

The following changes are effective for the page(s) indicated of the Employee Benefit Trust/Plan Summary Plan Description /Master Plan Document for all eligible participants covered by the Trust. All other portions of this document remain as stated in the document.

Page: 16
 Section: Schedule of Benefits
 Description: The following has been updated as follows:

COMPREHENSIVE MEDICAL BENEFITS (Employee and Dependents)

BENEFIT DESCRIPTION	PLAN A Traditional Plan		PLAN B High Deductible Health Plan (HDHP) may be elected with or without a Health Savings Account (HSA)		PLAN A & B PLAN LIMITATIONS
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	
<p><u>Prescription Drug Benefit</u></p> <p><u>Retail Store (30-day supply)</u> Generic Drugs Brand Preferred Brand Non-Preferred</p> <p><u>Retail Store (90-day supply)</u> Generic Drugs Brand Preferred Brand Non-Preferred Fluoxetine/Lovastatin</p>	<p><u>Copay Employee Pays</u> \$10 \$40 or 20% (greater of) maximum of \$50 \$50 or 30% (greater of) maximum of \$150</p>	<p><u>Copay Employee Pays</u> \$12 \$60 or 20% (greater of) maximum of \$100 \$100 or 30% (greater of) maximum of \$200 \$0</p>	<p><u>Copay Employee Pays</u> 20% after deductible 20% after deductible 20% after deductible</p>	<p><u>Copay Employee Pays</u> 20% after deductible 20% after deductible 20% after deductible</p>	<p>Discounts are available through pharmacies participating in Preferred network. Only the copay will need to be paid by the covered person up front.</p> <p><u>Reimbursement Program</u> If a participant purchases a drug from the \$4/\$10 generic listing (not running the script through the drug program) the employee will need to submit a claim to Dunn & Associates and the Trust will reimburse the participant at 100% of cost.</p>
<p><u>Specialty Program (30-day supply)</u> Tier 1 Tier 2 Tier 3 Tier 4</p> <p><u>Rx Reimbursement</u> Generic Drugs 30-day Generic Drugs 90-day</p>	<p><u>Plan A:</u> \$4 (100% of cost) \$10 (100% of cost)</p>	<p>Specialty Rx Coverage available only if the patient does not qualify for patient assistance program. 10% without assistance 20% (max \$550) without assistance 20% without assistance 50% without assistance</p>	<p><u>Plan B:</u> \$4 (100% of cost) \$10 (100% of cost)</p>	<p>Specialty Rx Coverage available only if the patient does not qualify for patient assistance program. 10% after deductible without assistance 20% (max \$550) after deductible without assistance 20% after deductible without assistance 50% after deductible without assistance</p>	

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Section: Comprehensive Medical Benefits/Prescription Drug Program

Description: The following have been added to this section:

A Specialty Drug is a drug that targets and treats specific complex conditions or illnesses such as cancer, rheumatoid arthritis, multiple sclerosis, hepatitis C, and HIV/AIDS. Specialty Drugs require patient-specific dosing and careful clinical management. Often these drugs are in the form of injected or infused Medicines.

Specialty Drugs:

- If you are prescribed a specialty drug, the Plan requires Plan participants to enroll in an advocacy program administered through True Rx.
- All Plan participants using specialty drugs are required to meet prior authorization and administrative review criteria.
- True Rx will help you obtain your specialty drugs by identifying alternative forms of funding. You must enroll in the program and comply with the alternative funding program's eligibility criteria determination process to qualify.
- If you choose not to enroll in the alternative program, you will be responsible for 100% coinsurance on your specialty drugs.
- If you are not eligible for an alternate funding program, your case will be submitted to the Plan for benefit consideration under the 1st level appeal process. Should an exception be approved, your out of pocket cost will be adjusted to the Plan's co-insurance and any other Plan limitations will apply.
- If no alternative funding is found to be available but you are granted an exception on appeal then the Specialty drug copays apply.


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Section: Comprehensive Medical Exclusions and Limitations

Description: The following have been added to this section:

WW. Specialty Drugs as defined by the PBM (unless mandated by a regulatory authority).

Signed this 17th day of July, 2020


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