

NECA-IBEW WELFARE TRUST FUND

2120 Hubbard Avenue, Decatur, IL 62526-2871

Phone: 217-875-0254 Toll-Free: 800-765-4239

Web: www.neca-ibew.org Email: info@neca-ibew.org

SUMMARY OF MATERIAL MODIFICATIONS

Specialty Mail Order Program and Select Drugs and Products Program (“Program”)

The Specialty mail order program is provided by CVS/caremark where you can initiate a prescription transfer or request a new prescription for your Specialty Drugs by calling CVS/caremark.

The **Select Drugs and Products Program** is an advocacy service provided by PaydHealth, LLC. The purpose of this service is to provide financial case management for Specialty Drugs, products, and services included on the Select Drugs and Products List, in order to reduce costs to the Plan and covered Person.

Please note that the Select Drugs and Products Program only applies to: (1) active Employees and their Dependents; (2) retirees who are NOT eligible for Medicare and their Dependents; and (3) Dependents of Medicare-eligible retirees who are NOT eligible for Medicare. The Program does NOT apply to retirees who ARE eligible for Medicare and their Dependents who ARE eligible for Medicare.

If you are currently being prescribed a Specialty Medication, or will be in the future, you will be receiving a letter from PaydHealth explaining the Program details as they relate to your specific circumstances. That letter will include important phone numbers and information on your participation in the Program.

Specialty Drugs, products, and services included and noted on the Select Drugs and Products List have been specifically designated by the Fund and require prior authorization. Prior authorization may include a medical necessity review, step-therapy, and an administrative review prior to the coverage limits applying as shown on the Schedule of Benefits. Covered Persons desiring coverage for products included on the Select Drugs and Products List are required to enroll in the Select Drugs and Products Program. Subject to the automatic administrative claim review process described below, failure to enroll in the program may result in the covered Person being responsible for the full cost of the billed charges unless the charges are required to be covered by law. Such charges will not apply to your annual maximum or deductible for listed products. PaydHealth will work to reduce the cost to the covered Person and the Plan for these listed products.

If you are prescribed a Specialty Drug, the Plan requires that you complete enrollment in the Program if you have been prescribed a Specialty Drug, and in good faith, complete any alternate funding program’s enrollment requirements identified by your case coordinator from the Program. Completing the enrollment in the Program is part of meeting prior authorization criteria of the Plan and is a pre-requisite to receiving any coverage under the Plan for products included on the Select Drugs and Products List.

The Plan is sponsoring this program and you will not be responsible for any payments to the Program as a covered Person. However, you may be required to pay a nominal portion of the cost to acquire your Specialty Drug, product or service.

If you are prescribed a Specialty Drug, case coordinators from the **Select Drugs and Products Program** will proactively contact you to complete the enrollment process and gather any additional information required to help you maximize your benefit for Specialty Drugs under the Plan. Some alternate funding programs, identified by the program, require income verification as a condition of meeting their program criteria. In such cases, you will be asked to provide this information directly to the Program administrator or alternate funding program, and such information will not be provided to the NECA-IBEW Welfare Trust Fund.

If you are NOT eligible for an identified alternate funding program, your case coordinator will automatically submit your case for benefit reconsideration under designated claims review and reconsideration process. Should your claim meet Plan reconsideration criteria, your out-of-pocket costs will be adjusted to the appropriate co-insurance and other cost-sharing amounts of your applicable Plan option, as shown in the Schedule of Benefits. Your out-of-pocket costs will never exceed those shown in the Schedule of Benefits if a reconsideration is approved.

All specialty drug prescriptions paid for by the Plan through a benefit reconsideration must be dispensed by CVS/caremark – who will collect your coinsurance and any other cost-sharing amounts as shown in your applicable Plan option Schedule of Benefits. Certain forms of alternate funding may not be applied to your deductible or calendar year out-of-pocket maximum amounts.

Questions related to the **Select Drugs and Products Program** may be made directly to **Specialty Contact Center**, by calling (877) 869-7772.

Plan Definitions

Effective July 1, 2020 the *Plan Definitions* section in the Summary Plan Description and Plan Document is amended to add the following definitions alphabetically:

- **Prescription Drug** means any of the following: a US Food and Drug Administration-approved Drug or medicine which, under federal law, is required to bear the legend: Caution: federal law prohibits dispensing without prescription; injectable insulin; hypodermic needles or syringes, but only when dispensed upon a written prescription of a licensed Physician. Such Drug must be Medically Necessary in the treatment of a Disease, Sickness or Injury.
- **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 a 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 or as part of a US Food and Drug Administration-approved Risk Evaluation and Mitigation Strategies (REMS) program.
- **Specialty List** means a list of Prescription Drugs, products, or services, typically prescribed by a specialist, that may require special handling, storage, transportation services or enhanced clinical monitoring by a specialist or Specialty pharmacy provider. The Specialty List is updated periodically by the Plan to address changes in prescription labeling, new market entrants, and safety and efficacy considerations and each listed item requires Plan

prior authorization, step-therapy, and administrative review for coverage. There are over 2,000 drugs on the Specialty List. CVS Health will flag these drugs at the pharmacy when you submit your insurance information. The Specialty Drugs administered at a physician office or facility is enclosed.

- **Select Drugs and Products List** means a list of Specialty Drugs or Gene and Cellular Therapy Products that are subject to step-therapy, prior authorization, and administrative review and must be acquired after enrollment in the Plan's Specialty Drug Program for coverage limits to apply.
- **Gene and Cellular Therapy Products.** Products included on the Specialty Drug List, as defined by the Office of Tissues and Advanced Therapies (OTAT) of the US Food and Drug Administration, under either the medical benefits or the prescription drug benefits
- **Select Drugs and Products Program** means a Program that the Plan requires covered Persons to enroll in to receive coverage under the Plan for medications or biologics listed on the Plan's Select Drugs and Products List. All covered Persons seeking Plan coverage for such products are required to meet prior authorization criteria, which includes enrollment in the Select Drugs and Products Program. Covered Persons choosing not to enroll in the Select Drugs and Products Program may be responsible for the full cost of the billed charges unless the charges are required to be covered by law.

Please keep this document with your Summary Plan Description booklet and other Summaries of Material Modifications. If you have any questions regarding any of the plan changes outlined above, please contact the Fund Office at 217.875.0254.

Key Highlights

- Specialty Drugs must be prior authorized by CVS/caremark at 844-345-3233. If you go to a pharmacy, these drugs will be flagged by CVS/caremark when you give the pharmacy your insurance information.
- Specialty Drugs administered by physician or other facility setting need to be prior authorized by the Fund's medical management company, Medical Cost Management (MCM) at 217-875-2947.
- Not sure what to do? Contact the Fund Office at 217.875.0254, option 6.

When applicable, the above process will initiate the enrollment into the Select Drugs and Products Program administered by PaydHealth at (877) 869-7772.

Questions?

Kindly review our website at <https://www.neca-ibew.org> or contact the Fund Office at 217.875.0254, option 6.

**PLEASE RETAIN THIS NOTICE WITH YOUR
SUMMARY PLAN DESCRIPTION BOOKLET FOR FUTURE REFERENCE**

Statement of Grandfathered Status

The Trustees believe that this Plan is a “grandfathered health plan” under the Affordable Care Act, which permits us to preserve certain basic health coverage already in effect before the law was passed. As with all grandfathered health plans, our Plan does not have to include certain consumer protections of the Affordable Care Act that apply to other plans (for example, providing preventive health services without any cost sharing). However, grandfathered health plans, like our Plan, must comply with other consumer protections in the Affordable Care Act (for example, the extension of coverage for dependent children to age 26).

Contact the Welfare Trust Fund Administrative Office if you have questions about what it means for a health plan to have grandfathered status and what might cause a plan to lose its grandfathered status. You may also contact the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) at 866-444-3272 or www.dol.gov/ebsa/healthreform. The website includes a chart summarizing the protections that do and do not apply to grandfathered health plans.

Please read this Summary of Material Modifications (SMM) carefully and save it with your Summary Plan Description and other benefits documents. This Summary of Material Modifications contains only highlights of certain features of the NECA-IBEW Welfare Trust Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the Plan document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.

Nondiscrimination Notice Under Section 1557 of the Affordable Care Act

Discrimination is against the law. The NECA-IBEW Welfare Trust Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. The Fund does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. The Fund:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages.

If you need these services, contact Mr. Kevin Cope, the Civil Rights Coordinator. If you believe that the Fund has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Mr. Kevin Cope, Civil Rights Coordinator, NECA-IBEW Welfare Trust Fund, 2120 Hubbard Avenue, Decatur, IL 62526-2871; Phone: 800-765-4239; Fax: 217-875-2084; Email: info@neca-ibew.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Mr. Kevin Cope is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201; Phone: 800-368-1019; TDD: 800-537-7697 (TDD).

Complaint forms are available at www.hhs.gov/ocr/filing-with-ocr/index.html.

Illinois/Indiana Languages

Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-765-4239.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-765-4239.
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-765-4239.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-765-4239.
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-765-4239。
Pennsylvania Dutch	Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 800-765-4239.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-765-4239. 번으로 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-765-4239.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-765-4239.
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। 800-765-4239 पर कॉल करें।
Panjabi	ਧਿਆਨ ਦੇਣ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-765-4239 'ਤੇ ਕਾਲ ਕਰੋ।
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 800-765-4239.
Dutch	AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 800-765-4239.
Gujarati	ધ્યાન: જો તમે જરાતી બોલતા હો, તો ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-765-4239.
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-765 4239. まで、お電話にてご連絡ください。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-765-4239.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-765-4239.
Urdu	لاک - نیہ بائیسد نیم تقم تامدخ یک ددم یک نابز وک پآ وت، نیہ ےتلوب ودرآ پآ رگا: رادربخ نیرک 4239-765-800
Arabic	مقر (800-765-4239) مقرب لصتا، ناجملا ب كل رفاوتت ةيوغلا ةدعاسملا تامدخ ناف، ةغلا ركذا ثدحتت تنك اذا: ةظوحلم اه