

SUMMARY OF MATERIAL MODIFICATION

SUMMARY OF PLAN CHANGES EFFECTIVE MAY 15, 2020

www.959trusts.com

Please read this important notice summarizing changes to your health Plan. This document, referred to as a “summary of material modifications,” is intended to supplement the Summary Plan Description.

SECTION 8 – PRESCRIPTION DRUG BENEFIT PROVIDED BY THE TRUST FOR ELIGIBLE EMPLOYEES, RETIRED PARTICIPANTS AND DEPENDENTS

8.1 DEFINITIONS

A “**Prescription Drug**” or “**Drug**” means a Medically Necessary take-home medication or article (including insulin, syringes, diabetic testing supplies, glucose monitoring equipment and self-administered injectables) that may be lawfully dispensed as provided under the federal Food, Drug, and Cosmetic Act (FDA), upon the written prescription of a Physician licensed by law to administer it, and dispensed by a licensed pharmacy.

A Brand-Name Prescription Drug is sold under a trademark name or created by the manufacturer who may hold a patent on the Drug. There is not always a generic version for every brand-name drug. In order to achieve maximum savings to both you and the Plan, the Pharmacy Program includes a special list of brand-name drugs called “Preferred” drugs. These drugs are selected by the Pharmacy Program Manager to be on the list primarily based on drug effectiveness and then cost. The prescription drug benefit requires different copayment amounts for a “Preferred Brand-

Name Drug” and a “Non-Preferred Brand-Name Drug.” You may still have your prescription filled with a Non-Preferred Brand-Name Drug; however, your copayment will be significantly higher.

A generic Prescription Drug is chemically the same (has the same active ingredients) as the brand-name Drug, and are usually referred to by their common chemical names. Generic Drugs can be produced and sold after the patent has expired on a brand-name Drug. Generic Drugs must meet the same FDA standards as their brand-name counterparts.

A “**Specialty Drug**” means a Prescription Drug; prescribed for a person with a complex or chronic medical condition, defined as a physical, behavioral, or developmental condition; prescribed for rare or orphan disease indications; requiring additional patient education, adherence, and support beyond traditional dispensing activities; has a high monthly cost; requires specific storage or shipment requirements, and may be distributed under a limited distribution.



8.4 MAIL ORDER PHARMACY PROGRAM

If you need to take maintenance medications on an ongoing basis, you may obtain up to a 90-day supply through the Preferred Participating Mail Order Pharmacy program for direct delivery to your home. Maintenance medications are Drugs prescribed for

more than 34 days or taken on a regular or long-term basis. Pre-addressed prescription order forms and envelopes are available from the Trust Customer Service Office, the Administrative Office or the pharmacy benefit manager's website; please refer to the Quick Reference Table in the front of this booklet.

HOW TO USE THE MAIL ORDER PHARMACY PROGRAM

Ask your doctor to prescribe maintenance medications for up to a 90-day supply, plus refills. Complete the prescription order form and mail it with your prescription to the mail order program using the special pre-addressed envelope. For the protection of each Participant, a "patient health profile" questionnaire must be completed and mailed with the first order. The Mail Order Pharmacy Program will use this health history when reviewing your prescriptions for safety and appropriateness. The Mail Order Pharmacy Program will process your order and send your medications to your home via the U.S. postal service. A new order form and envelope will be returned to you with each prescription delivery.

If you need a prescription immediately, *ask your Physician for 2 prescriptions.* The first prescription should be for up to a 34-day supply and should be taken to a retail participating pharmacy to be filled. The second prescription should be sent to the Mail Order Pharmacy Program in the envelope provided for that purpose.

When your prescription is filled you will receive a notice showing the number of times it may be refilled. It will also show your prescription number. In addition, there will be a pre-addressed reply envelope enclosed. Simply fill out the information on the reverse side of the reply envelope, enclose the refill notice, seal, stamp and mail. Your prescription will be refilled and mailed back *to you.*



PRESCRIPTION DRUG COPAYMENTS

	Participating Retail Pharmacy* <i>(34-Day Supply)</i>	Preferred Participating Mail Order Pharmacy	Non-Participating Pharmacy**
Generic Drugs	Participant copayment is 20% of the total cost of the Drug.	Participant copayment is the lesser of 20% of the cost of the drug or \$20 for each prescription.	No Reimbursement
Preferred Brand-name Drugs* <i>Reimbursement Limitations apply, see below*</i>	Participant copayment is 35% of the total cost of the Drug.	Participant copayment is the lesser of 35% of the cost of the drug or \$50 for each prescription.	No Reimbursement
Non-Preferred Brand-name Drugs* <i>Reimbursement Limitations apply, see below*</i>	Participant copayment is 50% of the total cost of the Drug.	Participant copayment is the lesser of 50% of the cost of the drug or \$100 for each prescription.	No Reimbursement
Specialty Drugs(*) Must be filled by participating Specialty Drug mail order facility	Not applicable.	Participant copayment is \$100 for each Specialty prescription. 30 day supply.	No Reimbursement

If filled through a participating retail pharmacy, the Plan also covers medications and supplements that are designated as “preventive care” under Health Care Reform and which the Plan is required by law to provide. For a list of the covered medications and supplements, see www.hhs.gov/healthcare/prevention. These items are covered at 100% in-network, but you must have a prescription from your doctor (even for the over-the-counter items). Also, not all items are covered for everybody – for example, there are age restrictions, and some items are limited to generic only. Contact the Pharmaceutical Provider for more information.



****REIMBURSEMENT LIMITATIONS:***

If you or your Physician request that your prescription be filled with a brand-name Drug when a generic equivalent is available, you will be responsible for paying the full difference in price between the generic and brand-name Drug *in addition to* your brand-name Prescription Drug copayment. The generic price is established by the Plan's Pharmaceutical Provider.

*****OUT OF NETWORK PRESCRIPTIONS:***

If no network pharmacy is located in the area, the co-payment is 50% of the Drug cost per each prescription filled out-of-network.

Specialty medications are generally used in treating unique disease conditions and are typically injectable or that otherwise require special handling considerations. Members that require these specialty medications may receive express delivery to their home or office from the Pharmacy Program Manager's Mail Order facility and also receive clinical support by pharmacists and other educational material to help maximize treatment success. A list of examples of specialty medications can be obtained by visiting the web site. Specialty medications have a minimum copay of \$100 for each 30-day prescription, and a 90-day prescription (with a copay of up to \$300) may only be obtained if the participant or beneficiary has been prescribed that specialty medication continuously for at least six months.

SPECIALTY VARIABLE COPAY PROGRAM

a. Under the Plan's Specialty Variable Copay Program, the Plan's Specialty Pharmacy is available to assist Participants with enrollment in pharmaceutical manufacturer-sponsored copay card and coupon programs that can reduce, or eliminate, the Participant's out of pocket costs for certain specialty drugs purchased through the Plan's Specialty Pharmacy. Under this Program, both the Participant and the Plan will benefit from a cost reduction from the copay card or coupon programs.

b. If the value of a Participant's manufacturer-sponsored copay card or coupon for a specialty drug exceeds the amount of the Plan's general specialty Drug Copayment, the Copayment required under the Plan

increases to match the amount of the copay card or coupon. The copay card or coupon is applied to the Participant's Copayment, and the Participant's out of pocket cost for the specialty drug fill is reduced to \$0. The portion of the Copayment covered by the copay card or coupon does not apply to the out-of-pocket maximums.

c. Information about the Specialty Variable Copay Program, including information as to the specialty drugs covered under the Specialty Variable Copay Program, can be obtained by calling the Specialty Pharmacy. Your physician should normally advise you whether a prescribed drug is considered a specialty drug.

