

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL #38 HEALTH & WELFARE FUND BENEFIT PLAN**

**SIXTH SUMMARY DESCRIPTION OF MATERIAL MODIFICATION TO  
THE MAY 1, 2022 SUMMARY PLAN DESCRIPTION**

**IMPLEMENTATION OF ADDITIONAL PROGRAMS  
FOR PRESCRIPTION DRUG COVERAGE**

The Board of Trustees wishes to announce the following changes to the “I.B.E.W. Local No. 38 Health and Welfare Summary Plan Description/Plan Document for Active Inside, Residential, and Teledata Electricians” (“SPD”) dated May 1, 2022. This document should be read in conjunction with the SPD, which was provided to you previously. Information contained in this Summary Description of Material Modification (“Summary Description”) supersedes what is contained in the SPD. However, this Summary Description materially modifies only those provisions of the SPD to which it specifically refers. The remaining provisions of the SPD remain unaltered. The changes set forth in this Summary Description of Material Modifications are effective on the date indicated below.

**90-Day Supply of Specialty Prescription Drugs**

The Board of Trustees are pleased to announce that a 90-day supply for Specialty Prescription Drugs will now be available to you and your eligible dependents through the Plan. Prior to this amendment, Participants could only be eligible for coverage for a 30-day supply of Specialty Drugs per prescription, and a 90-day supply was not covered under the Plan. Now, you and your dependents will be eligible to receive a 90-day supply of Specialty Drugs per prescription at only twice the 30-day supply copay, resulting in a less costly option for Specialty Drugs for you and your dependents. The copayment for a 90-day supply will be \$100.00. Accordingly, to implement these changes, Article II, Section A is amended to read as follows under “PRESCRIPTION BENEFIT” effective September 1, 2024:

<b>Prescription Drug Benefit*</b>	<b>Retail (30-day supply limit)</b>	<b>Mail (90-day supply limit)</b>
Generic Copay	\$10.00	\$20.00
Preferred Brand Copay	\$25.00	\$50.00
Non-Preferred Brand Copay	\$40.00	\$80.00
Specialty Copay**	\$50.00	\$100.00

Preauthorization is necessary for Non-Preferred Brand Name drugs that are not on the Plan’s Rx Formulary. For a list of Preferred Brand, Non-Preferred Brand, and Specialty medications, please contact the Pharmacy Benefit Manager.

**Utilization Management:** Certain medications may be subject to the Utilization Management Program through the Pharmacy Benefit Manager which evaluates the application of prescription drugs. This program includes prior-authorization, quantity limit, and step-therapy rules for some medications. The medications subject to these additional requirements are determined by the Pharmacy Benefit Manager and subject to change. The Pharmacy Benefit Manager shall also be responsible for determining which restrictions (i.e., prior-authorization, quantity limits, and/or step therapy) apply to a particular medication. Furthermore, the Participant must enroll and cooperate with the Pharmacy Benefit Manager’s Utilization Management Program as a prerequisite to

coverage under this Plan. Any appeals should initially be made to the Pharmacy Benefit Manager through its internal appeals process. Once that process is exhausted, Participants may submit an appeal to the Plan's Board of Trustees through the Plan's appeal process.

**\*Variable Copay Program:** The Plan utilizes a Variable Copay Program through the Pharmacy Benefit Manager. Accordingly, the co-insurance for certain medications designated by the Pharmacy Benefit Manager will vary and may be up to 100% of the discounted cost. Further, the co-insurance for medications designated under the Variable Copay Program will not apply to the annual maximum or deductible.

The Plan uses a healthcare advocacy services provider to assist Participants in reducing the cost of drugs on the designated list. This process may require the Participant to submit data or complete an application in order to find alternative funding programs. Compliance with this program, including meeting medical necessity and step-therapy criteria, are pre-requisites to receiving any coverage under the Plan.

If you are NOT eligible for an identified funding program through the Plan's Pharmacy Benefit Manager, your claim shall be submitted to the Plan for benefit reconsideration under the Plan's appeal process. The Trustees may, in their discretion, adjust your out-of-pocket cost to the appropriate co-insurance and other cost-sharing amounts for the medication at issue. For more information on whether your prescription drug qualifies for this program, visit the prescription drug manufacturer's website or call the Pharmacy Benefit Manager.

**\*\*Specialty Drugs** – Participants must try the generic Specialty drug first, if available, before the Plan will cover a Brand name Specialty drug.

## CONCLUSION

As stated in the Introduction, this Summary Description should be read in conjunction with the SPD. Information contained in this Summary Description supersedes what is contained in the SPD. However, this Summary Description changes only the provisions to which it specifically refers and any other provisions in the SPD have not been materially modified.

**Please keep this notice with your SPD booklet, and if you have any questions regarding this notice, please contact the Fund's administrative office at 1-216-642-7565.**

**Pennsylvania Dutch: Fer Hilf griegie in Deitsch, ruf 1-216-642-7565 uff.**

**Board of Trustees  
International Brotherhood of Electrical Workers Local No. 38  
Health and Welfare Fund**