Scripts, the Trust’s Pharmacy Benefits Manager, announces changes to their [formulary drug list](#). Some prescription drugs currently covered will be excluded from coverage while other prescription drugs will move from a Preferred Brand status to a Non-Preferred Brand status.

The formulary is a list of drugs—generic and brand name—that offer the greatest overall value to Plan participants. Formulary management enables you and your physicians to choose clinically appropriate and cost-effective drugs for specific conditions.

The exclusion list is for medications not covered on the Express Scripts drug list. For each one of those excluded drugs, there are clinically equivalent, lower-cost options available. The Formulary Exclusion List includes preferred alternatives for those medications that are not covered.

Express Scripts also has made available a list of name-brand drugs that will be classified as Non-Preferred effective January 1, 2020, and the Preferred Alternatives for each drug.

*Participants who may be affected will be notified in advance.

Out-of-Pocket Limits on Health Savings Account (HSA) Qualified High Deductible Health Plans

The Department of Health and Human Services has indexed the 2020 Out-of-Pocket Requirements and Minimum Deductible levels as follows.

	2020	2019	Change
HDHP Minimum Deductibles	Individual: \$1,400 Family: \$2,800	Individual: \$1,350 Family: \$2,700	Individual: \$50 Family: \$100

HDHP Maximum Out-of-Pocket Limits	Individual:	Individual:	Individual:
	\$6,900	\$6,750	\$150
	Family:	Family:	Family:
	\$13,800	\$13,500	\$300

Out-of-Pocket Limits on non-Grandfathered Plans under Affordable Care Act (ACA)

The Department of Health and Human Services has indexed the 2020 Out-of-Pocket Requirements to a maximum of \$8,150 for self-only coverage and \$16,300 for family coverage. In addition, the self-only Out-of-Pocket maximum is applied to each covered individual, whether the individual is enrolled in self-only coverage or family coverage.

	2020	2019	Change
ACA Maximum Out-of-Pocket Limits	Individual:	Individual:	Individual:
	\$8,150	\$7,900	\$250
	Family:	Family:	Family:
	\$16,300	\$15,800	\$500

On behalf of Christian Brothers Services, thank you for your continued participation in the Trust and the privilege to serve you and your family.

Sincerely,



John M. Airola
 Managing Director
 Christian Brothers Health Benefit Services