## Northern Minnesota-Wisconsin Area Retail Food Health & Welfare Fund

UFCW Local 1189

Administered by Wilson-McShane Corporation

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## **SUMMARY OF MATERIAL MODIFICATIONS**

The Board of Trustees has amended the Plan Document and Summary Plan Description ("SPD"). This notice summarizes the changes to the SPD and the effective dates of the changes.

## **Effective January 1, 2025**

1. The deductible and maximum out-of-pocket amounts are as follows:

	Single	Family
Medical Deductible	\$600	\$1,800
Medical Out-Of-Pocket Maximum	\$5,600	\$11,000
Prescription Drug Deductible	\$0	\$0
Prescription Drug Out-Of-Pocket Maximum	\$3,000	\$5,000

- 2. For a physician office/hospital visit, out-of-network preventive care visit, telemedicine visit, retail clinic visit, or Doctor on Demand visit, your cost-sharing obligation is 20% of the allowed amount (there is no copayment, and these visits are not subject to the annual deductible). This rule does not apply to an in-network preventive care visit, or an in-network or out-of-network chiropractic, optometric, or dental visit the terms of coverage for such visits are unchanged.
- 3. The Plan will generally cover up to a 90-day supply of a brand name or generic prescription drug that you obtain from an in-network retail or mail order pharmacy.
- 4. If you fill a prescription for a brand name or generic maintenance drug at a retail pharmacy, the Plan will generally cover the drug only if the prescription is for a 90-day supply. A 30-day supply of a maintenance drug will generally not be covered. A drug is a "maintenance drug" if it used on a regular basis to treat chronic conditions such as high blood pressure, high cholesterol and diabetes. You can contact the MedImpact (formerly Elixir) Customer Care at 800-361-4542 to find out whether a drug is a maintenance drug. If you are prescribed a maintenance drug, ask your healthcare provider to write your prescription for a 90-day supply.
- 5. Notwithstanding the requirement that brand name or generic maintenance drugs be filled in 90-day supplies, when you are first prescribed a maintenance drug the first two fills at retail may be in 30-day supplies.

Please retain this notice with your current copy of the Plan Document and Summary Plan Description. If you have any questions about the Plan, contact the Fund Office at (218) 728 4231 or (877) 752-3863. Except as expressly described in this SMM, the terms of the SPD are unchanged. This Summary of Material Modification provides only highlights of recent changes to the Plan Document and Summary Plan Description. This SMM will be disregarded for purposes of administering the SPD. Contact the Fund Office for a copy of the SPD and all amendments. The Trustees reserve the right to amend, modify or terminate the SPD at any time.

REMINDER: If your address, telephone number, or email address has changed, or if you have married, divorced, had a child, or had a similar event, contact the Fund Office at (218) 728 4231 or (877) 752-3863 to update your contact, dependent, or beneficiary information.