

IMPORTANT NOTICE REGARDING BENEFIT CHANGES

To All Participants enrolled in the following Teamsters Local 731 Health and Welfare Funds:

- Local No. 731, I.B. of T. Health and Welfare Fund;
(Formally known as Private Scavengers and Garage Attendants & Linen and Laundry Health and Welfare Funds)
- Health & Welfare Fund of the Excavating, Grading and Asphalt Craft Local No. 731
(Hereinafter referred to as “Plan or Plans”)

■ Prescription Drug Plan Changes Effective February 1, 2022

The Board of Trustees are pleased to announce the following changes to the Prescription Drug Plan. The Plan is changing from a 20% cost share at retail to a flat dollar copay as follows:

Up to 30-day supply (Retail / Local Pharmacy)

- | | |
|-----------------------|---------|
| ▪ Generic | \$10.00 |
| ▪ Preferred Brand | \$15.00 |
| ▪ Non-Preferred Brand | \$40.00 |

Up to 100-day supply (Retail / Local Pharmacy)

- | | |
|-----------------------|----------|
| ▪ Generic | \$25.00 |
| ▪ Preferred Brand | \$50.00 |
| ▪ Non-Preferred Brand | \$125.00 |

Also note the new mail order copays effective February 1, 2022 are as follows:

Up to 100-day supply (Mail Order Pharmacy)

- | | |
|-----------------------|----------|
| ▪ Generic | \$25.00 |
| ▪ Preferred Brand | \$50.00 |
| ▪ Non-Preferred Brand | \$125.00 |

If a prescription drug's total cost is less than the copay amount, you will pay the lessor of the actual cost of the drug or the flat copay.

Preferred and non-preferred brand status is managed by our prescription plan vendor, EmpiRx. Questions on preferred brand and non-preferred brand should be directed to EmpiRx at 1(877) 241-7123 or obtain information by logging into the Member Portal at www.empirxhealth.com. You can set up your login by clicking on “Member Login” and follow the instructions.

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Specialty drugs will continue as is with the specialty drug case manager. If the specialty case manager cannot find appropriate financial assistance, the specialty drug copay will default to the schedule noted in this document.

Important: If you have been prescribed a non-preferred brand drug before February 1, 2022, that prescription copay will be carried forward at the preferred brand copay amount for as long as you need to take that medication.

■ **Questions?**

Kindly review our website at www.ibt731funds.org, access the Customer Support section of the Viveka Health mobile application, or contact the Fund Office at (630) 887-4150.

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



Summary of Material Modifications

EIN 36-2392752/PN 501

EIN 36-6073848/PN 501

January 2022

