

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

Amendment 11

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. The “PRESCRIPTION DRUG BENEFIT” section of the “Indemnity Health Plan Summary of Benefits” is revised to read as follows:

PRESCRIPTION DRUG BENEFIT

Indemnity Plan Participants Only

(Kaiser Participants must use a Kaiser facility to obtain prescription drugs)

Prescription drugs are covered through WellDyneRx. See page 65 for a more detailed description of your prescription drug benefits.

RETAIL: (purchased at a network pharmacy) **30-Day Supply**

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); <i>Your copayment does not apply to your annual out-of-pocket maximum.</i>
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. <i>Your copayment does not apply to your annual out-of-pocket maximum.</i>
BRAND (If Generic avail):	\$15 plus the entire difference between the Brand price and Generic price. <i>Your copayment does not apply to your annual out-of-pocket maximum.</i>
WELLASSIST (If applicable):	Partially reduced or, in some instances, eliminated copayment for medications subject to the WellAssist Program. The Plan requires that certain medications that qualify for financial assistance through a manufacturer program participate in the WellAssist program. If your medication qualifies, you will be contacted by WellDyneRx to enroll in the manufacturer assistance program. You are

required to enroll if your medication qualifies for financial assistance. *Your actual out-of-pocket payment applies to your annual out-of-pocket maximum. Manufacturer-funded assistance will not apply to your annual out-of-pocket maximum.*

MAIL: (purchased through WellDyneRx's Mail Order Pharmacy) **90-Day Supply**

Mail Order copayments are two-times the Retail copayments. If Retail copayments are changed, the Mail Order copayments will change accordingly.

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); <i>Your copayment does not apply to your annual out-of-pocket maximum.</i>
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. <i>Your copayment does not apply to your annual out-of-pocket maximum.</i>
BRAND (If Generic avail):	\$30 plus the entire difference between the Brand price and Generic price. <i>Your copayment does not apply to your annual out-of-pocket maximum.</i>
WELLASSIST (If applicable):	Partially reduced or, in some instances, eliminated copayment for medications subject to the WellAssist Program. The Plan requires that certain medications that qualify for financial assistance through a manufacturer program participate in the WellAssist program. If your medication qualifies, you will be contacted by WellDyneRx to enroll in the manufacturer assistance program. You are required to enroll if your medication qualifies for financial assistance. <i>Your actual out-of-pocket payment applies to your annual out-of-pocket maximum. Manufacturer-funded assistance will not apply to your annual out-of-pocket maximum.</i>

NON-NETWORK PHARMACY: You will be reimbursed by WellDyneRx up to the amount WellDyneRx would have paid at an WellDyneRx retail pharmacy. *If you use a non-*

network pharmacy, your copayment does not apply to your annual out-of-pocket maximum.

2. The “I. WELLDYNERX RETAIL NETWORK PHARMACY” section under “Prescription Drug Benefits” is revised to read as follows:

I. WELLDYNERX 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); <i>Your copayment does not apply to your annual out-of-pocket maximum.</i>
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. <i>Your copayment does not apply to your annual out-of-pocket maximum.</i>
BRAND (If Generic avail):	\$15 <i>plus</i> the entire difference between the Brand price and Generic price. <i>Your copayment does not apply to your annual out-of-pocket maximum.</i>
WELLASSIST (If applicable):	Partially reduced or, in some instances, eliminated copayment for medications subject to the WellAssist Program. The Plan requires that certain medications that qualify for financial assistance through a manufacturer program participate in the WellAssist program. If your medication qualifies, you will be contacted by WellDyneRx to enroll in the manufacturer assistance program. You are required to enroll if your medication qualifies for financial assistance. <i>Your actual out-of-pocket payment applies to your annual out-of-pocket maximum. Manufacturer-funded assistance will not apply to your annual out-of-pocket maximum.</i>

WellDyneRx Network Pharmacy – The WellDyneRx is for those who need immediate, short-term prescription medications and medication that cannot be shipped through the mail.

You do not have to file claim forms. The copayments apply to each prescription filled (up to a maximum supply of 30 days per copayment).

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 WellDyneRx Retail Network Pharmacy. The pharmacist uses your ID card and 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 in California participate in the WellDyneRx Retail Network Pharmacies. Additional participating pharmacy information may be obtained by visiting you WellView Member Portal, the WellDyneRx website at www.WellDyneRx, or by calling the WellDyneRx Members Service Representatives at 1-888-479-2000. If the pharmacist dispensing your prescription(s) requires assistance in submitting your claim to WellDyneRx, 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.

WellAssist – Many medications have manufacturer programs that will financially assist patients in the purchase of their high-cost medications. If you are on a medication that qualifies for a financial assistance program, the Sheet Metal Workers Local 104 Health Care Plan requires that you participate in the program. You will be contacted by WellDyneRx to assist in enrolling in the manufacturer assistance program to help offset your copayment responsibility partially or, in some instances, entirely. Please note, 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 and may not apply to out of pocket maximums.

3. The “II. WELLDYNERX MAIL ORDER PHARMACY” section under “Prescription Drug Benefits” is revised to read as follows:

II. WELLDYNERX MAIL ORDER PHARMACY

Prescriptions purchased through the Mail Order Service 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); <i>Your copayment does not apply to your annual out-of-pocket maximum.</i>

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. <i>Your copayment does not apply to your annual out-of-pocket maximum.</i>
BRAND (If Generic avail):	\$30 <i>plus</i> the entire difference between the Brand price and Generic price. <i>Your copayment does not apply to your annual out-of-pocket maximum.</i>
WELLASSIST (If applicable):	Partially reduced or, in some instances, eliminated copayment for medications subject to the WellAssist Program. The Plan requires that certain medications that qualify for financial assistance through a manufacturer program participate in the WellAssist program. If your medication qualifies, you will be contacted by WellDyneRx to enroll in the manufacturer assistance program. You are required to enroll if your medication qualifies for financial assistance. <i>Your actual out-of-pocket payment applies to your annual out-of-pocket maximum. Manufacturer-funded assistance will not apply to your annual out-of-pocket maximum.</i>

WellDyneRx Mail Order Pharmacy – You can use this service to order long-term maintenance medication (generic or brand name). 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 register for Mail Order Pharmacy using the WellView Member Portal by registering at www.WellDyneRx.com. Click “Members” then “Register Now.” Alternatively, you may complete and mail the Mail Order Pharmacy Registration Form to WellDyneRx.

Sending Prescriptions – You can have prescriptions prescribed by your doctor for 90 day or more filled by the Mail Order Pharmacy, assuming you remain eligible for benefits under the Plan. There are three ways to send your prescription to the Mail Order Pharmacy:

1. Electronically: The quickest way to fill your prescription is to ask your doctor to send it electronically to the WellDyneRx Mail Order Pharmacy.
2. By Fax: Your doctor can fax your prescription to 1-888-830-3608 or 1-877-221-1259.
3. By Mail: Mail the original prescription with your Member ID and the patient’s date of birth to WellDyneRx.

Mailing Address: WellDyneRx
P.O. Box 90369
Lakeland, FL 33804

Ordering Refills – You can order refills prescribed by your doctor, assuming you remain eligible for benefits under the Plan. There are three easy ways to refill your prescriptions:

1. Online: Order refills at www.WellDyneRx.com
2. By Mail: Mail the original prescription with your Member ID and the patient's date of birth to WellDyneRx.

Mailing Address: WellDyneRx
P.O. Box 90369
Lakeland, FL 33804

3. By Phone: Order through the WellDyneRx automated phone system by calling the Member Services phone number on your ID Card, press 2 and follow the prompts for mail order information. To access your account, you will be prompted to enter your date of birth, zip code and phone number.

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 WellDyneRx Mail Order Pharmacy 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.

WellAssist – Many medications have manufacturer programs that will financially assist patients in the purchase of their high-cost medications. If you are on a medication that qualifies for a financial assistance program, the Sheet Metal Workers Local 104 Health Care Plan requires that you participate in the program. You will be contacted by WellDyneRx to assist in enrolling in the manufacturer assistance program to help offset your copayment responsibility partially or, in some instances, entirely. Please note, 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 and may not apply to out of pocket maximums.

This Amendment was adopted by the Board of Trustees on December 13, 2022. The Chairman and Co-Chairman were authorized by the Board of Trustees to execute this Amendment on their behalf. This Amendment 11 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 11.



Chairman

Date: 1-24-2023



Co-Chairman

Date: 1/22/23