

# Duluth Building Trades Health and Welfare Fund

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## **SUMMARY OF MATERIAL MODIFICATIONS – NO. 4**

The Summary Plan Description for the Duluth Building Trades Health Fund dated September 1, 2023, is hereby amended as follows:

**1. Effective January 1, 2025, the Section entitled Dental Care Expense Benefit, Covered Dental Expenses is revised by adding to Class C Services on page 44 the following additional coverage:**

- i. Dental Implants, including:
  - i. Surgical placement of the implant body (endosteal implant)
  - ii. Implant abutment and related hardware
  - iii. Implant-supported crowns, bridges and dentures
  - iv. Bone grafting or sinus lift procedures necessary for implant placement

**2. Effective January 1, 2025, the Section entitled Dental Care Expense Benefit, Dental Expenses Not Covered is revised by amending and deleting page 44 as follows:**

In addition to the general Plan exclusions, payment will **not** be made for:

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14. Charges for alveolar ridge augmentation, whether of natural or artificial materials to stabilize or otherwise alter natural or artificial teeth, except in connection with dental implants.

~~15. Implant procedures, whether of natural or artificial materials to stabilize or otherwise alter natural or artificial teeth.~~

**3. Effective January 1, 2025, the Section entitled General Exclusions and Limitations is amended on page 58 as follows:**

Payment will **not** be made under any health benefit or Weekly Income Benefit of the Plan for the following:

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24. Charges for alveolar ridge augmentation or implant procedures, whether of natural or artificial materials to stabilize or otherwise alter natural or artificial teeth, except as may be covered as Class C Services under the Dental Care Expense Benefit.

4. Effective August 1, 2025, the Schedule of Benefits for Active Employees and Dependents (page 1), Option 1 for Non-Medicare Eligible Retirees, Dependents, and Surviving Spouses (page 4), and Option 2 for Non-Medicare Eligible Retirees, Dependents, and Surviving Spouses (page 5) is revised as follows:

Schedule Of Benefits For Active Employees And Dependents	
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Prescription Drugs	Coverage
Out-of-Pocket Maximum for Prescription Drug Benefits	\$7,900 per individual/\$15,800 per family
Plan Coinsurance (In-Network Only)	85%, except for: 1. <u>Co-pays for brand-name medications that qualify for third party co-payment assistance from the manufacturer, in which case your co-pay will be the co-pay required by the manufacturer's coupon or co-pay. The Plan will reduce the amount it pays by an amount equivalent to the maximum benefit of the applicable co-pay card or coupon.</u> 2. <u>Mandatory Generic Program: If you or your physician request a brand-name drug instead of its generic equivalent, you will be charged the co-pay for the applicable brand-name drug, plus the difference in cost between the brand-name drug and the generic substitute.</u>
Out-Of-Network	Not covered

Option 1: Schedule Of Benefits For Non-Medicare Eligible Retirees, Dependents, And Surviving Spouses	
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Prescription Drugs	Coverage
Out-of-Pocket Maximum for Prescription Drug Benefits	\$7,900 per individual/\$15,800 per family
Plan Coinsurance (In-Network Only)	85%, except for: 1. <u>Co-pays for brand-name medications that qualify for third party co-payment assistance from the manufacturer, in which case your co-pay will be the co-pay required by the manufacturer's coupon or co-pay. The Plan will reduce the amount it pays by an amount equivalent to the maximum benefit of the applicable co-pay card or coupon.</u> 2. <u>Mandatory Generic Program: If you or your physician request a brand-name drug instead of its generic equivalent, you will be charged the co-pay for the applicable brand-name drug, plus the difference in cost between the brand-name drug and the generic substitute.</u>
Out-Of-Network	Not covered

## Option 2: Schedule Of Benefits For Non-Medicare Eligible Retirees, Dependents, And Surviving Spouses

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Prescription Drugs	Coverage
Out-of-Pocket Maximum for Prescription Drug Benefits	\$7,900 per individual/\$15,800 per family
Plan Coinsurance (In-Network Only)	85%, except for: 1. <u>Co-pays for brand-name medications that qualify for third party co-payment assistance from the manufacturer, in which case your co-pay will be the co-pay required by the manufacturer's coupon or co-pay. The Plan will reduce the amount it pays by an amount equivalent to the maximum benefit of the applicable co-pay card or coupon.</u> 2. <u>Mandatory Generic Program: If you or your physician request a brand-name drug instead of its generic equivalent, you will be charged the co-pay for the applicable brand-name drug, plus the difference in cost between the brand-name drug and the generic substitute.</u>
Out-Of-Network	Not covered

### 5. Effective August 1, 2025, the Reduced Schedule of Benefits for Self-Pay Active Employees and Dependents (page 3) is revised as follows:

## Reduced Schedule Of Benefits For Self-Pay Active Employees And Dependents

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Prescription Drugs	Coverage
Out-of-Pocket Maximum for Prescription Drug Benefits	\$4,100 per individual/\$8,200 per family
Plan Coinsurance (In-Network Only)	50%, except for: 1. <u>Co-pays for brand-name medications that qualify for third party co-payment assistance from the manufacturer, in which case your co-pay will be the co-pay required by the manufacturer's coupon or co-pay. The Plan will reduce the amount it pays by an amount equivalent to the maximum benefit of the applicable co-pay card or coupon.</u> 2. <u>Mandatory Generic Program: If you or your physician request a brand-name drug instead of its generic equivalent, you will be charged the co-pay for the applicable brand-name drug, plus the difference in cost between the brand-name drug and the generic substitute.</u>
Out-Of-Network	Not covered

6. Effective August 1, 2025, the Section entitled Prescription Drug Benefit on pages 39-41 is amended and replaced as follows:

## **PRESCRIPTION DRUG BENEFIT (FOR EMPLOYEES, PRE-MEDICARE RETIREES, AND DEPENDENTS)**

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The Plan has contracted with Sav-Rx's network of participating pharmacies for active employees and pre-Medicare retirees and their dependents.

### **Retail Program**

When filling a prescription, simply present your prescription drug ID card and pay the applicable coinsurance. The amount you pay depends on the pharmacy you use and whether you have your prescription filled with a generic or brand name. For the Plan's coinsurance, see the *Schedule Of Benefits*.

It's always your decision where you have prescriptions filled, but when you use participating pharmacies, you save money for yourself and the Plan because participating pharmacies have agreed to charge discounted rates for prescription drugs. If you do not show your ID card when having your prescription filled, the Plan still provides coverage, but the amount you pay may be more because you will not receive your prescription at a discounted price at the point of sale.

If you visit a non-participating pharmacy, **no coverage is available**. This includes Wal-Mart and Sam's Club pharmacies, which are non-participating pharmacies.

### **Mail Order Program**

The Plan also offers a mail order program for your long-term, or maintenance, prescription drug needs. Maintenance medications are often prescribed for heart disease, high blood pressure, asthma, etc. Through the mail order program, you receive up to a 90-day supply. With the mail order program, you enjoy the convenience of having the medication sent directly to your home.

To place an order, contact Sav-Rx at 1-800-228-3108 or have your Physician fax or electronically send the prescription to Sav-Rx. You will need to submit the applicable coinsurance amounts when you request a prescription or refill. The amount you pay depends on whether you have your prescription filled with a generic or brand name medication. For the Plan's coinsurance, see the *Schedule Of Benefits*. For more information about how to use the mail order program, call Sav-Rx or the Fund Office.

### **Generic And Brand Name Medications**

Almost all prescription drugs have two names: the generic name and the brand name. By law, both generic and brand name medications must meet the same standards for safety, purity, and effectiveness.

Sav-Rx has a Mandatory Generic Program which is designed to decrease drug costs for both participants and the Fund. This program applies to generic medications that are rated as equivalent to the brand name by the FDA. Under this program, if you or your Physician requests a brand name drug instead of its generic equivalent, you will be charged the applicable brand co-pay PLUS the difference in cost between the brand name drug and the generic substitute. The only exception to this rule is if your Physician submits a letter of medical necessity, at which time Sav-Rx's clinical staff will review the letter and determine whether the brand name drug is medically necessary, and if so the difference in cost will be waived.

## **Co-Pay Adjustment**

Many drug manufacturers offer co-pay cards or coupons which eliminate or greatly reduce out-of-pocket expenses for brand-name medications. Your usual co-pay as set forth in the Schedule of Benefits will be modified for select brand-name medications that qualify for third-party co-payment assistance from the drug manufacturer. Under this program, the Plan will reduce the amount it pays for the brand-name medication by an amount which is equivalent to the maximum benefit of the applicable co-pay card or coupon. Your actual out-of-pocket payment after the coupon or co-pay card is processed is added to the accumulator for your out-of-pocket maximum, and the co-pay amounts that are applied towards your claim do not count towards your prescription drug out-of-pocket maximum. Sav-Rx will contact you or your dependent taking a drug that is part of this program to help you pursue third-party co-payment assistance. If you or your dependent are unable to participate in a manufacture coupon or co-pay assistance program, your co-payment will be as set forth in the Schedule of Benefits.

## **Prior Authorization and Step Therapy**

To ensure that you are receiving the appropriate drug for the treatment of a specific condition and in quantities as approved by the U.S. Food and Drug Administration (FDA), the Fund requires prior authorization by Sav-Rx for certain medications, which currently include CNS stimulants, oral and topical dermatological medications, testosterone replacement, pain management drugs, weight loss drugs, continuous glucose monitors, tubeless insulin pumps and supplies and certain eyedrops. This list is subject to change. The step therapy program requires the use of a more cost-effective drug prior to the approval of a less cost-effective brand name medication. This program uses sequential drug therapy, meaning that drugs for a given condition will be dispensed using the most cost-effective sequence based on accepted medical guidelines and standards. Medication classes that currently qualify for the step program include; cholesterol-lowering statins, antihypertensives, antidepressants, oral osteoporosis medications, migraine medications, anti-inflammatory agents, nasal sprays, proton pump inhibitors, glaucoma eye drops, insulin and diabetic testing supplies. This list is subject to change.

## **Specialty Pharmacy Program**

The Fund provides coverage for specialty drugs through the Sav-Rx Specialty Pharmacy. Specialty drugs purchased from out-of-network pharmacies are not covered. The Sav-Rx Specialty Pharmacy can be reached at 1-800-228-3108.

“Specialty Drugs” means injectable and high-cost drugs used to treat complex or rare conditions, including but not limited to, anemia, immune deficiency, neutropenia, cancer, growth deficiency, multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia. Specialty Drugs also include high cost pharmaceuticals with special administration requirements (such as complex dosing regimens, special handling (including temperature sensitive delivery), special clinical support, and /or special requirements for access to product. However, notwithstanding the above, Specialty Drugs administered in a physician’s office, as a single use or acute medication for each newly prescribed Specialty Drug, will be covered, subject to all of the Plan’s normal terms and conditions (including, without limitation, reasonable and customary limits applicable within the medical benefit). Thereafter, Specialty Drugs will only be covered as provided under this section.

Specialty drugs will require a prior authorization through Sav-Rx to determine coverage. The approval of specialty drugs considers United States Food and Drug Administration (FDA) approved indications for use and dosing, as well as cost effectiveness and patient compliance. Coverage consideration will also require cost effectiveness, standards of care, and clinical guidelines requiring the lowest cost option that is therapeutically and clinically appropriate for the patient. Where applicable your claim may be referred to a manufacturer Patient Assistance Program for coverage. This Plan has procurement programs in place that

may require participation in the High Impact Advocacy Program. This program utilizes pharmaceutical manufacturer coupons for selected specialty medications to reduce or eliminate your out-of-pocket expense, as well as reducing the cost to the Plan. Medications included in this program can change as can the pharmaceutical manufacturer coupon amount. *Sav-Rx will facilitate your enrollment into a manufacturer sponsored coupon program. Program medications may be added or discontinued for inclusion of the program at any time without notice.*

### **Prescription Drug Covered Charges**

Covered prescription drugs include only drugs that require, by applicable law, a written prescription by the attending Physician. The Fund covers certain medications and recommended vaccines as preventive care items, see page 29.

The following items are covered by the Plan:

1. Prescription drugs approved by the Food and Drug Administration that are:
  - a. Purchased from a licensed participating pharmacy;
  - b. Dispensed in accordance with the prescription of the treating Physician; and
  - c. Prescribed for a Medically Necessary and covered treatment of an Illness or an Injury.
2. Diabetic supplies. The Plan provides coverage for diabetic supplies such as insulin syringes and needles, sugar test tablets, sugar test tape, diabetic test strips, and acetone test tablets. If insulin and needles/syringes are dispensed at the same time, only one copayment will be applicable, even if the insulin and needles/syringes are on separate prescriptions.
3. Up to 6 doses per month for medications related to sexual dysfunction (Viagra, Cialis, and Levitra only) if prescribed by your Physician.
4. Self-injectables when acquired at retail and Sav-Rx Specialty Pharmacy.

**The Plan can impose quantity limits, prior authorization, and/or step therapy requirements on any of the prescription drugs covered by the Plan. Contact the Fund Office if you have any questions regarding those requirements or limitations.**

### **Prescription Drug Exclusions**

For expenses not covered, see General Exclusions and Limitations on page 57. **Please refer any questions to the Fund Office.**

Benefits are not payable under Prescription Drug Benefits for:

1. Medicines or drugs obtainable without a Physician's prescription.
2. Edex, Caverject and Muse.
3. Medications used for cosmetic purposes, including Vitamin A derivatives (retinoids) for dermatological use (e.g., Retin A, Renova).
4. Vitamins and nutritional and dietary supplements (may be covered as preventive care items). Prescription prenatal vitamins are covered.
5. Smoking deterrents, (may be covered as preventive care items).
6. Anabolic steroids.
7. Antiviral drugs prescribed for prevention (antiviral drugs prescribed for treatment of influenza are covered).

8. Weight control drugs or anorexians.
9. Serum allergy antigen solutions.
10. Existing and new drugs that are not uniformly and professionally endorsed by the general medical community for prescription in the course of standard medical care, including existing and new drugs that are experimental in nature.
11. Fluoride Preparation and OTC products.
12. PCSK9 inhibitors.
13. Immunizations or vaccinations for the purpose of travel.
14. Non-insulin needles and syringes
15. Traditional insulin pumps (may be covered under the medical benefit)