



LOCAL

ROAD CARRIERS

707

WELFARE AND PENSION FUNDS

14 FRONT STREET, STE. 301 • HEMPSTEAD, NY 11550-3602
Phone: (516) 560-8500 • Fax: (516) 486-7375

Summary of Material Modification “Plan A”

We are sending you this Summary of Material Modifications (“SMM”) regarding your prescription drug coverage under the Road Carriers Local 707 Welfare Fund (the “Fund”). This notice corrects some typographical errors in the Fund’s most recent Summary Plan Description and clarifies coverage limits and provisions for semaglutide drugs (such as Ozempic). The terms set forth in this SMM became effective as of January 1, 2023.

1. Copayment for Prescription Drugs

The Fund covers the costs of prescription drugs, subject to the following copayments:

- a. Drugs obtained from an In-Network Retail Pharmacy:
 - Generic prescription drugs are subject to a \$5 copayment.
 - Brand-name prescription drugs that have no generic equivalent are subject to \$25 copayment.
 - Brand-name prescription drugs that have a generic equivalent are subject to \$40 copayment plus the price spread, which is the difference between the cost of the brand-name drug and the generic equivalent.
- b. Drugs obtained through the Allegiant Rx Mail Order Program (90-day supply):
 - Generic prescription drugs are subject to a \$10 copayment.
 - Brand-name prescription drugs that have no generic equivalent are subject to a \$50 copayment.
 - Brand-name prescription drugs that have a generic equivalent are subject to an \$80 copayment plus the price spread, which is the difference between the cost of the brand-name drug and the generic equivalent.

2. Limitation for Semaglutide Medications

The Fund will not cover semaglutide medications for any off-label use, including weight loss. A covered individual must meet the criteria established by the Fund in conjunction with its pharmacy benefits manager, Allegiant Rx, to obtain coverage for such medications. The Fund and Allegiant Rx reserve the right to require such information as they deem necessary to continue covering semaglutides at any time after granting coverage for a semaglutide medication.



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Notice of Grandfathered Health Plan

The Board of Trustees of the Road Carriers Local 707 Welfare Fund believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at (516)560-8500. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

You should keep this Notice together with your Summary Plan Description at all times. The two documents should be read together for an accurate depiction of your current health plan benefits. If you have any questions, contact the Fund office.

Plan Sponsor: Board of Trustees of the Road Carriers’ Local 707 Welfare Fund.

Sponsor’s EIN: 11-2159859

Plan Number: 501

Plan Year: September 1 to

August 31