

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

Amendment 18

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 January 1, 2024, a new “EAP Work/Life Benefits” section is added that reads as follows:

EAP Work/Life Benefits

To provide help and support for all Participants and their eligible Dependents with health and well-being concerns, the Plan provides benefits through Health Advocate. This benefit is available to all participants and dependents, including those under the Kaiser Health Benefit. This benefit is available at no cost to you; there is no copayment, and services are not subject to a deductible. Health Advocate EAP Work/Life Benefit is a confidential resource to help you and your family with any personal and work/life concerns. Services include:

- 24/7 access to licensed/master-level clinicians and work/life specialists.
- Up to 3 counseling sessions per issue per year. Counseling is available by telephone, virtual, or in-person.
- Guidance from specialists for help with legal and financial issues.
- Resources to help you better balance work and life such as childcare, eldercare and more.

To access this benefit or find out more, contact Health Advocate at:

- Telephone: 877.240.6863
- Email: answers@healthadvocate.com
- Website: www.HealthAdvocate.com/members

2. The “Medical Plan Exclusions” section is revised to delete item 3. All subsequent items are renumbered.
3. Effective January 1, 2016, the Indemnity Plan Prescription Drug Benefits covers diabetic maintenance drugs and supplies with no copayment. The “PRESCRIPTION DRUG BENEFIT” section under the “Indemnity Health Plan Summary of Benefits” heading is revised in its entirety to read as follows:

PRESCRIPTION DRUG BENEFIT

Indemnity Plan Participants Only

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

ACTIVES AND NON-MEDICARE RETIREES AND DEPENDENTS

Prescription drugs for Actives and Non-Medicare Retirees and Dependents are covered through OptumRx. See page 65 for a more detailed description of your prescription drug benefits.

RETAIL: (purchased at a network pharmacy) **Up to 90-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 available)	\$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>

INSULIN AND OTHER DIABETES MAINTENANCE DRUGS AND SUPPLIES: Tier 5 - \$0 copayment

MAIL/HOME DELIVERY: (purchased through Optum Home Delivery) **90-Day Supply**

Optum Home Delivery 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:	Tier 3—50% of the cost of a 30-day supply (with a minimum \$30 copay, per Rx, but no

(Non-Formulary)	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 available)	\$30 <u>plus</u> the entire difference between the Brand price and Generic price. <i>Your copayment does not apply to your annual out-of-pocket maximum.</i>
INSULIN AND OTHER DIABETES MAINTENANCE DRUGS AND SUPPLIES:	Tier 5 - \$0 copayment

NON-NETWORK PHARMACY:

You will be reimbursed by OptumRx up to the amount OptumRx would have paid at an OptumRx retail pharmacy. ***If you use a non-network pharmacy, your copayment does not apply to your annual out-of-pocket maximum.***

4. Effective January 1, 2016, the Indemnity Plan Prescription Drug Benefits covers diabetic maintenance drugs and supplies with no copayment. The “Prescription Drug Benefit” section, subsections I. and II. under “Indemnity Plan Participants Actives and Non-Medicare Retirees and Dependents” are revised as follows:

I. OPTUMRX RETAIL NETWORK PHARMACY

Prescriptions purchased at a retail pharmacy are for up to a 90-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); ***Your copayment does not apply to your annual out-of-pocket maximum.***

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. ***Your copayment does not apply to your annual out-of-pocket maximum.***

BRAND: (If Generic available)

\$15 **plus** the entire difference between the Brand price and Generic price. ***Your copayment does not apply to your annual out-of-pocket maximum.***

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 the medication 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 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); <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 available)	\$30 <u>plus</u> the entire difference between the Brand price and Generic price. <i>Your copayment does not apply to your annual out-of-pocket maximum.</i>

INSULIN AND OTHER DIABETES Tier 5 - \$0 copayment
MAINTENANCE 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 (3-month 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 a 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 optumrx.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 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.

5. The “OUT-OF-POCKET MAXIMUM” subsection under the “Medical Benefits” section is revised to read as follows:

OUT-OF-POCKET MAXIMUM

The Plan limits your share of eligible out-of-pocket expenses to \$2,500 individual/\$5,000 family each calendar year. For Medicare-eligible Retirees and Dependents, the out-of-pocket limit is \$2,500 per individual. Once the Out-of-Pocket Maximum is reached, the Plan pays all of your and your eligible dependents’ additional eligible expenses for the rest of the calendar year.

The Out-of-Pocket Maximum does ***not*** include the following:

1. Expenses relating to the use of non-PPO providers except services covered by the No Surprises Act, including:
 - Emergency Services for an Emergency Medical Condition from a Non-PPO Provider or a Non-PPO Facility (unless you received proper notice and consented to the Non-PPO Provider or facility billing rates for post-stabilization services), or
 - Non-Emergency Items or Services from a Non-PPO Provider at a PPO Facility (unless you received proper notice and consented to the Non-PPO Provider billing rates), or
 - Air Ambulance Services from a Non-PPO Provider.
2. Your \$200 hospital deductible for each elective non-contract hospital admission.
3. Any penalties for not using Blue Shield (the Utilization Review Organization).
4. Any expenses for services related to: chiropractic care, acupuncture, foot care, hearing aids, and vision therapy.
5. Any dental or vision expenses.
6. Certain prescription drug expenses, as detailed in the “Prescription Drug Benefits” Section.
7. Any expenses which are not eligible expenses under the Plan.
8. See ‘Other Covered Expenses’ described on page 57. Charges relating to **non-PPO providers** for the services listed do not count toward the out-of-pocket maximum.

6. The definition of “DEDUCTIBLE” in the “Definition of Terms” section is revised to read:

DEDUCTIBLE

There is a deductible for all employees in the Indemnity Plan as follows: \$300 per person per calendar year, with a family maximum of \$600 per calendar year.

This Amendment 18 was adopted by the Board of Trustees on June 21, 2024. The Chairman and Co-Chairman were authorized by the Board of Trustees to execute this Amendment on their behalf. This Amendment 18 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 18.



Chairman

Date: 6/25/2024 | 9:41 AM EDT



Co-Chairman

Date: 6/30/2024 | 2:26 PM PDT