

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

Amendment 14

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 April 1, 2023, the Plan's prescription drug provider for all indemnity participants is changed from WellDyneRx to OptumRx. Effective July 1, 2023, the pharmacy benefit for Medicare-eligible Retirees and Dependents on the indemnity plan is changed to Humana Group Medicare Prescription Drug (PDP) Plan. All references to WellDyneRx throughout the Summary Plan Description are revised to OptumRx or Humana Group Medicare Prescription Drug (PDP) Plan as appropriate.
2. 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) 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:	Tier 4 – 20% of the cost of the prescription (with a minimum \$15 copay and a

(Formulary)	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>

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: (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 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>

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.*

MEDICARE-ELIGIBLE RETIREES AND DEPENDENTS

Prescription drugs for Medicare-eligible Retirees and Dependents are provided under the Humana Group Medicare Prescription Drug (PDP) Plan. See page ____ for a more detailed description of your prescription drug benefits.

ANNUAL DEDUCTIBLE: \$0

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

GENERIC:	Tier 1 - \$15
PREFERRED BRAND:	Tier 2 - 25% of the cost of the prescription (with a minimum \$15 copay and a maximum \$ 50 copay, per Rx)
NON-PREFERRED BRAND:	Tier 3 - 25% of the cost of the prescription (with a minimum \$15 copay per Rx, but no maximum)
SPECIALTY	Tier 4 - 20% of the cost of the prescription (with a minimum \$15 copay and a maximum \$50 copay, per Rx)

RETAIL: (purchased at a network pharmacy) 90-Day Supply

GENERIC:	Tier 1 - \$45
PREFERRED BRAND:	Tier 2 - 25% of the cost of the prescription (with a minimum \$45 copay and a maximum \$ 150 copay, per Rx)
NON-PREFERRED BRAND:	Tier 3 - 25% of the cost of the prescription (with a minimum \$45 copay per Rx, but no maximum)
SPECIALTY	N/A

MAIL: (purchased through Humana Medicare Prescription Plan Mail Order Pharmacy) 30-Day Supply

GENERIC:	Tier 1 - \$15
PREFERRED BRAND:	Tier 2 - 25% of the cost of the prescription (with a minimum \$15 copay and a maximum \$50 copay, per Rx)
NON-PREFERRED BRAND:	Tier 3 - 25 % of the cost of the prescription (with a minimum \$15 copay per Rx, but no maximum)

SPECIALTY Tier 4 – 20% of the cost of the prescription (with a minimum \$15 copay and a maximum \$50 copay, per Rx)

MAIL: (purchased through Humana Medicare Prescription Plan Mail Order Pharmacy)
90-Day Supply

GENERIC: Tier 1 - \$30
PREFERRED Tier 2 – 50% of the cost of the prescription (with a minimum \$30
BRAND: copay and a maximum \$100 copay, per Rx)
NON-PREFERRED Tier 3 – 50% of the cost of the prescription (with a minimum \$30
BRAND: copay per Rx, but no maximum)
SPECIALTY Limited to 30-day supply

3. The “PRESCRIPTION DRUG BENEFIT” section is revised in its entirety to read as follows:

Prescription Drug Benefits

KAISER HEALTH PLAN PARTICIPANTS

- 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.

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); <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 <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>

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 (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 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 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>

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.

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 packaging – at no cost to you for standard shipping.

You can have your specialty prescriptions filled by calling a specialty representative at 1-800-573-0437 or registering online at 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 Members 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 prescriptions refilled on the same day. Prescriptions are refilled for less than the normal prescribed day supply to align the refill date across multiple prescriptions.

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.

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, and glucose monitors (limited to \$100), 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:

- 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 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— 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 as long as you enroll in the Humana Group Medicare Prescription Drug (PDP) Plan. 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 "creditable 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.

I. Prescription Drug Benefits: Humana Group Medicare Prescription Drug (PDP) Plan

Prescription drugs for Medicare-eligible Retirees and Dependents are provided under the Humana Group Medicare Prescription Drug (PDP) Plan. You must notify the Plan when you become eligible for Medicare so that you can be enrolled in the Humana Group Medicare Prescription Drug (PDP) Plan. Please see your Humana Evidence of Coverage document for specific coverage information.

ANNUAL DEDUCTIBLE: \$0

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

GENERIC:	Tier 1 - \$15
PREFERRED BRAND:	Tier 2 – 25% of the cost of the prescription (with a minimum \$15 copay and a maximum \$ 50 copay, per Rx)
NON-PREFERRED BRAND:	Tier 3 – 25% of the cost of the prescription (with a minimum \$15 copay per Rx, but no maximum)
SPECIALTY	Tier 4 – 20% of the cost of the prescription (with a minimum \$15 copay and a maximum \$50 copay, per Rx)

RETAIL: (purchased at a network pharmacy) 90-Day Supply

GENERIC:	Tier 1 - \$45
PREFERRED BRAND:	Tier 2 – 25% of the cost of the prescription (with a minimum \$45 copay and a maximum \$ 150 copay, per Rx)
NON-PREFERRED BRAND:	Tier 3 – 25% of the cost of the prescription (with a minimum \$45 copay per Rx, but no maximum)
SPECIALTY	N/A

MAIL: (purchased through Humana Medicare Prescription Plan Mail Order Pharmacy) 30-Day Supply

GENERIC:	Tier 1 - \$15
PREFERRED BRAND:	Tier 2 – 25% of the cost of the prescription (with a minimum \$15 copay and a maximum \$50 copay, per Rx)
NON-PREFERRED BRAND:	Tier 3 – 25 % of the cost of the prescription (with a minimum \$15 copay per Rx, but no maximum)
SPECIALTY	Tier 4 – 20% of the cost of the prescription (with a minimum \$15 copay and a maximum \$50 copay, per Rx)

MAIL: (purchased through Humana Medicare Prescription Plan Mail Order Pharmacy) 90-Day Supply

GENERIC:	Tier 1 - \$30
PREFERRED BRAND:	Tier 2 – 50% of the cost of the prescription (with a minimum \$30 copay and a maximum \$100 copay, per Rx)
NON-PREFERRED BRAND:	Tier 3 – 50% of the cost of the prescription (with a minimum \$30 copay per Rx, but no maximum)
SPECIALTY	Limited to 30-day supply

II. Advocate Team: RetireeFirst

The Plan has retained RetireeFirst to provide support for Medicare-eligible Retirees and dependents for their prescription drug benefits. RetireeFirst is an advocacy group that can assist you with your prescription drug needs. If you have questions about the Humana Group Medicare Prescription Drug (PDP) Plan, please contact a **Retiree Advocate with RetireeFirst at 925-218-0719 (TTY 711) or Toll-Free 855-433-1626 (TTY 771).**

The following questions can be directed to RetireeFirst:

- ID card replacements
- Whether your drug is or is not on the formulary
- Locating an in-network retail pharmacy
- Mail order
- Vacation overrides
- Pharmacy/provider outreach

This Amendment 14 was adopted by the Board of Trustees on June 13, 2023. The Chairman and Co-Chairman were authorized by the Board of Trustees to execute this Amendment on their behalf. This Amendment 14 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 14.

Rick Werner

Chairman

Date: 7/10/2023 | 9:22 PM EDT

Sean O'Donoghue

Co-Chairman

Date: 7/10/2023 | 8:54 AM PDT