

**SHEET METAL WORKERS LOCAL 104 HEALTH CARE PLAN  
(As revised January 2021)**

Amendment 24

Pursuant to the authority set forth in Article VII of the Agreement and Declaration of Trust, the Trustees hereby amend the Sheet Metal Workers Local 104 Health Care Plan as follows:

1. **Effective March 1, 2025, the “Durable Medical Equipment (DME” subsection in the “Description of Covered Medical Services” section is revised to read as follows:**

DURABLE MEDICAL EQUIPMENT (DME)

The following is paid at 80% of UCR: rental (or purchase, if the cost is less than the rental for the period required) of durable medical equipment such as oxygen, a wheelchair, or hospital bed, for medically necessary therapeutic treatment of a covered illness or non-industrial injury, and which is:

1. Of no further use when medical need ends; and
2. Usable only by the patient; and
3. Not primarily for the comfort or hygiene of the eligible individual, or solely to aid the caregiver; and
4. Not for environmental control; and
5. Not for exercise; and
6. Which is manufactured specifically for medical use; and
7. Approved as effective and usual and customary treatment of a condition as determined by the Plan; and
8. Not for prevention uses.

These expenses do not count toward the out-of-pocket maximum.

The following is paid at 100% of UCR: tubed and tubeless insulin pumps for the treatment and management of diabetes.

2. **Effective March 1, 2025, the “Prescription Drug Benefits” section is revised to read as follows:**

## **Prescription Drug Benefits**

<b>KAISER HEALTH PLAN PARTICIPANTS</b>
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- Participants who elect medical coverage under the Kaiser Health Plan must obtain their prescription drugs (for both medical and dental) from a Kaiser facility under the terms of the Kaiser Health Plan, which includes a \$10 co-payment for each generic prescription, and a \$30 copayment for each brand prescription.

- Prescription drugs obtained at a Kaiser facility may be purchased up to a 30-day supply.
- More information about Kaiser’s prescription drug program can be found in the Evidence of Coverage booklet provided by the Trust Fund Office.

**INDEMNITY PLAN PARTICIPANTS  
ACTIVES AND NON-MEDICARE RETIREES AND DEPENDENTS**

Prescription drug benefits are provided under the OptumRx program for Actives and Non-Medicare eligible Retirees and Dependents enrolled in the Indemnity Health Plan participants.

**I. OPTUMRX RETAIL NETWORK PHARMACY**

Prescriptions purchased at a retail pharmacy are limited to a 30-day supply. The following copayments apply:

GENERIC:	Tier 1—\$15 copayment
PREFERRED BRAND: (Formulary)	Tier 2—25% of the cost of the prescription (with a minimum \$15 copay and a maximum \$50 copay, per Rx);
NON-PREFERRED BRAND: (Non-Formulary)	Tier 3—25% of the cost of the prescription (with a minimum \$15 copay, per Rx, but no maximum); <b><i>Your copayment does not apply to your annual out-of-pocket maximum.</i></b>
SPECIALTY: (Formulary)	Tier 4—20% of the cost of the prescription (with a minimum \$15 copay and a maximum \$50 copay, per Rx). LIMITED TO 30 DAY SUPPLY
SPECIALTY: (Non-Formulary)	Tier 4—20% of the cost of the prescription (with a minimum \$15 copay, per Rx, but no maximum). LIMITED TO 30 DAY SUPPLY. <b><i>Your copayment does not apply to your annual out-of-pocket maximum.</i></b>
BRAND (If Generic avail):	\$15 <i>plus</i> the entire difference between the Brand price and Generic price. <b><i>Your copayment does not apply to your annual out-of-pocket maximum.</i></b>
INSULIN AND OTHER DIABETES MAINTENANCE DRUGS AND SUPPLIES:	Tier 5 - \$0 copayment

**OptumRx Network Pharmacy** — OptumRx retail pharmacies are for those who need immediate, short-term prescription medications and medications that cannot be shipped through the mail.

You do not have to file claim forms. The copayments apply to each prescription filled.

**ID Cards** — Be sure to show your Sheet Metal Workers Local 104 Prescription Drug Program ID Card to the pharmacist each time you purchase prescriptions at an OptumRx Retail Network Pharmacy. The pharmacist uses your ID card to verify that you are eligible for prescription drug benefits. If you or your eligible family members need additional Prescription Drug ID cards, call the Trust Fund Office at 1-800-548-1771.

Most of the major chain retail pharmacies and independent pharmacies in California participate in the OptumRx pharmacy network. Additional participating pharmacy information may be obtained by visiting the OptumRx website at <https://www.optum.com>, using the OptumRx app, or by calling the OptumRx Members Service Representatives at (800) 573-0437. If the pharmacist dispensing your prescription(s) requires assistance in submitting your claim to OptumRx, they may also call the Members Service Representatives. If you or your dependents utilize your spouse’s drug plan, contact the Trust Fund Office and they will send you a Direct Member Reimbursement (DMR) Form. You can then submit the DMR Form for reimbursement of the copay.

## II. OPTUM HOME DELIVERY

Prescriptions purchased through the Optum Home Delivery are limited to a 90-day supply; however, if you need long-term maintenance medication, your doctor can write a prescription for up to a 12-month supply. You can obtain up to a 90-day supply of maintenance medication and order 90-day refills as you need them. The copayments are:

GENERIC:	Tier 1—\$30 copayment
PREFERRED BRAND: (Formulary)	Tier 2—50% of the cost of a 30-day supply (with a minimum \$30 copay and a maximum \$100 copay, per Rx);
NON-PREFERRED BRAND: (Non-Formulary)	Tier 3—50% of the cost of a 30-day supply (with a minimum \$30 copay, per Rx, but no maximum); <b><i>Your copayment does not apply to your annual out-of-pocket maximum.</i></b>
SPECIALTY: (Formulary)	Tier 4—20% of the cost of the prescription (with a minimum \$15 copay and a maximum \$50 copay, per Rx). LIMITED TO 30 DAY SUPPLY
SPECIALTY: (Non-Formulary)	Tier 4—20% of the cost of the prescription (with a minimum \$15 copay, per Rx, but no maximum). LIMITED TO 30 DAY SUPPLY. <b><i>Your copayment does not apply to your annual out-of-pocket maximum.</i></b>
BRAND (If Generic avail):	\$30 <i>plus</i> the entire difference between the Brand price and Generic price. <b><i>Your copayment does not apply to your annual out-of-pocket maximum.</i></b>
INSULIN AND OTHER DIABETES MAINTENANCE	Tier 5 - \$0 copayment

## DRUGS AND SUPPLIES:

**Optum Home Delivery** — You can use this service to order long-term maintenance medication (generic or brand name). OptumRx fills your order, ships it to you, and lets you know when to expect your delivery. Your doctor can prescribe up to a 12-month supply, although no more than a 90-day supply will be mailed at one time. Copayments apply to each prescription filled (up to a maximum supply of 90 days per copayment).

You can place an Optum Home Delivery order in four ways:

1. By ePrescribe. Your doctor can send an electronic prescription to OptumRx. Prescriptions for controlled substances, such as opioids, can only be ordered by ePrescribe.
2. Go online. Visit the OptumRx website at <https://www.optum.com>
3. BY mobile app. Open the OptumRx app, which can be downloaded from the Apple App Store or Google Play.
4. By phone. Call (800) 573-0437

**Immediate Purchases** — If you need a maintenance medication right away, have your doctor complete two prescriptions — one that can be filled immediately at your pharmacy for a 30-day supply, and the other that can be submitted to the Optum Home Delivery for up to a 12-month supply of medication. You should not submit the 12-month prescription until you and your doctor are sure you can tolerate the medication.

## III. SPECIALTY PHARMACY

There are certain medications that provide complex and costly therapies that require special storage and handling requirements. These include costly injectable therapies and select chemotherapeutic therapies. Specialty medications also include high-cost injectable medications like those used for Multiple Sclerosis, Rheumatoid Arthritis, and Hepatitis C. Specialty medications do not include those used for diabetes or low-cost injectable medications. The Optum Specialty Pharmacy provides specialty medications and clinical support for complex conditions. Optum Specialty Pharmacy ships your medication wherever you need it – in safe, temperature-controlled and tested packing – at no cost to you for standard shipping.

You can have your specialty prescriptions filled by calling a specialty representative at 1-800-573-043 or registering online at [specialty.optumrx.com](https://specialty.optumrx.com)

**Oncology Split Fill Program** – This program is aimed to decrease medication waste. Some therapies and medications have side effects that can commonly lead patients to discontinue taking a medication early. Under this program, a two-week supply of the medication is filled twice a month instead of a fully 30-day supply once a month. The copayment for each two-week fill is one-half the usual copayment. If you are prescribed one of these medications, OptumRx will contact you when you receive the prescription. Before renewal, OptumRx will check in with you to see how you are tolerating the medication. After six fills or three months of the medication, if you are tolerating the medication, you will receive the standard 30-day supply for the remainder of the therapy.

**OptumRx Variable Copay Program** – Many medications have manufacturer programs that will financially assist patients in the purchase of their high-cost specialty medications, also known as

copay cards. OptumRx Variable Copayment Program adjusts your copay so that you and the Plan can take advantage of the copay cards. If you are prescribed a qualifying medication, OptumRx will contact you to sign up for the manufacturer coupon and share the details with the Optum Specialty Pharmacy. Your copay will then be adjusted based on the financial assistance offered by the copay card. Only your actual out-of-pocket payments will count toward your annual out-of-pocket maximum. Manufacturer-funded patient assistance will not be considered as true out-of-pocket costs and will not apply to out-of-pocket maximums.

#### IV. NON-NETWORK PHARMACY

**Non-Network Pharmacy** — When you use a pharmacy that does not participate in the OptumRx Network, you pay the full price and then submit a claim to OptumRx. You will need your original receipt and the OptumRx Claim Form (forms are available from OptumRx and the Trust Fund Office). The Plan pays up to the amount OptumRx would have paid for the same drug at a OptumRx Network Pharmacy, less the applicable copayment amount.

#### V. FORMULARY (PREFERRED) DRUGS

Certain brand name prescription drugs are included in the OptumRx formulary. A formulary is a list of brand name prescription medications that have been chosen because of their ability to be both clinically and cost effective. The drugs selected for the formulary have been carefully reviewed by a team of medical professionals and must meet high standards for quality and effectiveness.

When you visit your doctor, it is a good idea to bring the OptumRx formulary listing with you. For a complete and up-to-date listing of the medications on OptumRx formulary, you can visit the OptumRx website at <https://www.optum.com>, use the OptumRx app, or call the OptumRx Member Service Representatives at (800) 573-0437. Ask your doctor to consider using brand name drugs listed on the formulary—or generic substitutes when possible (all of the drugs listed on the formulary are brand name drugs). This will help control Plan costs and maintain high quality for all Plan participants. Using the formulary does not change the way benefits are paid under the Plan. **In addition, some medications on the formulary may not be covered under this Plan.** However, it is recommended that you utilize the prescriptions on the formulary labeled as ‘Tier 1’ or ‘Tier 2’ for maximum cost savings for you and the Plan. The prescriptions labeled ‘Tier 3’ are non-preferred brand drugs that will produce the least cost savings.

Step Therapy – OptumRx may require that you try certain prescription drugs to treat your condition before covering another drug to treat your condition, this is called “Step Therapy.” For example, if both Drug A and Drug B treat your medical condition, OptumRx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Drug B will then be covered. If a prescription drug requires Step Therapy it will be indicated on the OptumRx formulary listing.

Vigilant Drug Program – New drugs to the market can be high-cost drugs that offer little to no added clinical value over existing, less expensive alternatives. The Vigilant Drug Program excludes higher-cost brand products when a clinically equivalent, lower-cost generic option is available.

## VI. DIABETIC GLUCOMETER

If you or your eligible dependent is diabetic, OptumRx has a program available to members at no charge that allows them to receive a glucose meter, at no cost. OptumRx will send eligible individuals' information about how to take advantage of this program. There is a limit to one glucose meter per individual. You may also be eligible to receive Test Strips at a lower copay through OptumRx. Please contact OptumRx Member Services at (800) 573-0437 with questions.

## VII. OTHER CLINICAL PROGRAMS

Price Edge Program – OptumRx compares the direct-to-consumer pricing for your traditional generic drug prescriptions and compares it to your insurance pricing to ensure you are getting the lowest prescription drug price. What you pay will count toward your deductible and out-of-pocket maximum.

Medication Synchronization – To reduce the number of times you have to go to the pharmacy you can have your prescription refilled on the same day. Prescriptions are refilled for less than the normal prescribed day supply to align the refill date across multiple prescriptions.

GLP-1 Fill Program – This program is aimed at decreasing medication waste. GLP-1 medications require titration (gradual increase to dosage over time), and they can have side effects that may lead to some patients discontinuing taking the medication. Under this program, new utilizers of GLP-1 medications (e.g., Ozempic and Mounjaro) are required to get three (3) retail 30-day supply fills of the same dosage of medication before being allowed to get a 90-day supply. Anytime an existing utilizer changes the drug, strength of drug, or dosage, the three (3) retail 30-day supply fill requirement applies. After the three (3) retail 30-day supply fills, demonstrating that your dosage has stabilized, you are permitted to receive 90-day supply refills. *(Existing utilizers of GLP-1 medications as of July 1, 2025, are not subject to the GLP-1 fill program. However, if an existing utilizer as of July 1, 2025, changes their GLP-1 medication, or changes the strength or the dosage, the new medication/dosage is subject to the GLP-1 fill program.)*

## VIII. PRESCRIPTION DRUG EXPENSES COVERED BY THE PLAN

Eligible prescription drug expenses covered by the Plan include charges for outpatient prescription drugs that are:

1. Covered by the Plan,
2. Obtained with a prescription from a licensed doctor,
3. Within OptumRx's usual, customary and reasonable limits, and
4. Medically necessary.

Eligible expenses for a single prescription are limited to a 30-day supply at retail and a 90 day-supply from the Optum Home Delivery program. Long-term and maintenance medications determined to be medically necessary by your doctor are also eligible expenses.

Specific expenses covered by the Plan include eligible charges for compounded dermatological preparations, such as ointments and lotions; oral contraceptives; and insulin, diabetic supplies, and

ostomy bags and devices. For more information on what specific medications are covered by the Plan, call OptumRx at (800) 573-0437.

Coordination of Benefits with Other Health Care Plans. You may be reimbursed the amount of any copayment for medication obtained through your spouse's and/or eligible dependent's prescription insurance plan, or paid by Medicare, as secondary insurance, by completing a claim form and submitting it to OptumRx.

Insulin and Other Diabetes Maintenance Drugs and Supplies (Tier 5). The Plan covers medically necessary medications, devices, and supplies used for the treatment of diabetes with \$0 copayment (Tier 5). This includes the following categories of products:

- Medications
  - Alpha-Glucosidase Inhibitors
  - Antidiabetic – Amylin Analogs
  - Antidiabetic – Cellular Therapy
  - Antidiabetic – Dopamine Receptor Agonists
  - Antidiabetic Combinations
  - Biguanides
  - Dextrose
  - Diazoxide Oral Suspension
  - Dipeptidyl Peptidase-4 Inhibitors
  - GLP-1
  - Glucagon
  - Glucose
  - Insulin
  - Insulin Sensitizing Agents
  - Korlym
  - Meglitinide Analogues
  - Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors
  - Sulfonylureas
- Devices
  - Continuous Glucose Meters
  - Glucose Meters
  - Injection Devices
  - Insulin Infusion Pump – both Pump with Tubing and Tubeless Pumps (coverage includes kit, reservoirs, device and medically necessary accessories and supplies)
  - Lancing Device
- Supplies
  - Alcohol Pads
  - Control Solution
  - Insulin Syringe

- Lancets
- Pen Needle
- Test Strips
- Urine Test Strips
- Miscellaneous Medically Necessary Supplies

A list of all products currently covered with a \$0 copayment can be obtained from the Trust Fund Office.

#### IX. PRESCRIPTION DRUG EXPENSES *NOT* COVERED BY THE PLAN

The Plan does not cover the following:

1. Prescription drug expenses which are not medically necessary, prescribed by a doctor, within the reasonable and customary limits and covered by the Plan.
2. Prescription drugs dispensed by a hospital while you are confined there.
3. Charges for vitamins, dietary supplements, or other drug or nutritional items that may be obtained without a prescription *except* insulin, diabetic supplies such as syringes, strips, lancets, glucose monitors, or continuous glucose monitors, and ostomy bags and devices.
4. Charges for cosmetics, health and beauty aids, immunization agents, appliances, and non-drug items. Charges for prescription drugs used primarily for cosmetic purposes, including but not limited to Rogaine.
5. Charges for over the counter smoking cessation drugs or patches that are not prescribed by a physician.
6. Experimental or investigative drugs.
7. An unreasonable supply of drugs as determined by OptumRx.
8. Expenses which are covered by Workers' Compensation laws or similar laws or which result from an employment-related accident or illness.
9. Drugs paid for by any local, state (except Medi-Cal) or federal government agency, including Medicare.
10. Expenses related to a military service-connected disability.
11. Drugs provided by a hospital or institution for active military personnel or a Veteran's Administration hospital.
12. Expenses that you would not legally have to pay (or would not be charged for) if you had no health care coverage.
13. Drugs needed for an injury you receive while committing or attempting to commit a felony or any illegal activity.
14. Charges resulting from an injury suffered as a result of war or any act of war.
15. Prescriptions drugs prescribed over OptumRx's quantity limits unless approved by OptumRx.

If you require a prescription drug that is not covered under the Prescription Drug Program, please submit a request in writing to the Trust Fund Office, and they will present your appeal at the next Trust Fund meeting, where a decision will be made regarding your request.

## X. WHERE TO FIND MORE INFORMATION

Call OptumRx at (800) 573-0437 or visit the website at [www.optumrx.com](http://www.optumrx.com):

- To find out what pharmacies participate in the OptumRx Retail Network (near your home or if you are traveling)
- To request claim forms and mail order prescription drug forms. Additional claim forms and mail order forms are also available from the Trust Fund Office.
- To find out which drugs on OptumRx's formulary are covered by the Plan
- To request that a pharmacy be added to the OptumRx Retail Network

The OptumRx website and app gives you tools and information to manage your prescription benefits online. You can find a network pharmacy, order refills from Optum Home Delivery, calculate copays, and look up drug information. You can register for the member portal at [optumrx.com](http://optumrx.com) by following the link for "new registration". The OptumRx app can be downloaded from the Apple App Store or Google Play.

### INDEMNITY PLAN PARTICIPANTS MEDICARE-ELIGIBLE RETIREES AND DEPENDENTS

**Medicare Retirees and Dependents:** If you are a Medicare-eligible retiree, you and your other Medicare-eligible family members do not need to enroll in Medicare Part D for prescription drug coverage if you enroll in the Sheet Metal Workers Local 104 Health Care Plan Medicare Prescription Drug Plan (PDP), administered by Optum Rx. You must notify the Plan when you become eligible for Medicare so that you can be enrolled in the Sheet Metal Workers Local 104 Health Care Plan Medicare Prescription Drug Plan (PDP), administered by Optum Rx. You must enroll in Medicare Parts A and B. The prescription drug benefits you currently receive under the Sheet Metal Workers Local 104 Health Care Plan are as good as or better than the standard Medicare Part D prescription drug coverage. Enrolling in Part D prescription drug coverage will increase your overall cost without giving you better benefits than the Plan provides, and might actually jeopardize your benefits under the Plan. As long as you have prescription drug coverage under the Plan, you are considered to have "credible coverage"; therefore, if at some later date you choose to enroll in Medicare Part D, you will not be charged a late penalty for delayed enrollment.

#### **Prescription Drug Benefits: Sheet Metal Workers Local 104 Health Care Plan Medicare Prescription Drug Plan**

Prescription drugs for Medicare-eligible Retirees and Dependents are provided under the Sheet Metal Workers Local 104 Health Care Plan Medicare Prescription Drug Program that is administered by Optum Rx. You will receive coverage information, including a summary of benefits, and your prescription drug ID cards directly from Optum Rx.

You can get your prescriptions filled by a pharmacy that is in the Optum Rx network, either from your local retail pharmacy or through a prescription mail-order service. You will pay the same cost-sharing amount (copayment and/or coinsurance) at any network pharmacy.

**ANNUAL DEDUCTIBLE: \$0**

**OUT-OF-POCKET MAXIMUM:** \$2,500 per individual. Your annual Out-of-Pocket Maximum includes medical and prescription drug expenses that count towards the Out-of-Pocket Maximum. Tier 3 copayments and coinsurance do not count towards your Out-of-Pocket Maximum. For medical expenses that do not count towards your Out-of-Pocket, see “OUT-OF-POCKET MAXIMUM” under the “Medical Benefits” section of this Summary Plan Description.

**COPAYMENTS AND COINSURANCE:**

<b>Covered Prescription Drugs</b>	<b>Retail Pharmacy (up to a 30-day supply)</b>	<b>Retail Pharmacy (up to a 90-day supply)</b>	<b>Home Delivery Pharmacy (up to a 90-day supply)</b>
<b>Tier 1</b> Generic Drugs	\$15	\$30	\$30
<b>Tier 2</b> Preferred Brand Drugs	25% \$15 minimum/ \$50 maximum	50% \$30 minimum/ \$100 maximum	50% \$30 minimum/ \$100 maximum
<b>Tier 3</b> Non-Preferred Brand Drugs	25% \$15 minimum/ No maximum	50% \$30 minimum/ No maximum	50% \$30 minimum/ No maximum
<b>Tier 4</b> Insulin and Diabetes Maintenance Medications	\$0	\$0	\$0

**Medicare Part B and Part D Excluded Drugs:** The Plan offers supplemental coverage on some prescription drugs not normally covered under Medicare Part D and/or Part B.

**Coverage Limitations:**

- **Prior Authorization:** Some drugs require your provider to get prior authorization (approval) from Optum Rx before the drug will be covered.
- **Step Therapy:** You may be required to try one drug to treat your condition before the Plan will cover another drug for that condition.
- **Quantity Limitations:** There are quantity limits on certain drugs, which means that you can only get a certain amount of a drug within a specified timeframe.

**Insulin and Diabetes Maintenance Medications (Tier 4).** The Plan covers medically necessary medications, devices, and supplies used for the treatment of diabetes with \$0 copayment (Tier 4). This includes the following categories of products:

- Medications
  - Alpha-Glucosidase Inhibitors
  - Antidiabetic – Amylin Analogs
  - Antidiabetic – Cellular Therapy
  - Antidiabetic – Dopamine Receptor Agonists
  - Antidiabetic Combinations
  - Biguanides

- Dextrose
- Diazoxide Oral Suspension
- Dipeptidyl Peptidase-4 Inhibitors
- GLP-1
- Glucagon
- Glucose
- Insulin
- Insulin Sensitizing Agents
- Korlym
- Meglitinide Analogues
- Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors
- Sulfonylureas
- Devices
  - Continuous Glucose Meters
  - Glucose Meters
  - Injection Devices
  - Insulin Infusion Pump – both Pump with Tubing and Tubeless Pumps (coverage includes kit, reservoirs, device and medically necessary accessories and supplies)
  - Lancing Device
- Supplies
  - Alcohol Pads
  - Control Solution
  - Insulin Syringe
  - Lancets
  - Pen Needle
  - Test Strips
  - Urine Test Strips
  - Miscellaneous Medically Necessary Supplies

A list of all products currently covered with a \$0 copayment can be obtained from the Trust Fund Office.

**Medication Therapy Management (MTM) Program:** This is a free service offered by Optum Rx. The program helps to make sure you are using drugs that work best to treat your medical condition. It can also help Optum Rx identify possible medication errors. If you meet the criteria, Optum Rx will automatically enroll you in the program and send you information. If you do not wish to participate, please let Optum Rx know and you will be removed from the program.

**Out-of-Network Pharmacy:** If you have prescriptions filled by an out-of-network pharmacy, you must pay the full amount yourself and file a claim with Optum Rx for reimbursement. If the

claim is not approved, there will be no reimbursement. If the claim is approved, you will be responsible for your share of the cost (copayment and/or coinsurance described above), plus the difference between the lower network cost and the amount the pharmacy charged. This difference will not count towards your annual Out-of-Pocket Maximum.

**Drug Coverage Determinations/Exception Requests:** You have the right to request a coverage determination, which is a decision made by the Plan about a drug that you believe should be covered. You may also ask for an exception if you believe you need a drug that is not on the list of covered drugs or that you believe should be covered at a lower out-of-pocket cost. To make a request, your prescriber should contact Optum Rx.

Address: Optum Rx, Prior Authorization Department  
P.O. Box 2975  
Mission, KS 66201  
Phone: 1-866-235-3171, TTY 711  
24 hours a day, 7 days a week  
Fax: 1-844-403-1028

Once a request is submitted, you will receive a decision from Optum Rx within 72 hours for a standard request, or 24 hours if the request has been expedited. Your request will be expedited if Optum Rx determines, or your prescriber informs Optum Rx, that your life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard request.

**Appeals:** If your coverage for a prescription drug is denied, you have the right to appeal that decision by asking for a review from Optum Rx. Your appeal request must be submitted within 60 calendar days from the date of the written decision on your first coverage determination or exception request.

Address: Optum Rx, Prior Authorization Department, c/o Appeals Coordinator  
P.O. Box 2975  
Mission, KS 66201  
Phone: 1-866-235-3171, TTY 711  
24 hours a day, 7 days a week  
Fax: 1-844-403-1028

You may also submit an appeal to the Board of Trustees of the Plan. The Plan's Claims and Appeals Procedures begin on page \_\_\_ of this Summary Plan Description.

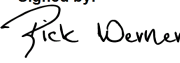
**Optum Rx Member Services:**

Phone (toll-free): 1-855-235-1405

TTY users: 711  
Hours of Operation: Monday – Friday, 8 a.m. – 8 p.m. PST, except holidays  
Website: optumrx.com

**Income Related Monthly Adjustment Amount (IRMAA): This is an additional premium amount that you may be billed for by the Social Security Administration if your modified adjusted gross income as reported on your IRS tax return for 2 years ago is above a certain amount. If your income is \$103,000 or more for an individual in 2022 (or married individuals filing separately) or \$206,000 or more for married couples in 2022, you must pay IRMAA in 2024 directly to the government for your Medicare Part D coverage. The income limits are adjusted annually. To maintain your coverage, if you are billed for IRMAA, you must pay it.**

This Amendment 24 was adopted by the Board of Trustees on June 3, 2025. The Chairman and Co-Chairman were authorized by the Board of Trustees to execute this Amendment on their behalf. This Amendment 24 may be executed in counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same Amendment 24.

Signed by:  
  
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Chairman

Date: 6/4/2025

DocuSigned by:  
  
B33424A5754248C...  
Co-Chairman

Date: 6/26/2025