

**FOOD EMPLOYERS LABOR RELATIONS ASSOCIATION AND
UNITED FOOD AND COMMERCIAL WORKERS
VEBA FUND**

**FELRA & UFCW ACTIVE HEALTH AND WELFARE PLAN
Plans I, X, XX, and XXX**

FELRA & UFCW RETIREE HEALTH AND WELFARE PLAN

SUMMARY OF MATERIAL MODIFICATIONS

The Board of Trustees of the Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund (“Fund”) has adopted the following changes to the FELRA & UFCW Active Health and Welfare Plan (“Active Plan”) Plans I, X, XX, and XXX, and the FELRA & UFCW Retiree Health and Welfare Plan (“Retiree Plan”). Please keep this document with your Summary Plan Description (“SPD”) and your Summary of Benefits and Coverage (“SBC”).

1. COVID-19 Testing

Effective March 18, 2020, the following services will be covered with no cost sharing (including deductibles, co-payments and co-premiums) and no requirement of prior authorization:

- diagnosis products for the detection of SARS-CoV-2 or the diagnosis of COVID-19 that are approved by the FDA, and the administration of such diagnostic products; and
- items and services furnished to a Participant or Dependent during health care provider office visits, urgent care visits, and emergency room visits that result in an order for, or administration of, a diagnosis product, but only to the extent that the item or service relates to the furnishing or administration of the diagnostic test or the evaluation of whether an individual needs a diagnostic test.

2. SaveOnSP – Specialty Drug Coverage (Applicable to Active Plan Participants and Dependents in Plans I, X, XX and XXX)

Effective June 1, 2020, the Active Plan is partnering with Express Scripts, Inc. and SaveonSP, to help you and the Fund save money on certain specialty medications. You should have already received, or will soon receive, a separate notice from Express Scripts regarding the SaveonSP program that includes a list of the specialty drugs that currently are subject to this program.

This notice describes the SaveonSP program and serves as a summary of material modification to your SPD and a notice of modifications to your SBC previously provided to you when you enrolled in coverage.

a. The following is added to the end of the Prescription Drug Section of your Active Plan SPD's Schedules of Benefits for Full Time and Part Time Participants:

However, if a specialty drug is covered by the Fund's SaveonSP program and you enroll and participate in the program, your *Co-payment* will be paid through the drug manufacturer's copay assistance program and you will pay nothing (\$0). **If you do not participate in the SaveonSP program, the specialty drug will be subject to an increased *Co-payment* listed on the SaveonSP program's current Non-Essential Health Benefit Specialty Drug List, and the *Co-payment* will not count towards your deductible or out-of-pocket maximums.** See the "Prescription Drug Benefit" Section of the SPD for more information.

b. The following is added after the second bullet point under the "Cost of Prescription Drugs" Subsection of the "Prescription Drug Benefit" Section of your Active Plan SPD:

Cost for Certain Specialty Drugs Under SaveonSP Program

Certain specialty drugs are subject to the Fund's program through SaveonSP. The SaveonSP program saves you and the Fund money through manufacturer copayment assistance programs. If you are prescribed a specialty drug that is part of the SaveonSP program (a "Participating Specialty Drug") and you have not yet enrolled in this program, SaveonSP will contact you with educational and enrollment information after your prescription is presented to Accredo Specialty Pharmacy. Enrollment in the SaveonSP program is voluntary, but if you do not enroll, your co-payment for any Participating Specialty Drug will increase significantly.

If you choose not to enroll and participate in the SaveonSP program, you will be charged the full *Co-payment* listed on the SaveonSP program's current Non-Essential Health Benefit Specialty Drug List for a Participating Specialty Drug. The *Co-payment* will not count towards your deductible or out-of-pocket maximums.

However, if you enroll in the SaveonSP program, your full *Co-payment* for the Participating Specialty Drug will be paid through the drug manufacturer's copay assistance program and you will pay nothing (\$0), for as long as that Participating Specialty Drug is part of the program.

For a copy of the current Non-Essential Health Benefit Specialty Drug List of Participating Specialty Drugs, or if you have any questions regarding the SaveonSP program, please contact SaveonSP at 1-800-683-1074.

c. Your Active Plan SBC includes a section describing what you will pay "[i]f you need drugs to treat your illness or condition." The following is added to the end of the "Limitations, Exceptions, & Other Important Information" for that section of your SBC:

If a specialty drug is covered by the Fund's SaveonSP program and you enroll in the program, your coinsurance will be paid through the drug manufacturer's copay assistance program and you will pay nothing (\$0). If you do not participate in the SaveonSP program, the specialty drug will be subject to an increased coinsurance listed on the SaveonSP program's current Non-Essential Health Benefit Specialty Drug List. Contact SaveonSP at 1-800-683-1074 for a copy of the List.

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