



Connecticut Pipe Trades Health Fund

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This Notice Contains Important Information Regarding Your Health Fund Benefits

Date: October 30, 2024

To: Active and Non-Medicare Participants of the Connecticut Pipe Trades Health Fund

From: The Board of Trustees of the Connecticut Pipe Trades Health Fund

As the Board of Trustees of the Connecticut Pipe Trades Health Fund (the “Fund”), we are proud of the coverage and benefits the Fund provides to meet the needs of our participants and their families. Please read this notice carefully and share it with your family.

EXPRESS SCRIPTS IS THE PHARMACY BENEFIT MANAGER (PBM) EFFECTIVE JANUARY 1, 2025

For the past several years, Capital Rx has been the PBM for the Fund’s Prescription Drug Benefit, including retail, mail-order and specialty medications. However, beginning January 1, 2025, Express Scripts (in partnership with the United Association) will be the new PBM for the Fund’s Prescription Drug Benefit, including retail, mail-order and specialty medications. All participants will be receiving a new prescription drug ID card reflecting this change to Express Scripts in the mail in December.

Please keep an eye out for the Express Scripts Welcome Kit via US Mail that includes additional information regarding your prescription drug benefits, as well as your new prescription drug ID card that you will need to present at your pharmacy on and after January 1, 2025.

Your 2025 copays for retail and mail-order prescription drugs are the same as they are currently, as summarized below:

	Generic	Preferred Brand-Name	Non-Preferred Brand-Name
Retail <i>(30-day supply)</i>	\$15 copay	\$40 copay	\$60 copay
Retail <i>(90-day supply)</i>	\$25 copay	\$50 copay	\$90 copay
Mail-Order <i>(90-day supply)</i>	\$25 copay	\$50 copay	\$90 copay

Note that all PBMs have different preferred drug lists (or formularies). As a result, it is possible the medication you are currently taking might change from “preferred” to “non-preferred”, “non-preferred” to “excluded”, or vice versa. In the rare event that you are negatively impacted by this change, you will be receiving a letter from Express Scripts noting the impacted prescription and your available options.

Please consider the following when using your prescription drug benefit:

- Always ask your doctor if there is a generic option available – it may save you money.
- If a generic is not available, ask your doctor to prescribe from Express Scripts’ preferred drug list.
- Prescription drugs that are not generic or on Express Scripts’ preferred list will cost you more.

The switch from Capital Rx to Express Scripts to manage your prescription drug program is expected to help strengthen the Fund financially. Maintaining a financially strong Fund keeps your cost for prescription drugs as low as possible and helps manage the amount contributed on your behalf for you to have medical, prescription drug, dental, vision, disability, and life insurance coverage.

We are also pleased to let you know that Express Scripts' network of retail pharmacies includes national and regional pharmacies like CVS, Costco Pharmacy, Target Pharmacy, Stop & Shop, Walgreens and numerous independent pharmacies. Therefore, it is very likely that the network retail pharmacy you've been using is in Express Scripts' network. Please note there is no coverage for prescription drugs when obtained outside of the Express Scripts network and in such circumstances, you will be obligated to pay 100% of the undiscounted cost of the prescription yourself.

If you have any questions or want to locate a participating pharmacy, please contact Express Scripts at 1-866-716-7262. They are available 24 hours a day, 7 days a week.

If you have any questions regarding the information in this notice, please contact the Fund Office at 860-571-9191.

This SMM is intended to provide you with an easy-to-understand description of certain changes to the Plan. While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. Except to the extent that this SMM modifies the Plan, if any conflict should arise between this summary and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases.

The Board of Trustees (or its duly authorized designee), reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Plan and the Agreement and Declaration of Trust establishing the Plan (the "Trust Agreement"). The Trust Agreement and the full Plan documents are at the Fund Office and may be inspected by you free of charge during normal business hours. No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the Plan documents, make any promises to you about benefits under the Plan, or to change any provision of the Plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Plan and decide all matters, legal and/or factual, arising under the Plan.