

Central Pennsylvania Teamsters Health and Welfare Fund

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TO ALL PARTICIPANTS COVERED UNDER THE
CENTRAL PENNSYLVANIA TEAMSTERS
HEALTH & WELFARE FUND

SUMMARY OF MATERIAL MODIFICATIONS

This Summary of Material Modifications (“SMM”) describes changes to the Central Pennsylvania Teamsters Health & Welfare Fund Active Plan Document (“APD”), Master Plan Document (“MPD”) and Summary Plan Description (“SPD”) with respect to coverage of certain office visits and prescription drug benefits. Keep this SMM with your APD, MPD, or SPD, so that when you refer to the APD, MPD, or SPD, you will be reminded of the changes described in this notice.

Variable Co-Pay Program

Effective 11/1/2023, the Fund has adopted the Variable Copay Program (the “Copay Program”). The Copay Program assists Participants and their Eligible Dependents by helping them utilize drug manufacturers’ discounts for a certain class of their prescriptions. By receiving the drug manufacturers’ discount, your copay for certain brand or brand specialty medications will only be an amount ranging from \$0 to \$150 depending on your specific prescription.

The Copay Program will assist you and your Eligible Dependents in obtaining copay assistance from drug manufacturers, which will reduce your cost share for eligible medications and will significantly reduce the cost paid by the Fund, as much as 48% of the overall cost of the drug.

If you are already receiving your prescriptions through the Fund’s specialty pharmacy, you need not take any further action to receive this benefit. If you are new to the specialty pharmacy please have your doctor provide your insurance information to the specialty pharmacy.

The drugs included in the Copay Program may be updated periodically by GPB. [Contact GPB at (800) 314-2234 for a list of drugs included in the copay program.] GPB is also available to address any other questions you may have regarding the Copay Program.

If you have any questions about this SMM, please contact the Fund Office.