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MEMORANDUM

To: Participants of the Joint Welfare Fund of Local 164, IBEW
Date: February 2019
From: Board of Trustees, IBEW Local Union No. 164 Welfare Fund
Re: Change to the Summary Plan Description, effective February 19, 2019

Coverage of Mental Health Prescriptions

Effective 2/19/19 Mental health prescriptions will no longer have a 10% coinsurance applied. These prescriptions will be covered identical to all other covered prescriptions under the Global Pharmaceutical Benefits prescription plan as follows:

Plan A The prescription drug program allows you and your family to receive up to \$1,300 in benefits each year if you are a Plan A participant, whether you purchase your prescription drugs from network or out-of-network pharmacies. You have the option of going to any licensed pharmacy. However, your benefits will be even greater if you purchase your prescriptions from network pharmacies, since they will charge less through their discount arrangement with the Plan. Once you have exceeded the family annual maximum, the Plan will cover 80% of the Allowable Charge. You will be responsible for the remaining 20%.

Plan B The prescription drug program allows you and your family to receive up to \$5,000 in benefits each year if you are a Plan B participant, whether you purchase your prescription drugs from network or out-of-network pharmacies. You have the option of going to any licensed pharmacy. However, your benefits will be even greater if you purchase your prescriptions from network pharmacies, since they will charge less through their discount arrangement with the Plan. Once you have exceeded the family annual maximum, the Plan will cover 80% of the Allowable Charge. You will be responsible for the remaining 20%.

All plans will only cover up to a 30 day supply at a retail pharmacy.

COVERED AMOUNTS *In-Network* Your expenses for prescriptions that are covered by the Plan will be reimbursed at the Allowable Charge of the drug minus the applicable "co-payment". The co-payment is the flat dollar amount that you pay for each prescription. Your co-payment for covered drugs dispensed at an in-network pharmacy is \$15 for a generic and \$25 for brand name drugs. There will be a surcharge on all prescriptions filled at certain pharmacies. The CVS/Caremark pharmacy network will have a \$10 surcharge per script in addition to the co-payment or coinsurance. The Walgreen/Duane Reade Pharmacy network will have a \$5 surcharge per script in addition to the co-payment or coinsurance.

Diabetic supplies have a 10% co-insurance

Out-of-Network For out-of-network licensed pharmacies, you will be reimbursed the Allowable Charge applicable to in-network prescriptions. You will be responsible for paying the difference between the Allowable Charge minus the co-payment or co-insurance and the amount the pharmacy actually charges.