

## ★★ SUMMARY OF MATERIAL MODIFICATIONS ★★

January 2018

To All Employees and Dependents:

This Summary of Material Modifications (SMM) is an amendment to your Plan Document/Summary Plan Description (SPD) booklet, which was effective January 1, 2012, to formalize language incorporating recent Trustee actions regarding your Plan.

### **Reduced Specialty Drug Copayments through EnvisionRx Managed Copay Program**

Currently, Active Employees and Dependents in Plans A, B, and C receive specialty drug coverage through Costco Specialty Pharmacy. Effective January 1, 2018, specialty drug services will be provided by EnvisionPharmacies Specialty Pharmacy.

Effective February 1, 2018, the Plan will implement the EnvisionRx Managed Copay Program. Eligible Persons may access reduced copayments for certain specialty drugs by opting in to the EnvisionRx Managed Copay Program and by filling prescriptions for specialty drugs at an EnvisionPharmacies Specialty Pharmacy. The EnvisionRx Managed Copay Program may affect copayments for specialty drugs used to treat asthma, cystic fibrosis, drug dependency, hepatitis C, hematology, inflammatory conditions, multiple sclerosis, cancer, osteoporosis, PCSK9 inhibitors, and RSV. Eligible Persons who opt in to the EnvisionRx Managed Copay Program will have their actual copayment cost counted toward their maximum annual copayment for specialty drugs. Medications within the EnvisionRx Managed Copay Program may only be filled for a maximum of 30 days. All specialty drugs covered by the Plan, whether included in the EnvisionRx Managed Copay Program or not, must be purchased through EnvisionPharmacies Specialty Pharmacy.

*(over)*

The **Schedule of Benefits for Comprehensive Major Medical Benefits for Plans A, B, and C Active Employees and Dependents** on page vi will be revised to include this change:

<b><i>Specialty medications through EnvisionPharmacies Specialty Pharmacy:</i></b>	
Preferred Generic and Brand: 30-day supply	20%; Maximum Copayment: \$100
Non-Preferred Generic and Brand: 30-day supply	20%; Maximum Copayment: \$350
Out-of-Pocket Maximum	
Per Eligible Person per Calendar Year	\$2,000
Per Family per Calendar Year	\$4,000
<b><i>Specialty medications through EnvisionRx Managed Copay Program:</i></b>	
<i>Eligible Person must opt in to EnvisionRx Managed Copay Program to receive discounts on copayments for certain specialty drugs.</i>	
<i>Each 30-day supply must be filled through EnvisionRx Specialty Network.</i>	
<i>Eligible Person's copayment for each 30-day supply: 20%, to a maximum of \$100 for preferred generic and brand, and to a maximum of \$350 for non-preferred generic and brand, less reduction on specialty medications covered by the EnvisionRx Managed Copay Program.</i>	
Plan pays 100% of covered expenses in excess of such Preferred Provider Pharmacy (PPRx) Out-of-Pocket Maximums for the remainder of that Calendar Year.	
The PPRx Out-of-Pocket Maximum includes all Deductibles, Copayments, and Eligible Person's Coinsurance for PPRx covered expenses. These Out-of-Pocket Maximums are separate from and <u>do not</u> apply to the Comprehensive Major Medical Out-of-Pocket Maximums.	

Also, the **Specialty Drugs** section, under **Preferred Provider Pharmacy**, on page III-2, will be restated in its entirety to reflect this change:

*You must purchase specialty medications through EnvisionPharmacies Specialty Pharmacy as stated in the Schedule of Benefits. Specialty drugs are prescription medications that require special handling, administration, or monitoring. These drugs are used to treat complex, chronic, and often costly conditions such as cancer, hepatitis C, HIV/AIDS, multiple sclerosis, psoriasis, and rheumatoid arthritis. EnvisionPharmacies Specialty Pharmacy not only provides access to high-cost injectable and oral specialty medications, it ensures that you receive the most appropriate treatment for your condition and/or prescribed therapy.*

*You may receive reduced copayments for certain specialty drugs through the EnvisionRx Managed Copay Program. You must opt in to the EnvisionRx Managed Copay Program and fill each prescription for your specialty drug through EnvisionPharmacies Specialty Pharmacy to receive reduced copayments. Only the amount you actually pay will count toward your maximum annual copayment on specialty drugs as stated in the Schedule of Benefits. The drugs covered by the EnvisionRx Managed Copay Program may change from time to time, as determined by Envision. You may contact Envision to determine if a drug is covered by the EnvisionRx Managed Copay Program. Alternatively, Envision may contact you to ask if you want to participate in the EnvisionRx Managed Copay Program as part of care management for your condition. Medications covered under the EnvisionRx Managed Copay Program are limited to a 30-day supply per prescription fill.*

*If you have not opted in to the EnvisionRx Managed Copay Program, you can purchase one 30-day supply of a specialty medication at a network retail pharmacy (except for hepatitis C drugs); then each 30-day supply must be filled through EnvisionPharmacies Specialty Pharmacy. **If you have opted in to the EnvisionRx Managed Copay Program, you must purchase your 30-day supply of a specialty medication at an EnvisionPharmacies Specialty Pharmacy.***

*EnvisionPharmacies Specialty Pharmacy provides the convenience of receiving your specialty medications through express delivery to the location of your choice. You can choose to have your medication delivered to your home or Physician's office. To receive a specialty medication through EnvisionPharmacies Specialty Pharmacy, please call 1-877-437-9012 **at least 14 calendar days** before your current prescription is due to run out to enroll.*

Please keep this SMM with your Plan Document/Summary Plan Description (SPD) booklet for future reference. If you have any questions, please call the Fund Office at (218) 728-4231, or toll-free at 1-800-570-1012.

Yours very truly,

THE BOARD OF TRUSTEES

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