

**AMENDMENT NO. 2**  
**TO THE EIGHTH DISTRICT ELECTRICAL BENEFIT FUND**  
**SUMMARY PLAN DESCRIPTION /PLAN RULES AND REGULATIONS**  
**BASIC Medical Plan, Personal Care Account, and**  
**Life and Accidental Death and Dismemberment Benefits**  
**for Active Employees**  
**Effective July 1, 2018**

---

The Summary Plan Description/Plan Rules and Regulations is amended as follows effective January 1, 2019, unless otherwise stated, to implement Express Scripts clinical programs:

**ARTICLE VII: SCHEDULE OF MEDICAL PLAN BENEFITS**

Article VII shall be amended by changing the Article number to ARTICLE VII-A.

Article VII shall be further amended by deleting the Drugs (Outpatient Prescription Medicines) subsection.

Article VII shall be further amended by adding the following Article VII-B: SCHEDULE OF PRESCRIPTION BENEFITS:

**Prescription Benefits (Participant pays)**

*The Medical Plan deductible does not apply to Prescription Benefits.*

*Copayments for drugs are not applied to meet the Plan's Coinsurance Maximum or Deductibles.*

*If the cost of a drug is less than the appropriate copayment, you will only pay the drug cost.*

*The Prescription Benefit of this Plan are creditable with Medicare Part D prescription drug coverage.*

*Certain over-the-counter drugs are covered under this outpatient Prescription Benefit at no charge in compliance with Health Reform regulations. See Article VI for details.*

In-Network Retail Pharmacy (up to 30 day supply)

Generic.....	10% of drug cost with a \$10 minimum and \$20 maximum
Preferred Brand* .....	25% of drug cost with a \$25 minimum and \$50 maximum
Non-Preferred Brand* .....	greater of 50% of drug cost or \$50 copayment

Mail Order (Home Delivery) Service or Walgreens Retail (Smart 90) (up to a 90-day supply)

Generic.....	\$20 copayment
Preferred Brand* .....	\$50 copayment
Non-Preferred Brand* .....	50% of drug cost

Specialty Drugs (up to 30 day supply)\*\* .......... \$35 copayment

Female Contraceptives (FDA Approved)

Generic .....	\$0 copayment
Preferred Brand* .....	25% of drug cost with a \$25 minimum and \$50 maximum
Non-Preferred Brand* .....	greater of 50% of drug cost or \$50 copayment

Certain CDC Recommended Vaccinations

In-Network Retail Pharmacy.....	\$0 copayment
---------------------------------	---------------

- \* Brand Drug if Generic Drug is available (Mandatory Generic Program)  
If a Generic Drug equivalent is available and you chose to take a brand name drug, your copayment will be the Generic Drug copayment plus the difference in cost between the Generic Drug and Brand Drug. Your Physician can contact the Prescription Drug Program to request approval for the use of the Brand Drug to be Medically Necessary. If the Prescription Drug Program finds that the Brand Drug is Medically Necessary, you will pay the Preferred Brand or Non-Preferred Brand copay that applies for that particular Brand Drug.
- \*\* See Subsection D(7) of this Article VII-B for special copayments that may apply to Specialty Drugs that are subject to the Specialty Drug Specialty Drug Coupon Program

#### Out-of-Network Retail Pharmacy (up to 30 day supply)

If you fill a prescription at an Out-of-Network/Non-Network pharmacy location, you will need to pay full price for the drug at the time of the purchase and then send your drug receipt to the Prescription Drug Program at the address listed on the Quick Reference Chart. For Generic or Brand Drugs, the Plan reimburses 100% less any applicable copay/coinsurance. No reimbursement for Specialty Drugs, contraceptives or OTC drugs purchased from non-network retail pharmacy locations.

When a non-occupational injury or Sickness causes an Eligible Person to need prescription drugs, the Plan will pay Benefits according to the Schedule of Benefits. Please use the Quick Reference Guide to find the name and contact information of the Plan's Prescription Drug Program.

#### **A) Definitions**

Definitions that apply to this Article VII-B – Schedule of Prescription Benefits are:

1. **Retail Drugs**  
Retail drugs are medications up to a 30-day supply that are typically filled by retail pharmacies. To obtain up to a 30-day supply of medicine, present your ID card to any In-Network retail pharmacy. Contact the Prescription Drug Program (whose name is listed on the Quick Reference Chart) for the location of In-Network retail pharmacies.
2. **Mail Order (Home Delivery) Drug Service**  
Mail Order drugs are maintenance medications up to a 90-day supply that are filled by the Prescription Drugs Plan's mail order facility. The mail order service is the easiest and least expensive way to obtain many medications plus the medications are mailed directly to your home. You may use the mail order service (see the Quick Reference Chart) to receive up to a 90-day supply of non-emergency, extended-use "maintenance" prescription drugs, such as for high blood pressure or diabetes. Not all medicines are available via mail order. Check with the Prescription Drug Program for further information. To use the mail order service:
  - a Have your Physician write the prescription for a 90-day supply, with the appropriate refills.
  - b Mail your prescription, copay & mail order form to the Mail Order Services of the Prescription Drug Program whose address is listed on the Quick Reference Chart. Mail order forms may be obtained from the Prescription Drug Program. Allow up to 14 days to receive your order.
3. **Walgreens Retail (Smart 90)**  
Walgreens Retail (Smart 90) allows you the quantity and cost savings of Mail Order, but you can pick up your prescriptions at a Walgreens Pharmacy. To use the Walgreens Retail (Smart 90) service:
  - a Have your Physician write the prescription for a 90-day supply, with the appropriate refills.
  - b Take your prescription and present your ID card at a local Walgreens Pharmacy.

4. Generic Drugs

Generic drugs are medications that are created to be the same active ingredient as an existing approved brand-name medication in dosage, form, safety, strength, route of administration, quality, and performance. It may be given in place of the brand-name medication. FDA requires generic medications to have the same active ingredient, strength, dosage, form, and route of administration as the brand-name. The generic manufacturer must prove its medication is the same (bioequivalent) as the brand-name. All manufacturing, packaging, and testing sites must pass the same quality standards as those of brand-name. Many generic medications are made in the same manufacturing plants as the brand-name medications.

5. Brand Drugs

Brand Drugs means a drug that has been approved by the U.S. Food and Drug Administration (DFA) and that drug has been granted a 20-year patent, which means that no other company can make it for the entire duration of the patent period. This patent protection means that only the company who holds the patent has the right to sell that Brand Drug. A Brand Drug cannot have competition from a Generic Drug until after the brand-name patent or other marketing exclusivities have expired and the FDA grants approval for a generic version.

6. Preferred Brand Drugs

Preferred Brand Drugs are drugs listed on the Formulary maintained by the Prescription Drug Program. Preferred Brand Drugs are medications that cost less than and are therapeutically equal to Non-Preferred Brand Drugs. A therapeutically equal medication has essentially the same effect in the treatment of a disease or condition as one or more other drugs but may have a different active ingredient.

7. Non-Preferred Brand Drugs

Non-Preferred Brand Drugs are medications that cost more than Generic or Preferred Brand Drugs. Most Non-Preferred Brand Drugs require step therapy/prior authorization for approval. Please contact the Prescription Drug Program for more information on drugs that are classified as Non-Preferred Brand Drugs.

8. Specialty Drugs

Specialty Drugs are products derived from living organisms used by individuals with unique health concerns. Specialty Drugs are medications which can be given by any route of administration and are typically used to treat chronic, complex conditions (for example - inflammatory conditions, oncology, multiple sclerosis, rare diseases). Specialty Drugs are defined as having one or more of several key characteristics, including:

- a The requirement for frequent dosing adjustments and intensive clinical monitoring to decrease the potential for drug toxicity and increase the probability for beneficial treatment outcomes
- b The need for intensive patient training and compliance assistance to facilitate therapeutic goals
- c Limited or exclusive specialty pharmacy distribution\*
- d Specialized product handling and/or administration requirements

\* If a medication is only available through limited specialty pharmacy distribution it is considered a Specialty Drug, even if it doesn't have other Specialty Drug characteristics. Specialty Drugs require precertification through the Prescription Drug Program. See Section B(5) of this Article VII-B for more information on how the Plan covers Specialty Drugs.

**B) Covered Expenses**

Prescription Benefits include:

1. Pharmaceuticals (drugs and medicines) approved by the Federal Drug Administration (FDA) as requiring a prescription.

2. Pharmaceuticals (drugs and medicines) approved by the FDA for treatment of the condition, dose, route duration and frequency prescribed.
3. Pharmaceuticals (drugs and medicines) prescribed by a Physician or other Health Care Practitioner authorized by a Physician or other Health Care Practitioner authorized by law to prescribe them.
4. Insulin, insulin syringes, diabetic supplies and contraceptives.
5. Specialty Drugs are available on an outpatient basis only when ordered through and managed by the Prescription Drug Program. Specialty Drugs require precertification. Specialty Drugs are managed by the Prescription Drug Program because they often require special handling, are date sensitive and are usually available only in a 30-day quantity.
6. Over-the-counter or prescription tobacco cessation products (such as nicotine gum or patches) intended to assist an individual to stop smoking or using tobacco products. You must present a written prescription from a Physician for over-the-counter or prescription tobacco cessation products to the retail pharmacist. You may also submit a prescription order through the mail order program. See also the Behavioral Health benefit row in Article VII-A – Schedule of Medical Plan Benefits regarding payment for smoking/tobacco cessation counseling.

**C) Exclusions**

Prescription Benefits are not payable for drugs not yet approved by the FDA and drugs used for treatment for erectile dysfunction, fertility/infertility, or weight control. Prescription Drug Benefits are also subject to the limitations in the Prescription Drug Program Clinical Programs as described in subsection (D) of this Article VII-B. See further exclusions under Drugs (Medicines) in the Medical Plan Exclusions Article.

**D) Prescription Drug Program Clinical Programs**

Participants are subject to the Prescription Drug Program Clinical Programs that are described in this Subsection D. Contact the Prescription Drug Program (whose phone number is listed on the Quick Reference Chart in the front of this document) with any questions or more information on the clinical programs.

**1. Mandatory Generic Program**

If you are currently taking a brand name drug that has a Generic Drug equivalent available or if you are newly prescribed a drug and a Generic Drug equivalent is available, and you chose to take a brand name drug, your copayment will be the Generic Drug copayment plus the difference in cost between the Generic Drug and brand drug. Your Physician can contact the Prescription Drug Program to request approval for the use of the brand drug to be Medically Necessary. If the Prescription Drug Program finds that the brand drug is Medically Necessary, you will pay the Preferred Brand or Non-Preferred Brand copay that applies for that particular Brand drug.

**2. Step Therapy**

Step Therapy is a program that applies to certain drug classifications to treat certain diseases. Step Therapy requires that you begin certain treatments by taking a lower cost medication before utilizing the higher cost medication. If you take the lower cost medication and it is proven to not be effective for your treatment, or if your Physician believes that you cannot take the preferred alternatives, your Physician must provide documentation that the higher cost medication is Medically Necessary for you. The documentation will be reviewed by the Prescription Drug Program for consideration of the higher cost medication.

If your Physician prescribes a higher cost medication that is a part of the Step Therapy program, the Plan will not cover the higher cost prescription until you have tried the lower cost medication alternative or your Physician provides documentation that the higher cost medication is Medically Necessary for you. The

documentation will be reviewed by the Prescription Drug Program. The Prescription Drug Program will notify you and your Physician about any lower cost alternative options.

Drugs that are subject to Step Therapy are listed on schedules maintained by the Prescription Drug Program. These schedules are subject to change. Although not an exhaustive list, conditions with drug treatments that are subject to Step Therapy include:

Acne	Allergies	Antifungal	Anti-infective
Eye Conditions	Gout	Pain	Skin Conditions
Sleep Disorders	Ulcer	Acromegaly	Asthma/COPD
Blood Cell Deficiency	Bone Conditions	BPH	Diabetes
Fertility	Gaucher's Disease	Growth Hormone	Hemophilia
Hepatitis C	High Cholesterol	High Blood Pressure	Inflammatory Conditions
Multiple Sclerosis	Oncology	Overactive Bladder	Pulmonary Hypertension
Attention Disorders	Alzheimer's Disease	Depression	Gout
Migraine Headaches	Nausea/Vomiting	Neurological Disorders	Narcotic Pain Relief
Pheochromocytoma	Seizures	Contraceptives	Endocrine Disorders

Because this list is incomplete and subject to change, you should contact the Prescription Drug Program for up-to-date information about drugs that are subject to Step Therapy. The phone number for the Prescription Drug Program is listed on the Quick Reference Chart in the front of this document. To find out if a drug is subject to Step Therapy, you may also log into the Prescription Drug Program's website listed in the Quick Reference Chart and search for the medication.

### 3. Quantity Limitation

The Quantity Limitation Program is designed to ensure that the dosage of the medication being dispensed meets the Federal Drug Administration's (FDA) recommended dosing guideline for that specific medication. The Plan will limit the prescription quantity you can receive of certain medications according to the FDA's recommended dosing guidelines. If your Physician prescribes one of these medications in a quantity that exceeds the FDA recommended dosing guidelines for the particular medication, the pharmacy will only be able to fill your prescription for the maximum quantity recommended by the FDA. You or your Physician may contact the Prescription Drug Program with any questions regarding this program.

Drugs that are subject to Quantity Limitation are listed on schedules maintained by the Prescription Drug Program. These schedules are subject to change. Although not an exhaustive list, conditions with drug treatments that are subject to Quantity Limitation include:

Allergies	Anaphylaxis	Anti-fundal	Anti-infective
Anti-influenza	Asthma	Contraceptives	COPD
Eye conditions	Hormone Supplementation	Impotence	Inflammatory Conditions
Migraine Headaches	Nausea/Vomiting	Sleep Disorder	Topical Anti-Inflammatory
Topical Pain	Blood Cell Deficiency	Bone Conditions	Diabetes
Endocrine Disorders	Fertility	Hepatitis C	High Cholesterol
High Blood Pressure	Multiple Sclerosis	Overactive Bladder	Pain
Respiratory Miscellaneous	Pulmonary Hypertension	Wound Care	Depression
Heart Failure	Mental Disorders	Neurological Disorders	Oncology

Because this list is incomplete and subject to change, you should contact the Prescription Drug Program for up-to-date information about drugs that are subject to Quantity Limitation. The phone number for the Prescription Drug Program is listed on the Quick Reference Chart in the front of this document. To find out if a drug is subject to Quantity Limitation, you may also log into the Prescription Drug Program's website listed in the Quick Reference Chart and search for the medication.

#### 4. Prior Authorization

If a Physician prescribes a medication that requires prior authorization, the Plan will not cover the prescription until the prior authorization process has been completed and the medication has been approved by the Prescription Drug Program.

Drugs that are subject to Prior Authorization are listed on schedules maintained by the Prescription Drug Program. These schedules are subject to change. Although not an exhaustive list, conditions with drug treatments that are subject to Prior Authorization include:

Asthma/COPD	Blood Cell Deficiency	Endocrine Disorder	Eye Conditions
Gout	Growth Deficiency	Hormone Supplementation	Metabolic Disorders
Immune Disorders	Inherited Rare Diseases	Multiple Sclerosis	Neurological Disorders
Osteoarthritis	Pulmonary Hypertension	Respiratory Miscellaneous	Sleep Disorders
Allergies	Diabetes	High Cholesterol	Inflammatory Conditions
Narcolepsy	Pain	Sexual Disorders	Skin Conditions
Weight Loss	Cancer	Cardiovascular	Chemical Dependence
Muscular Dystrophy	Heart Failure	Hepatitis C	HIV
Pharmacogenomic Testing	Wilson's Disease	Anti-Infective	Bone Conditions
Chronic Kidney Disease	Endocrine Disorders	RSV Prevention	

Because this list is incomplete and subject to change, you should contact the Prescription Drug Program for up-to-date information about drugs that are subject to Prior Authorization. The phone number for the Prescription Drug Program is listed on the Quick Reference Chart in the front of this document. To find out if a drug is subject to Prior Authorization, you may also log into the Prescription Drug Program's website listed in the Quick Reference Chart and search for the medication.

#### 5. Advanced Opioid Management

The Advanced Opioid Management program is managed by the Prescription Drug Program. Under this program, the Prescription Drug Program monitors opioid prescriptions to provide participants with information on the risks of opioid medications. As part of the Advanced Opioid Management program, all initial opioid prescriptions are subject to an initial fill limit of seven (7) days, enhanced prior authorization and drug utilization reviews.

If you are prescribed an opioid medication, the Prescription Drug Program may contact you by mail or phone to offer assistance and tips to maintain healthy habits for taking the opioid medications as prescribed.

#### 6. Safeguard RX

If you are currently taking medications for Hepatitis C, Cholesterol Injectables, Cancer, Inflammatory Conditions, Multiple Sclerosis, or Rare Conditions, you will continue to fill these medications through the Prescription Drug Program Specialty Pharmacy. The Safeguard Rx Program is designed to assist Participants in adhering to appropriate treatment plans to stabilize or improve the condition covered by the Safeguard Rx Program.

As part of the Safeguard RX Program, you have access to specialized clinicians within each of the Therapeutic Resource Centers representing the conditions covered by the Safeguard Rx Program. Specialist pharmacists and clinicians will provide personalized care, educate on safety and care coordination, and offer the information and counseling needed to achieve healthier outcomes.

You can access a specialist pharmacist by:

- a Calling the Prescription Drug Program (whose phone number is listed on the Quick Reference Chart in the front of this document) and requesting counseling from a specialist pharmacist, or
- b Calling the Prescription Drug Program (whose phone number is listed on the Quick Reference Chart in the front of this document) for any reason and then being transferred to a specialist pharmacist, or
- c Utilizing the click-to-call feature on the Participant website.

Our specialist pharmacists also may call you to help ensure you stay on track.

Effective February 1, 2019, Article VII-B shall be amended by adding the following subsection 7 – Specialty Drug Coupon to the end of the Article:

7. Specialty Drug Coupon Program

If you are prescribed a Specialty Drug that has a pharmaceutical manufacturer's patient copay assistance program available, and you qualify for the copay assistance program, you will need to enroll in the Specialty Drug Coupon Program, called the SaveOn SP program, through the Prescription Drug Program. The list of medications included in the SaveOn SP program can be found at [www.saveonsp.com/8thdist](http://www.saveonsp.com/8thdist).

Under the Specialty Drug Coupon Program, you must fill your Specialty Drug through the Prescription Drug Program mail order pharmacy. The Specialty Drugs subject to the SaveOn SP program will be subject to a new, drug-specific copayment that will be higher than the copayments that apply to other drugs. This copayment will be offset by the pharmaceutical manufacturer's patient copay assistance program and your cost will drop to zero. The copay assistance provided by a pharmaceutical manufacturer will not count toward your annual out-of-pocket maximum because you will have no cost. If you are taking drugs subject to the SaveOn SP program, you must enroll in this program through SaveOn SP. If you do not enroll in the Program, you will be responsible for the increased copayment for that particular medication. Please note that the Specialty Drugs included in this program are subject to change.

Effective February 1, 2019, Article XIV shall be amended to delete the definitions for "Brand drug," "Generic drug," and both definitions of "Specialty drug." Those terms are defined in this Article VII-B.

**CONFIRMATION**

The undersigned Chairman and Secretary of the Board of Trustees of the Eighth District Electrical Benefit Fund do hereby certify that the foregoing Amendment #2 to the 2018 Plan was duly adopted and executed at a meeting of the Board of Trustees called and held on September 26, 2019.

By:   
Chairperson

By:   
Secretary