



# Important Announcement

Please provide a copy of this Announcement to your Spouse and eligible children enrolled in the Plan.

**Date:** December 18, 2024

**To:** All Active, Special, and Retired Plan Participants, Including Eligible Dependents and COBRA Beneficiaries, Enrolled in the Direct Payment Plan

**From:** Board of Trustees

**Subject:** Prescription Drug Benefit Improvement: Same Low Cost After Third Prescription Fill

This Notice is intended to advise you of certain material modifications that have been made to the Laborers Health and Welfare Trust Fund for Northern California. **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully.

## CHANGES TO PRESCRIPTION DRUG BENEFITS EFFECTIVE MARCH 1, 2025

### Same Low Cost After Third Prescription Fill

Under the Health and Welfare Plan, the current copays for pharmacy orders filled at a retail pharmacy increase in cost after the third fill. However, effective March 1, 2025, for a 30-day supply, you will pay a \$10 copay for generic drugs, a \$20 copay for formulary brand drugs, and a \$30 copay for non-formulary drugs when filling your prescription at a retail pharmacy; and those prices will no longer increase after the third fill. This change will significantly reduce the cost of your monthly recurring prescriptions. In addition, you can save even more by choosing to fill your prescriptions through mail order.

Copays at a Local Pharmacy	
Effective 3/1/25: All Refills	Before: After 3 Fills
\$10 generic	\$20 generic
\$20 formulary brand	\$40 formulary brand
\$30 non-formulary	\$60 non-formulary

### Maximum Savings Through Mail Order Prescriptions

As a Plan participant, you can choose to fill your prescription at your local pharmacy, or have your prescription delivered directly to your front door by using the CarelonRx mail order services.

Not only is mail delivery more convenient, but **if you choose to use the mail order option, you will achieve even greater savings**. You will also receive a 90-day supply with each delivery, as opposed to the 30-day supply you receive from your local retail pharmacy (some exceptions apply that could limit the day supply permitted via mail order).

### Maximum Savings on Mail-Order Prescription Fills

	Mail Order Cost 90-Day Supply	Retail Pharmacy Cost 3 x 30-Day Supply	Savings
Generic	\$20	\$30	33% Less
Formulary Brand	\$40	\$60	33% Less
Non-Formulary	\$60	\$90	33% Less

**Save Money Today Through Prescription Mail-Order**

If you would like to save money by choosing to receive your prescriptions via mail, simply let your doctor know you would like to have your prescription filled through mail order or call CarelonRx at 1-833-828-2460 and a representative will help you to update your current prescription order for mail delivery.

If you should have questions about this Important Announcement, contact the Trust Fund Office, Monday through Friday, 8:00 AM to 5:00 PM.

Sincerely,

Board of Trustees  
Laborers Health and Welfare Trust Fund  
for Northern California

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the Plan changes, contact the Trust Fund Office.

*In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan.*  
Keep this Important Announcement with your Health and Welfare Plan Booklets