



# 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, the "Plans") as documented in the applicable combination Summary Plan Description and Plan Document ("SPD/Plan") that was previously provided to you. Each change is summarized below and is effective as of the date indicated below.

1. The **Premier Plus, Premier, and Pre-Medicare Retirees** Plans were amended to exclude all gene and cellular therapy treatments, including prescription drugs, effective as of March 1, 2024.
2. The **Premier Plus, Premier, and Pre-Medicare Retirees** Plans were amended to remove Rinvoq and Skyrizi from the Specialty List and thereby exclude it from coverage under the Plan effective as of February 1, 2024.

## 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 (708) 482-0110 ~ Toll Free (800) 704-6270.

### **1. Exclusion of All Gene and Cellular Therapy Treatments**

The **Premier Plus, Premier, and Pre-Medicare Retirees** Plans were amended to exclude all gene and cellular therapy treatments, including gene and cellular therapy prescription drugs regardless of where such drugs are administered, effective March 1, 2024. Accordingly, effective March 1, 2024, the following exclusion is added to the list of Expenses Not Covered under both the Medical Benefit and Prescription Drug Benefit sections in the SPD/Plans to read as follows:

#### **Medical Benefit**

##### **Expenses Not Covered**

The Plan is designed to cover a broad range of Medically Necessary services, supplies, and expenses. However, it is important to be aware that the Plan does not cover all of the medical expenses you or your family may incur.

The Fund reserves the right to question and have any claim professionally reviewed to determine whether it is a reasonable and Medically Necessary expense. Following is a list of medical services, supplies, and expenses not covered by the Plan.

- All gene and cellular therapy treatments, including gene and cellular therapy prescription drugs regardless of where such drugs are administered.

#### **Prescription Drug Benefit**

##### **Expenses Not Covered**

The following Prescription Drug expenses are not covered under the Plan:

- All gene and cellular therapy prescription drugs, regardless of where such drugs are administered.

Because this change impacts the Plans’ Summary of Benefits and Coverage (“SBC”), we have posted updated SBCs for the Plans, effective as of March 1, 2024, 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 or Toll Free (800) 704-6270 and a copy can be mailed or emailed to you.

### **2. Remove Rinvoq and Skyrizi From Specialty List and Coverage**

The **Premier Plus, Premier, and Pre-Medicare Retirees** Plans modified the Specialty List under the Plan to remove the prescription drug Rinvoq and Skyrizi and exclude it from coverage under the Plan effective February 1, 2024.