

SHEET METAL WORKERS' LOCAL 36 WELFARE FUND

Summary of Material Modification

Applicable to All Participants

Saint Louis Plan

Arkansas Plan

Missouri Plan B

February 24, 2021

The Trustees of the International Association of Sheet Metal, Air, Rail and Transportation Workers ("SMART") Local Union No. 36 Welfare Fund (your Welfare Plan) are pleased to announce that they have selected AmWINS Rx to replace Optum (previously Castia) as the Plan's Prescription Benefit Manager (PBM) effective April 1, 2021.

As part of the implementation, and with the assistance of AmWINS Rx the prescription drug benefits were reviewed, and some changes are being made:

- The formulary will have a few changes. If you are impacted by a formulary change you will receive a notification by mail from AmWINS Rx with information about your options. The Fund Office and AmWINS Rx will work with you during this transition period.
- The Plan has been applying the generic co-insurance to brand name Epi-pens and albuterol inhalers. However, generics are now available for these medications, therefore, effective April 1, 2021, the Plan will apply the applicable generic/brand/formulary co-insurance to prescriptions for these medications. If you are using a brand name Epi-pen or albuterol inhaler talk to your physician about getting a prescription for the generic version.
- The Plan covers treatment of infertility at 50% up to a maximum benefit of \$2,500 for each attempted pregnancy. Effective April 1, 2021, non-specialty prescription drugs for treatment of fertility will be covered under the prescription drug benefit the same as other prescription drugs and will not be subject to the 50% co-pay or the separate benefit maximum. Other infertility treatment, including Physician visits, consultations, sonograms and pregnancy tests and treatment with specialty drugs, will continue to be covered at 50% subject to the applicable Calendar Year Deductible, up to a maximum benefit of \$2,500 for each attempted pregnancy and the 50% not paid by the plan and any amounts in excess of the \$2,500 maximum benefit will not count toward the Deductible or Out-of-Pocket Maximum.
- The plan previously only covered a limited number of weight loss medications and had strict prior authorization protocols. Effective April 1, 2021, the Plan will cover all medically necessary and medically appropriate weight loss medication. Please remember that the

Plan's rules regarding co-payments, medical necessity and when 90-day fills are available apply as with any other prescription.

- The Plan excludes coverage of prescription strength versions of over the counter (OTC) medications (such as prescription strength Motrin). Effective, April 1, 2021 this exclusion will not apply to medically necessary and appropriate prescription strength B12, Vitamin D, Iron, and Vitamin K obtained with a prescription. The Plan's rules regarding co-payments, medical necessity and when 90-day fills are available will apply as with any other prescription. Over the Counter Folic Acid is also covered with a prescription in connection with pregnancy under ACA wellness. All other OTC medications will continue to be excluded.
- Effective April 1, 2021 the Plan will cover all medically necessary and appropriate prescription medication to treat Erectile Dysfunction (ED) with a limit of 8 pills per month. The Plan's rules regarding co-payments and medical necessity will apply as with any other prescription.
- The Plan covered some Glucometers and Diabetic testing supplies under the Prescription Drug Benefit and some under the Medical Benefit. Previously the Plan only covered a select number of brands. Effective April 1, 2021, the Plan will cover all brands available at the pharmacy, however, your out-of-pocket costs will vary depending on which formulary tier the product is assigned by the PBM. We encourage you to contact the Fund Office or the PBM for information to help you select between different brands. Glucometers and testing supplies needed by individuals using insulin infusion pumps may be covered under both the medical benefit and the prescription drug benefit and the benefit level may be different.
- It is often medically appropriate and cost effective for an individual to try an over the counter (OTC), generic or lower cost brand name medication before progressing to more expensive classes of medication. This is called Step-Therapy. The Plan already utilizes Step Therapy protocols and where Step-Therapy is indicated, for example with medication for high blood pressure or high cholesterol, the Fund will only cover a prescription if the Member or Dependent follows the Step-Therapy program.

The Plan will continue to implement step-therapy protocols for certain medical conditions. AmWINS Rx, the new PBM, generally reviews these protocols quarterly. If a medication you are on will be impacted by a change in the protocols, you will be contacted directly. You can call the Fund Office if you have a question regarding step-therapy or for a list of conditions subject to step-therapy.

- Compound medications are medications made by combining two or more prescription medications and the compounded medication is often not FDA approved. The Plan previously utilized a limited Compound Prescription Network. The separate network has been discontinued effective April 1, 2021. Compound medications will continue to be covered as they were previously and are subject to the same reviews and limitations.
- The guidelines for Hepatitis C medications have been updated effective April 1, 2021. If you have questions about these medications call the Fund Office.

In addition to the above changes, the Plan is adding two new cost savings programs available through AmWINS Rx:

- ⊙ Patient Assistance Program (PAP) for both Specialty and Non-specialty Drugs

This is a program where the PBM works with manufacturers and foundations to find third-party sources to cover all or part of the cost of expensive non-specialty and brand medications as well as some Specialty medications. If you are eligible, the program can reduce or eliminate your out-of-pocket costs and reduce the costs to the Fund.

The medications covered by this program are not covered by the Plan. When AmWINS Rx receives a prescription for one of these medications they will contact you and work with you to see if you are eligible for the program. **If, after applying, your costs are not covered or are not fully covered then the plan's cost sharing (co-insurance, deductible and out-of-pocket) provision will apply based on whether the drug is tier 1, tier 2, tier 3, or a specialty medication.**

- ⊙ Non-Specialty Copay Assistance Program (“NSCAP”)

This is a program where AmWINS Rx uses coupons and co-pay assist to find all available financial copay assistance offered by drug manufacturers for select non-specialty medications filled through the mail order pharmacy. AmWINS Rx will check for savings and contact you about enrolling. If you are eligible the program can reduce or eliminate your out-of-pocket costs and reduce the costs to the Fund. The Trustees encourage you to work with AmWINS Rx if you are contacted.

The contact information for AmWINS Rx is 800-956-7682.

In all other respects the Plans of Benefits are not changed.

The Saint Louis Plan and the Missouri Plan B are non-grandfathered plans under the Affordable Care Act and provides all the benefits required for a non-grandfathered plan. The Arkansas Plan is a grandfathered plan under the Affordable Care Act 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 your plan 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 plan administrator at the Fund Office, (314) 652-8175. 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.

Trustees of the Sheet Metal Workers' Local 36 Welfare Fund