



IBEW LOCAL 595 TRUST FUNDS



IBEW LOCAL 595 HEALTH & WELFARE TRUST

Summary of Material Modifications

March 2019

NOTICE TO ALL PARTICIPANTS REGARDING CHANGES TO THE PRESCRIPTION DRUG BENEFIT FOR THE UNITEDHEALTHCARE HMO AND INDEMNITY PPO MEDICAL OPTIONS OF THE IBEW LOCAL 595 HEALTH & WELFARE PLAN

The Trustees of the IBEW Local 595 Health & Welfare Trust Fund have approved changes to Prescription Drug Benefit for the UnitedHealthcare HMO and Indemnity PPO Plan of the Health & Welfare Plan (Plan).

Mandatory Generic Substitution

Mandatory generic substitution helps manage plan costs by reimbursing the cost of your prescription drug up to the price of the lowest-priced alternative medication, which is typically a generic drug. If the drug you are prescribed is a brand name drug and there is no alternative or interchangeable drug, your plan will continue to reimburse your prescription based on the level of the brand name drug.

Effective with claims incurred on or after June 1, 2020, the Prescription Drug benefit for the UnitedHealthcare HMO and Indemnity PPO Plan will include a Mandatory Generic Substitution. If a member receives a brand name prescription where there is a generic alternative available, the Plan will pay only the amount equal to the generic prescription drug, and the balance will be charged to you. This only applies if there is a generic alternative.

In rare instances, an individual cannot tolerate the generic drug, or it is therapeutically ineffective. When this happens, medical evidence can be submitted to support why the brand name drug is being prescribed. If approved, your prescription will be reimbursed based on the cost of the brand name drug.

High-Cost Generics

Effective June 1, 2020, the Prescription Drug benefit for the UnitedHealthcare HMO and Indemnity PPO Plan will include an exclusion for higher-cost generic products when a lower-cost generic equivalent becomes available.

High-Cost Brands with Generics

Effective June 1, 2020, the Prescription Drug benefit for the UnitedHealthcare HMO and Indemnity PPO Plan will include an exclusion for higher-cost brand products when a generic, clinically equivalent, lower-cost option is available.

Please keep this Summary of Material Modification with you Summary Plan Description. These important changes affect the health benefits that are provided to you and your family. If you have any questions, please contact the Fund Office at (888) 512-5863 or (925) 208-9996.