



Indiana/Kentucky/Ohio Regional Council of Carpenters' Welfare Fund

P.O. Box 969, Troy, MI 48099-0969
(800) 700-6756

**To: All Participants of the Indiana/Kentucky/Ohio Regional Council of Carpenters
Welfare Fund**

From: Trustees of the Indiana/Kentucky/Ohio Regional Council of Carpenters Welfare Fund

Please read this notice carefully. It contains important information about changes to the IKORCC Welfare Fund plan document (Plan). Please keep this notice with your IKORCC Welfare Fund Summary Plan Description (SPD).

GLP-1 MEDICATIONS FOR WEIGHT LOSS FOR ACTIVES AND PRE-MEDICARE PARTICIPANTS

Some of you may have received a notice regarding changes to coverage for weight loss drugs taking effect July 1, 2024. On further review, no changes will be made regarding coverage for weight loss drugs until October 1, 2024. Those changes are set forth below.

What are the minimum qualifications for coverage?

Effective October 1, 2024, to be able to obtain coverage for a weight loss drug or GLP-1 medication for weight loss, at a minimum, a covered person must meet all the following requirements at the time the drug is started:

- (a) Be at least 18 years of age.
- (b) Have a body mass index (BMI):
 - (i) Equal or greater than 32; or
 - (ii) Equal or greater than 27 and have at least two of the following risk factors:
 - (A) Type 2 diabetes
 - (B) Hypertension
 - (C) Dyslipidemia
 - (D) Obstructive sleep apnea
 - (E) Cardiovascular or coronary artery disease
 - (F) Knee osteoarthritis
 - (G) Asthma
 - (H) Chronic obstructive pulmonary disease
 - (I) Non-alcoholic fatty liver disease
 - (J) Polycystic ovarian syndrome
- (c) Submit evidence that the covered person will or has been engaged in behavioral modification and a reduced-calorie diet

IMPORTANT NOTE FOR THOSE ALREADY RECEIVING COVERAGE FOR WEIGHT LOSS DRUGS: As of October 1, 2024, if you would not have qualified for coverage under the new criteria when you began taking the drug, you will no longer be approved for coverage. Here are two examples of how this will work:

Example 1: On June 1, 2024, Participant A had a BMI of 31 and was approved for weight loss drug coverage. As of October 1, assuming Participant A's BMI is under 32, Participant A will not be eligible for continued coverage unless Participant A otherwise meets the new criteria.

Example 2: On June 1, 2024, Participant B had a BMI of 33 (baseline BMI) and was approved for weight loss drug coverage. As of October 1, Participant B has a BMI of 31 and, assuming all other coverage requirements are met, will be eligible for continued coverage because Participant B's baseline BMI meets the new criteria.

What other criteria must be met to obtain coverage for weight loss drugs?

Coverage is also subject to the following conditions:

- (a) Prior authorization is required for coverage to begin and then at least once per year in subsequent years. For each prior authorization after initial approval, have or maintain a 5% weight loss from initial weight.
- (b) Enrollment and engagement with Omada, a virtual health program, provided by Express Scripts, the pharmacy benefits manager (PBM). Omada helps members create healthier habits to achieve long-lasting results. To continue coverage of a weight loss medication, you must meet the following requirements each month:
 - (1) Use the Omada app four times a month, by doing lessons or engaging with your health coach, peer group or online community.
 - (2) Weigh in four times a month using the smart scale provided by Omada.

To enroll in Omada, register or log in to esrx.com/healthsolutions on or after October 1, 2024, to get your Access Code. Then sign up at omadahealth.com/esi or download the Omada mobile app. Please see the enclosed brochure.

If you want your weight loss GLP-1 medication to be covered by your plan, ask your doctor to visit the Express Scripts online portal at esrx.com/PA or call Express Scripts at 800.417.1764 to arrange for a review **on or after October 1, 2024. If your doctor doesn't visit esrx.com/PA or call and get approval, you'll be responsible for the full cost.**

A list of covered weight loss drugs and the applicable drug eligibility criteria are available at the Fund Office or by contacting Express Scripts, the PBM at 800.867.4518. The list of covered drugs and eligibility criteria may change from time to time.

**GLP-1 MEDICATIONS FOR DIABETES FOR ACTIVES AND
PRE-MEDICARE PARTICIPANTS**

If you are diabetic and have been prescribed a GLP-1, the above requirements do not apply to you to begin or to continue receiving this drug provided Express Scripts has confirmation of your diabetes diagnosis. If they do not have this, Express Scripts will reach out to your treating provider for this information.

W2747713

**INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL
OF CARPENTERS' WELFARE FUND
P.O. BOX 969
TROY, MICHIGAN 48099-0969**



Important Fund Information

PRESORTED
FIRST CLASS MAIL
U.S. Postage
PAID
ABC Mailing, Inc.
48035