



AUTOMOBILE MECHANICS' LOCAL 701 WELFARE FUND

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IMPORTANT BENEFIT PLAN CHANGES

The Trustees of the Automobile Mechanics' Local No. 701 Union and Industry Welfare Fund have made certain changes to the **Premier Plus**, **Premier**, and **Pre-Medicare Retirees** Plans (collectively, "Plans") as documented in the applicable combination Summary Plan Description and Plan Documents ("SPD/Plan") that was previously provided to you. Each change is summarized below and is effective as of the date indicated below.

1. Effective July 1, 2025, the Plans were amended to provide for an increase in the number of annual chiropractic/spinal care visits.
2. Effective July 1, 2025, the **Premier Plus** and **Pre-Medicare Retirees** Plans were amended to increase the Dental Benefits calendar year maximum and the coinsurance for basic dental services, major dental services and orthodontia.
3. Effective July 1, 2025, the **Premier Plus** and **Premier** Plans were amended to increase the Weekly Disability Benefit amount.
4. Effective July 1, 2025, the Plans were amended to add GLP-1s as a covered prescription drug benefit exclusively for individuals diagnosed with type 2 diabetes.
5. Effective September 1, 2025, the Plans' pharmacy benefits manager is changing to Express Scripts instead of EmpiRx Health. This will result in some changes to the mail order service refill requirements, as explained in more detail below.
6. Effective September 1, 2025, the Plans are eliminating its specialty healthcare advocacy firm for financial case management, PaydHealth LLC.

Please be advised that you will receive two replacement BlueCross BlueShield identification cards in the mail due to Express Scripts becoming the new pharmacy benefits manager. You will need to provide the new ID card to your pharmacy for any scripts being filled on or after September 1, 2025. If you need additional cards for family members, please contact the Welfare Fund Office at 708-482-0110 and additional cards will be mailed to you. Begin using the new ID cards on September 1, 2025 and destroy your old cards. Please instruct your pharmacy not to include the prefix ATO when entering your ID number.

Also, there is a new toll-free number for the Fund Office that has been updated on the back of the ID card. The new toll-free number is 1-888-864-5983.

SUMMARY OF MATERIAL MODIFICATIONS

This document, referred to as a “summary of material modifications,” is intended to supplement the SPD/Plan. You should retain this summary of material modifications with your copy of the SPD/Plan. If you have any questions, you may contact the Fund Office at 708-482-0110.

1. Increase in Annual Chiropractic/Spinal Care Visits

The Plans increased the annual chiropractic/spinal care allowance from 12 visits per year to 24 visits per year. Accordingly, effective July 1, 2025, the Schedule of Benefits tables in the SPD/Plans were updated to reflect this change as follows:

Calendar Year Plan Maximums	
• Chiropractic/Spinal Care	12 <u>24</u> visits per person

Premier Plus and Pre-Medicare Retirees Plans		
Type of Service	PPO Provider	Non-PPO Provider
• Chiropractic/Spinal Care ⁷	Plan pays 80% for up to 12 <u>24</u> visits per person per calendar year	Plan pays 70% for up to 12 <u>24</u> visits per person per calendar year
Premier Plan		
Type of Service	PPO Provider	Non-PPO Provider
• Chiropractic/Spinal Care ⁷	Plan pays 80% for up to 12 <u>24</u> visits per person per calendar year	Plan pays 65% for up to 12 <u>24</u> visits per person per calendar year

2. Increase to Dental Calendar Year Maximum and Coinsurance for Dental Services

The **Premier Plus** and **Pre-Medicare Retirees** Plans increased the Dental Benefits calendar year maximum from \$2,000 per person to \$3,000 per person and also increased the coinsurance amount for basic dental services, major dental services and orthodontia. Accordingly, effective July 1, 2025, the Schedule of Benefits table in the **Premier Plus** and **Pre-Medicare Retirees** SPD/Plans were updated to reflect this change as follows:

Calendar Year Maximum (not applicable to preventive oral care for eligible Dependent children under age 19)	\$2,000 <u>\$3,000</u> per person
Copayment Percentages	
• Basic Dental Services, Major Dental Services & Orthodontia	Plan pays 50% <u>80%</u>

⁷ Chiropractic/spinal care includes all services and supplies for care of the back, neck, spine, and vertebrae.

3. **Increase in Weekly Disability Benefit Allowance**

The **Premier Plus and Premier** Plans increased the weekly disability benefit allowance from \$300 per week for up to 26 weeks to \$500 per week for up to 26 weeks. Accordingly, effective July 1, 2025, the Schedule of Benefits table in the **Premier Plus and Premier** SPD/Plans were updated to reflect this change as follows:

Benefit Amount	\$300 <u>\$500</u> per week for up to 26 weeks
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4. **Coverage of GLP-1 Medications Exclusively for Type-2 Diabetics**

Effective July 1, 2025, the Plans were amended to provide coverage for GLP-1 medications exclusively for participants diagnosed with type 2 diabetes. Therefore, the following language was added to the Prescription Drug Benefit section under the Covered Expenses subsection as a new covered expense:

- GLP-1 medications exclusively for individuals diagnosed with type 2 diabetes subject to prior authorization by the Fund's pharmacy benefit manager; however, the Fund will not cover any GLP-1 medications for any other diagnoses, regardless of whether such indications are FDA approved. The pharmacy benefit manager will request information from your prescriber in order to review all relevant documentation submitted by the prescriber to confirm the prescription is Medically Necessary and in line with current clinical guidelines for safe and appropriate use. The pharmacy benefit manager will then make a determination of approval or denial of prior authorization regarding the GLP-1 coverage.

In addition, the Expenses Not Covered sections in the SPD/Plans were amended to revise the exclusion of weight loss medications to read as follows:

- **Weight loss medications, except as specifically permitted under the Covered Expenses section.**

5. **Change to the Plan's Pharmacy Benefits Manager to Express Scripts**

The Plans will be switching to Express Scripts, Inc. as its pharmacy benefits manager. EmpiRx Health will no longer be managing the Plans' prescription drug program as of September 1, 2025. Therefore, all references to EmpiRx Health are replaced with Express Scripts. In addition, the Plans are eliminating PaydHealth LLC and will no longer have a specialty healthcare advocacy firm for financial case management, as explained in more detail below. The new contact information for Express Scripts is 1-866-903-9635 and <https://www.express-scripts.com/>.

6. **Elimination of PaydHealth as a Specialty Healthcare Advocacy Firm for Financial Case Management**

As a result of the switch from EmpiRx Health to Express Scripts, the Plans are eliminating PaydHealth LLC as a specialty healthcare advocacy firm for financial case management. Therefore, effective September 1, 2025, all references to PaydHealth LLC will be deleted.

In addition, the Specialty Drugs section under the Prescription Drug Benefits portion of the Schedule of Benefits table in the SPD/Plans is revised to read as follows:

Specialty Drugs	Non-Essential Health Benefits (“NEHB”) Specialty Medications are subject to 100% co-insurance. Call the Fund Office at 708-482-0110 for a list of specialty medications included in the copay assistance benefit drug list.
	When enrolled with SaveOnSP ¹² you will be paying \$0 for specialty drugs.
	For Non-NEHB Specialty Medications, the co-insurance defaults to the tiered structure in the Schedule of Benefits. 100% co-insurance. If co-insurance assistance is unavailable for a drug, the co-insurance defaults to the tiered structure shown above.

¹² Refer to the Specialty Pharmacy Program for more information on the SaveOnSP copay assistance benefit and the handling of specialty drugs.

Further, the Specialty Pharmacy Program section of the SPD/Plans is revised to read as follows:

Specialty Pharmacy Program

The specialty mail order program is provided by Accredo Specialty Pharmacy where you can initiate a prescription transfer or request a new prescription for your Specialty Drugs by calling 1-800-803-2523.

Your plan includes a copay assistance benefit administered by Save On SP, LLC (“SaveOnSP”) and as shown in the Schedule of Benefits. Under this copay assistance benefit, certain specialty prescription drugs have been classified as non-essential health benefits (“NEHB”). A NEHB classification does not mean these drugs are not important to you, this is a classification under the Affordable Care Act. A list of these specialty prescription drugs and the applicable coinsurance can be accessed by calling the Fund Office at 708-482-0110. This list will change from time to time.

If your physician prescribes you one of these NEHB drugs, SaveOnSP will contact you to participate in the plan’s copay assistance benefit. Once you enroll in the available manufacturer copay assistance program and provide SaveOnSP with consent to monitor your pharmacy account, your cost will be \$0.

In the event you fail to enroll in the applicable manufacturer copay assistance program, and/or you do not provide consent to SaveOnSP to monitor your pharmacy account, you will be subject to 100% coinsurance for the NEHB drugs even after your out-of-pocket maximum has been satisfied.

Any coinsurance paid for these medications (either paid by you or by the manufacturer copay assistance program) will not apply to any applicable deductible under the plan or your out-of-pocket maximum. Additionally, as a result of the NEHB classification, the coinsurance will continue even after you've met your plan's out-of-pocket maximum.

Specialty Drugs, products, and services included and noted on the Specialty List that have been specifically designated by SaveOnSP may be subject to prior authorization, step-therapy, and administrative review prior to the specified Plan coverage limits applying as shown on the Schedule of Benefits tables. Questions related to the Specialty Pharmacy Program may be made directly to Express Scripts at the number above.

Because these changes impact the Plans' Summary of Benefits and Coverage ("SBC"), we have posted updated SBCs for the Plans, effective as of September 1, 2025, to the Fund's website at <https://www.mech701-benefits.org/welfare/index.htm>. If you would like a copy of the updated SBC, please contact the Fund Office at 708-482-0110 and a copy can be mailed or emailed to you.