Asbestos Workers Local 24 Medical Fund
Asbestos Workers Local 24 Pension Fund

7130 Columbia Gateway Drive, Suite A
Columbia, MD 21046

(410) 872-9500
(410) 872-1275 Fax

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ASBESTOS WORKERS LOCAL 24 MEDICAL FUND
Summary of Material Modification # 13

The Board of Trustees of the Asbestos Workers Local 24 Medical Fund ("Fund") announces the following benefit change. Please keep this SMM with your Summary Plan Description.

I. PrudentRx Specialty Drug Copay Management

Effective September 1, 2024, the Fund will be utilizing PrudentRx for specialty drug copay management. The description of your prescription drug benefits (see pages 53-58 of the Summary Plan Description) is modified by adding the following.

In order to provide a comprehensive and cost-effective prescription drug program for you and your family, the Fund has contracted with PrudentRx for copay management of certain specialty medications (also known as the "Prudent Rx Solution"). PrudentRx assists members by helping them enroll in manufacturer copay assistance programs. **All medications on the PrudentRx Program Drug List are automatically included in the program and will be subject to a 30% co-insurance, after satisfaction of any applicable deductible. However, if a member is participating in PrudentRx, which includes enrollment in an available manufacturer copay assistance program for their specialty medication, the member will incur $0 out-of-pocket responsibility for their prescriptions covered under the PrudentRx Program Drug List**.

Prescription drugs that are not on the PrudentRx Program Drug List are not subject to the 30% copay. Instead, patient cost-sharing for those drugs will continue to be determined by the chart on page 54 of the SPD.

Copay assistance is a process in which drug manufacturers provide financial support to patients by covering all or most of the patient cost share for select medications—in particular, specialty medications. PrudentRx will assist members in obtaining copay assistance from drug manufacturers to reduce a member's cost share for eligible medications thereby reducing out-of-pocket expenses. Participation in the program requires certain data to be shared with the administrators of these copay assistance programs; any sharing of data is done in compliance with HIPAA.

If you currently take one or more specialty medications included in the PrudentRx Program Drug List, you will receive a welcome letter from PrudentRx that provides information about PrudentRx as it pertains to your medication. All eligible members must call PrudentRx at 1-800-578-4403 to register for any manufacturer copay assistance program available for your specialty medication as some manufacturers require you to sign up to take advantage of the copay assistance that they provide for their medications. If you do not call PrudentRx, PrudentRx will reach out to you to assist with questions and enrollment. If you choose to opt out of the PrudentRx's copay management program, you must call 1-800-578-4403. **Members who fail to enroll in an available manufacturer copay assistance program or who opt out of the PrudentRx copay management program will be responsible for the full amount of the 30% co-insurance on specialty medications that are covered under the PrudentRx Program Drug List**.

If you or a covered family member are not currently taking, but will start a new medication covered under the PrudentRx Program Drug List, you can reach out to PrudentRx or they will proactively contact you so that you can take full advantage of the program. PrudentRx can be reached at 1-800-578-4403 to address any questions regarding the PrudentRx copay management program. The PrudentRx Program Drug List may be updated periodically.

Payments made on your behalf, including amounts paid by a manufacturer's copay assistance program, for medications covered under the PrudentRx copay management program will not count toward your plan deductible or out-of-pocket maximum (if any), unless otherwise required by law. Also, payments made by you for a medication that does not qualify as an "essential health benefit" under the Affordable Care Act, will not count toward your deductible or out-of-pocket maximum (if any), unless otherwise require by law. A list of specialty medications that are not considered to be "essential health benefits" under the Affordable Care Act is available. An exception process is available for determining whether a medication that is not an "essential health benefit" under the Affordable Care Act is medically necessary for a particular individual.

PrudentRx can be reached at 1-800-578-4403 to address any questions regarding the PrudentRx copay management program.

II. Independent Review of Denied Appeal

The following procedures on external review are effective for claims on or after September 1, 2024. The section of your SPD entitled "Claims and Appeals" (pages 74 to 83 in your SPD) is modified by adding the following language:

Once your appeal rights as described above are exhausted, you can ask for an independent external review unless the denial, reduction, termination, or a failure to provide payment for a benefit was based on a determination that you or your Dependent or Beneficiary failed to meet the requirements for eligibility under the Plan. The following procedure will apply:

1. If the Board of Trustees denies your claim, you may file a request for external review within four months of the claim denial.

2. Within five business days of receiving the request for external review, the Fund Office will complete a preliminary review regarding your eligibility for coverage, exhaustion of internal appeals, and completion of forms required for an external review. If your request does not satisfy the preliminary review elements, the Fund Office must notify you within one business day after the preliminary review. If the request is incomplete, you will have at least 48 hours or up to the initial four-month period, to perfect the request for external review. If the request for external review is expedited, the Fund Office must respond immediately.

3. The Fund has contracted with unbiased accredited Independent Review Organizations ("IRO"), which are required to:
    a. Use legal experts when appropriate.
    b. Timely contact you in writing with information about the review, including how to submit additional information.
    c. To consider documentation provided by the Fund Office relevant to your claim. The Fund Office must submit this material within five business days of the request for external review or, for an expedited review, as soon as possible.
    d. To review your claim de novo, considering all relevant available information, including applicable practice standards and opinion from the IRO's own clinical reviewers. The IRO must send written notice of its decision to you and to the Fund Office within 45 days of the request for external review. Notice of the decision must explain the potential for judicial review.

4. If an IRO reverses a claim denial, the Fund must immediately cover the claim. The IRO's decision is binding on the Fund.

III. Hazmat Mechanic

Effective January 1, 2024, Employees reported as Hazmat Handler Mechanics are covered under the regular Plan of Benefits. Hazmat Handlers not classified as Mechanics will continue to be covered under the Hazmat Plan of Benefits (Summary Plan Description – page 10).

REMINDERS!!!

IV. Dependent Coverage

Remember that children of Employees continue to be covered by the Fund until they reach age twenty-six (26). Natural, adopted, step and foster children no longer have to remain unmarried or show they are dependent upon the Employee for support. "Children" also include other children who depend upon the Employee for support and who live with the Employee in a regular parent-child relationship. Except as otherwise provided in the Summary Plan Description, coverage for your Eligible Dependent child will end on the last day of the month in which the child turns age 26.

Each Covered Child or other dependent must be listed on a "Dependent Eligibility Form" signed by the Employee and filed with the Fund Office, along with evidence or proof of status satisfactory to the Trustees. Each change in Dependent enrollment after the initial enrollment must be submitted with evidence or proof of Child or other Dependent status satisfactory to the Trustees.

V. Change in Marital Status

If you become divorced, your former spouse is no longer covered as of the effective date of your divorce. You are required to notify the Fund immediately if you become divorced. If you fail to notify the Fund, your former spouse's continued use of Fund coverage after the date of the divorce will be considered an act of fraud, and you and your spouse will be responsible for repaying the Fund for any benefits so provided. Furthermore, as provided on page 21 of the Summary Plan Description, you and your former spouse have sixty (60) days from the date your divorce becomes effective to notify the Fund Office in order to self-pay for continued coverage under the Fund's COBRA self-payment rules.

VI. Medicare Reminder

Please remember, ***if you are a Retiree or a Dependent, you are required to enroll in Medicare Parts A and B as soon as you are eligible***. Medicare is generally available to all individuals who are either disabled or age 65 and has three parts – Hospital Insurance (Part A), Medical Insurance (Part B) and Prescription Drug Benefits (Part D). Part A covers inpatient Hospital care and generally is available at no cost. Part B covers doctors' services, outpatient hospital services and other medical supplies and requires a monthly premium. Part D covers prescription drugs and also requires a monthly premium. *If you are a Medicare-eligible Retiree or Dependent, you are required to sign up for Medicare Parts A and B, even though you will have to pay a premium for Part B.* **You are *not* required to sign up for Part D (Prescription Drug Coverage).** For a full explanation, *see* the Summary Plan Description, p. 70 and the Annual Medicare Prescription Drug notice, or contact the Fund Office.

VII. Grandfathered Plan

Effective September 1, 2024, this Plan is no longer treated as a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). Please contact the Fund Office if you have questions about this change in status.

VIII. Credit Cards Accepted by Medical Fund

The **Asbestos Workers Local 24 Medical Fund** accepts credit card payments for self-pays, those electing COBRA and direct pay of retiree premiums. All major credit cards **except** American Express are accepted.

Retirees who elect to make a direct quarterly payment of retiree premiums may request the form from the Fund Office if they wish to charge their premiums to a credit card. A separate form will be required for each payment being authorized to the credit card and will not be automatically recharged each quarter.

Please note that if you elect to make your self-pay by credit card and any adjustments are made later (due to credit for late hours received, reciprocity, sick hours, etc.,) the same credit card will be refunded for the calculated adjustment.

IX. Board of Trustees

The Board of Trustees of the Asbestos Workers Local 24 Medical Fund is:

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Laurel, MD 20707

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901 Montgomery Street
Laurel, MD 20707

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Hanover, MD 21076

Very truly yours,

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