



Questions Regarding the Disease Management Program

What is a Disease Management Program?

A Disease Management Program provides personalized resources and coaching to individuals suffering from chronic diseases such as asthma, coronary artery disease (CAD), and diabetes. It is designed to help these patients:

- Focus on behavior changes that can reduce health risks and prevent or minimize the effects of their disease
- Support the relationship and treatment plan they have set up with their doctors
- Reduce unnecessary hospitalizations, absences from work and health care costs

What diseases are covered through the program?

The Disease Management Program currently covers asthma, CAD, and diabetes.

How did the Trustees determine the conditions covered through the Disease Management Program?

Disease management programs are designed to help control costs and at the same time provide critical resources to help those facing a chronic disease. In the past three years, the Fund's medical claims costs have averaged \$200 million per year. A significant portion of these costs are attributed to asthma, CAD, and diabetes; the physical and emotional toll for those facing these conditions cannot be quantified. Thus, we believe—and data supports—that our new Disease Management Program will help to reduce costs and help Participants with asthma, CAD, or diabetes improve their health and the quality of their lives.

Will other diseases or conditions be covered in the future?

Depending on the success of the program's initial implementation, the Trustees may consider adding other chronic diseases or conditions to the program in the future.

Who is eligible to participate?

Active Participants covered under the 2007 CBA who are enrolled in the PPO Medical Plan and their enrolled Spouses/Domestic Partners with asthma, CAD, or diabetes are eligible for the Disease Management Program, by invitation only; you cannot volunteer. Also note, HMO Plan Participants and retirees are not eligible for the program.

The Trust Fund is working with a leading provider of health management programs—Sharecare (formerly Healthways)—to administer the program. On an ongoing basis, Sharecare conducts a **confidential** review of the Trust Fund's medical and prescription drug claims. Sharecare also runs predictive modeling of claims data to identify those with the highest predicted costs and actionable risks related to their condition. In addition, Sharecare reviews Participants' hospital stays and outcomes related to covered conditions. In its analysis, Sharecare identifies individuals with asthma, CAD, or diabetes and classifies the severity of his or her condition as "higher" or "lower." Those facing a "higher" level of severity are invited to enroll in the program.

What is the difference between higher severity and lower severity?

Individuals with higher severity have one or more actionable health risks related to a covered condition—for example, an individual with asthma who has had two or more emergency room visits or hospitalizations in past six months, has not seen their doctor in six months and is not taking prescribed medications as prescribed. Those with a higher severity condition are eligible to participate in the Disease Management Program. They will receive direct outreach from Sharecare. If they choose to enroll, they will take part in phone-based, one-on-one health coaching with a team of Sharecare professionals that can include registered nurses, health coaches, dieticians, and respiratory therapists. They are also eligible for the Disease Management Program incentives (described on page 3).

Individuals with lower severity are those whose covered condition appears to be stable under its current course of treatment—for example, an individual with diabetes who has had no hospitalizations in six months, has been seen by their doctor at least once every six months, whose A1C test is 6% or lower; whose blood pressure is 130/80 or lower; whose LDL cholesterol is tested once a year and is at target (100 mg/dl or lower) and is taking their medications as prescribed. They may receive health-related information and reminders from Sharecare, but because their condition is considered stable, they are not eligible for one-on-one health coaching or the incentives provided through the Disease Management Program.

If Sharecare identifies me as a program candidate, how am I notified?

Individuals with higher severity will receive a letter from the Trust Fund that explains their eligibility for the Disease Management Program. The letter will provide an explanation of the incentives members will receive by participating in the program as well as the disincentives applied if a member decides not to participate. A Sharecare representative will also contact eligible individuals by phone.

Will the Local Unions or Employers be informed about my eligibility or decision to enroll in the Disease Management Program?

No. The Trust Fund and Sharecare will **not** provide program eligibility and enrollment information to the Union Locals or Employers.

How can the program be “confidential” if the Trust Fund office is sending an initial notification letter to eligible Participants? The Trust Fund safeguards the privacy of all Plan Participants’ health information in compliance with federal regulations. The Trust Fund office operates independently from your Union Local or Employer, and administers the medical and prescription drug claims for all PPO Medical Plan Participants. This data, which is reviewed regularly by the Trust Fund, is provided to Sharecare to determine an individual’s eligibility for the Disease Management Program. As individuals choose to enroll, Sharecare will communicate their decision to the Trust Fund office, and the Trust Fund will use this information to apply the program’s incentives to program participants.

Are my children eligible to participate in the Disease Management Program?

No. The program is currently available to active Participants covered under the 2007 CBA enrolled in the PPO Medical Plan and their enrolled spouses/domestic partners only.

What happens if I retire while enrolled in the program?

Program Participants who retire while enrolled in the Disease Management program can continue to work with Sharecare professionals to manage their condition. However, they will no longer be eligible for the program’s incentives.

If I do not complete the HRQ, can I qualify for the program? Yes. Sharecare reviews medical and prescription drug claims data, and from that review, identifies individuals who might benefit from the Disease Management Program.

What incentives are available to me if I choose to enroll in the Disease Management Program? If you enroll and meet the program’s ongoing participation requirements, you become eligible for the incentives—zero or reduced prescription drug copayments for condition-specific maintenance drugs and extra Health Reimbursement Account contributions up to \$300. (Note: If your spouse/domestic partner is invited by Sharecare to join the program and enrolls, he/she is eligible for the incentives as well.)

The incentives are offered to individuals whose disease is classified as “higher” severity by Sharecare. Your eligibility for program incentives is verified on a monthly basis. You need to engage in two initial calls with Sharecare to establish eligibility for the incentives, then complete one call per month with Sharecare to continue eligibility.

Once enrolled, how long do the reductions to prescription drug copayments for drugs associated with my condition apply?

Reduced prescription drug copayments continue throughout the time you actively participate in the program and for a year after program “graduation.”

What are the disincentives if I choose not to participate in the Disease Management Program?

If you do not enroll and participate in the Sharecare Disease Management Program within 45 days of your initial invitation your Individual and Family medical deductibles will both increase by \$500. If both you and your Spouse/Domestic Partner have been invited to join the program, and neither of you chooses to participate, both of your Individual deductible’s will increase by \$500 and your Family deductible will also increase by \$1,000. In addition, if you choose not to enroll, you will miss out on valuable incentives including zero or reduced condition-related prescription drug copays and extra Health Reimbursement Account contributions.

It’s important to view the Disease Management Program as a form of preventive care for individuals facing asthma, CAD, or diabetes. The program provides valuable support and information that could help you improve your health. When care is provided early on, you may avoid the costly procedures and medicines that are often required to treat these conditions. In doing so, you can save yourself and the Trust Fund money **and** can improve the quality of your health and life.

Are the Trustees considering offering access to wellness programs, such as smoking cessation, nutrition and weight management programs, to Participants in the future?

Depending on the success of the Disease Management Program’s initial implementation, the Trustees may consider adding other types of behavior modification programs at some point in the future.

Will health care services that are not covered by the PPO Medical Plan (i.e., nutritionists, etc.) be allowed for Disease Management Program participants?

No. Benefits and health care services not covered through the PPO Medical Plan are not covered through the Disease Management Program.