

ANNOUNCING AN IMPORTANT PLAN CHANGE

Date: July 2024

To: Active and Non-Medicare-Eligible Retired Employees and Their Eligible Dependents Participating in the Wisconsin Laborers' Health Fund

From: The Board of Trustees

As the Board of Trustees of the Wisconsin Laborers' Health Fund (the Fund or Plan), we are announcing changes to your prescription drug coverage under the Plan's Pharmacy Benefit Manager, ESI. Please read this Summary of Material Modification (SMM) in its entirety.

New ESI National Preferred Formulary – Effective July 1, 2024

Effective July 1, 2024, the Plan will adopt ESI's National Preferred Formulary. This means that certain prescription drugs that you are taking may no longer be covered by the Plan. However, you will be given the opportunity to switch to a safe and effective alternative medication.

If you or your Dependents are affected by changes to the Plan's prescription drug formulary, you will receive a letter or email from ESI informing you of which of your prescriptions are affected and providing instructions on how to switch to an alternative.

If your medication is excluded from the Plan's formulary, and you try the preferred alternative without success, your doctor may request an exception for your medication by visiting www.esrx.com/PA or calling Express Scripts at (800) 417-1764.

For a full list of the 2024 National Preferred Formulary exclusions, please visit <u>http://www.express-</u> <u>scripts.com/2024drugs</u>. If you have any questions, please visit <u>www.express-scripts.com</u> or call the number on your member ID card.

HIV Medications Are SaveOnSP Select Specialty Medications – Effective July 1, 2024

Effective July 1, 2024, certain HIV medications have been added to the SaveOnSP Select Specialty Medication list. If you are prescribed a Select Specialty Medication used for the treatment of HIV, you will be required to enroll in the SaveOnSP Specialty Pharmacy Copay Assistance Program to receive coverage. When you enroll in this program, there is no copayment for the Select Specialty Medication. For a list of Select Specialty Medication, contact the Fund Office at 608-846-1742 or call ESI at 1-800-683-1074.

If you or your Dependents are currently taking medications used to treat HIV and the medication is included in the SaveOnSP Select Specialty Medication list, you will receive a letter or email with instructions on how to enroll in the SaveOnSP Specialty Pharmacy Copay Assistance Program.

If your HIV prescription is a Select Specialty Medication and you do not enroll in SaveOnSP, you will pay the full cost of the Select Specialty Medication and the costs will not apply toward the out-of-pocket maximum.

If you have any questions, you can call ESI at 1-800-683-1074 or call the Fund Office.

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Changes to Coverage of Diabetic Supplies and Prescription Drugs for Certain Chronic Conditions – Effective July 1, 2024

Effective July 1, 2024, certain drugs may require prior authorization, quantity limits, and/or require filling through a certain type of pharmacy for the treatment of diabetes and other chronic conditions including, but not limited to, ADHD, hepatitis, multiple sclerosis (MS), inflammatory conditions, pulmonary conditions, cancer, and other rare conditions. In addition, certain brands of drugs and supplies for these conditions will no longer be covered by the Plan and you may be asked to switch to a suggested alternative.

If you or your Dependents are affected by changes to coverage of prescription drugs for a chronic condition, you will receive a letter or email notifying you of which prescriptions are affected. If your current brand is no longer covered by the Plan, you will be given the opportunity to switch to a safe alternative. If prior approval is required, you should consult with your doctor to ensure they obtain approval on your behalf.

If you have any questions, please visit <u>www.express-scripts.com</u> or call the number on your member ID card.

GLP-1 Coverage Requires Primary Diagnosis of Diabetes – Effective July 1, 2024

A glucagon-like peptide-1 (GLP-1) is a type of drug that is used to help manage diabetes and is sometimes prescribed off-label for weight loss.

Effective July 1, 2024, the Plan will require a diagnosis of diabetes for GLP-1 medications to be covered. An attestation from a doctor will not be considered sufficient by itself. Required documentation may include, but is not limited to, an A1C test to determine blood sugar over the past three months.

If you are currently taking a GLP-1, you will receive a letter or email from ESI with instructions to consult with your doctor. Your doctor will then provide the required documentation of your diabetes diagnosis so that your medication is not interrupted.

If you have questions, please visit express-scripts.com or the number on your member ID card. And your doctor can visit the Express Scripts online portal at esrx.com/PA or call 800.417.1764 with any questions.

Certain Prescription Drugs Will Require Prior Approval, Step Therapy, or Quantity Limits – Effective October 1, 2024

Effective October 1, 2024, certain prescription drugs may require prior approval from ESI, trial of a preferred alternative (often a generic alternative), or may be limited to certain quantities at a time.

If you or your Dependents are currently taking a medication that will be affected by one or more of these requirements as of October 1, 2024, you will receive a letter in the mail from ESI notifying you of the change and providing instructions on how to obtain approval to ensure your medication is not interrupted.

If you have questions, please visit express-scripts.com or the number on your member ID card. And your doctor can visit the Express Scripts online portal at esrx.com/PA or call 800.417.1764 with any questions.

Questions?

If you would like more information about your health benefits in general, contact the Fund Office at the address and telephone number shown at the top of this Notice.

Please file this SMM with your Plan-related documents for easy reference.

This announcement, which serves as a Summary of Material Modification, contains only highlights of recent changes to the Wisconsin Laborers' Health Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.