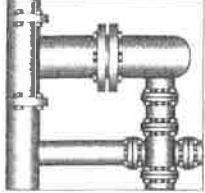


Health Fund



Connecticut Pipe Trades Health Fund

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IMPORTANT NOTICE TO PARTICIPANTS OF THE CONNECTICUT PIPE TRADES HEALTH FUND

This document is a Summary of Material Modifications ("SMM") intended to notify you of an important change made to the Connecticut Pipe Trades Health Fund (the "Fund"). You should take the time to read this SMM carefully. If you have any questions regarding these changes to the Plan, please contact the Fund Office.

Date: **March 2020**

To: All Active and Non-Medicare Retiree Participants of the Connecticut Pipe Trades Health Fund and their Covered Dependents

From: The Board of Trustees

As you are aware, the Trustees are proud of the significant level of benefits that are provided to you through the Connecticut Pipe Trades Health Fund.

As Trustees to the Plan, we continually monitor the financial stability of the Plan to ensure that the Plan will continue to provide these important benefits well into the future.

Summary Plan Description (SPD) Clarification

The purpose of this SPD clarification is to confirm that the Plan covers medically necessary, FDA approved gene therapy under the medical benefit (but not under the prescription drug benefit). Benefits for gene therapy will be provided in accordance with the Fund's terms and limitations, including those relating to deductibles, copayments, coinsurance, pre-authorization, medical necessity and out-of-network providers. Please note that all gene therapy requires pre-authorization. This benefit clarification is incorporated into the Fund's Summary Plan Description ("SPD").

Also, the "Definitions" section of the SPD is amended to include the definition of Gene Therapy as follows:

- **Gene Therapy:** Gene therapy typically involves replacing a gene that causes a medical problem with one that does not, adding genes to help the body fight or treat disease, or inactivating genes that cause medical problems. Illustrative examples of gene therapy include Chimeric Antigen Receptor T-Cell (CAR-T) Therapies such as Kymriah and Yescarta, as well as Luxturna and Zolgensma.

The Board of Trustees will review the list of emerging gene therapies from time to time to determine whether such emerging gene therapies should be covered under the Plan. Please also note that other treatments for at least some of the medical conditions that these therapies would treat do exist. You should refer to the SPD for a detailed description of your benefits.

Out-of-Network Vision Benefit Improvement Effective April 1, 2020

As you are likely aware, you are permitted to utilize a provider that is not affiliated with Davis Vision (an "Out-of-Network" provider). Previously, if you did not utilize a Davis Vision provider you were reimbursed up to \$175 for eyeglasses (base frames and lenses or contact lenses).

We are pleased to announce that effective April 1, 2020, the out-of-network reimbursement for non-Davis Vision providers has been increased to \$250 for eyeglasses every 12 months for eligible dependent children up to age 19 and every 24 months for eligible participants and dependents age 19 and older.

We are also pleased to announce that you are permitted to have multiple out-of-network submissions and services during the benefit period until the \$250 is exhausted.

OptumRx Exclusive Specialty Drug Program Effective May 1, 2020

The OptumRx Exclusive Specialty Drug Program requires that all specialty medications be filled at OptumRx's specialty pharmacy - BriovaRx. Please keep in mind this is only for specialty drugs.

This program continues to include the prior authorization process, which helps to manage high cost, complex drug therapies with specific criteria for use and helps to ensure that these medications are being prescribed for an appropriate patient and condition at an acceptable dose and quantity. By introducing the OptumRx Exclusive Specialty Program, the Fund will better be able to monitor and prevent waste due to dose changes or therapy discontinuation.

If you are taking a prescription that will be impacted by this new program, you will receive a letter from OptumRx outlining what steps you need to take, if any.

Prescription Drug Exclusion Effective July 1, 2020

Beginning July 1, 2020, coinciding with the start of the next Plan Year, the prescription drug, Strensiq, will be excluded from coverage under the Health Fund.

Of course, if any claim is denied in whole or part, you have the right to appeal that denial based on the procedures as detailed in the SPD.

If you have any questions regarding the above please feel free to contact the Fund Office.

Sincerely,

BOARD OF TRUSTEES

Connecticut Pipe Trades Health Fund

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.