
IBEW Local No. 9 and Line Clearance Contractors Health & Welfare Fund

December 2023

IMPORTANT UPDATE ABOUT YOUR BENEFITS

Dear Participant:

The Trustees of the IBEW Local No. 9 and Line Clearance Contractors Health & Welfare Fund (the Fund) are providing you with this notice to explain an important improvement to your benefits.

Current Continuing Eligibility Provisions as Described in the Summary Plan Description

Your eligibility ends on the last day of the second calendar month following the last work month for which your Employer made contributions on your behalf for at least 100 hours worked in Covered Employment. For example, if your Employer last contributed 100 or more hours for you work in Covered Employment during the month of May, your eligibility will be in effective until July 31.

Continuing Eligibility Extension

Effective January 1, 2024, the Trustees are extending the continuing eligibility rules from two months to three months. Under the new rules, your eligibility ends on the last day of the **third** calendar month following the last work month for which your Employer made contributions on your behalf for at least 100 hours worked in Covered Employment. For example, if your Employer last contributed 100 or more hours for your work in Covered Employment during the month of May, your last day of eligibility would be August 31.

This change adds an accounting or bookkeeping month to allow additional time for reciprocity contributions to be transferred when participants work out of the jurisdiction of the Fund.

Prescription Drug Benefit Changes

- **Weight Loss Prior Authorization and Quantity Limits.** Effective January 1, 2024, the Fund will implement BlueCross Blue Shield of Illinois' prior authorization and quantity limit programs for weight loss medications. These programs will ensure that participants are using the appropriate medications by taking into account the diagnosis, BMI, effectiveness of other treatments, behavioral modifications, and medications, and more.
- **New Formulary.** Effective February 1, 2024, the Fund is changing from BlueCross Blue Shield of Illinois' Basic Formulary to its Balanced Formulary. The new formulary provides a wider range of covered medications, improves participant access by covering more brands and medications with over-the-counter alternatives, and better access to discounts, which will save participants and the Fund money. We expect there to be minimal disruption as just about all currently covered medications will continue to be on the Balanced Formulary. You can review the medications included in the Balanced Formulary by contacting BlueCross Blue Shield of Illinois ((800) 862-3386 or www.bcbsil.com).
- **RxRunway Transition Refill Program.** Effective February 1, 2024, the Fund is adding BlueCross Blue Shield of Illinois' RxRunway Transition Refill program. With this new program, if there is a change to the prescription drug benefits, participants will be able to receive a one-time fill at the previous covered price or without needing to meet a utilization management requirement. The program applies to a single refill of both 30-day and 90-day supplies of non-specialty medications, and can be used once in the 90 days following a prescription plan change.

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- **New Extended Supply Network Program.** Effective February 1, 2024, BlueCross Blue Shield of Illinois' Extended Supply Network program. The program allows participants to receive a 90-day supply of covered medications at retail pharmacies.

If you have questions about these new prescription drug programs, please contact BlueCross Blue Shield of Illinois:

- Phone: (800) 862-3386
- Website: www.bcbsil.com

You can also contact the Fund Office at (877) 423-9155 or review your Summary Plan Description (SPD) for more details.

A Final Note

This document update is intended to notify you of important changes being made to the Fund's plan of benefits. You should read this carefully and keep it with your copy of the Plan's SPD that was previously provided to you. If you have any questions regarding these changes, or about your benefits in general, please contact the Fund Office at (877) 423-9155.

Sincerely,

The Board of Trustees

Notice of Grandfathered Health Plan Status. The IBEW Local No. 9 and Line Clearance Contractors Health & Welfare Fund believes its entire plan of benefits, including the retiree option provided therein, is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the "Affordable Care Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits, once those consumer protections become effective for the plan. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at (877) 423-9155. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

This announcement contains highlights of certain features of the IBEW Local No 9 and Line Clearance Contractors Health & Welfare 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.