

**SUMMARY OF MATERIAL MODIFICATION
FOR THE RAILROAD MAINTENANCE AND INDUSTRIAL
HEALTH AND WELFARE FUND**

To: Participants and COBRA Beneficiaries

From: Board of Trustees

Date: June 7, 2024

Re: Availability of Price Comparison Tool and Additional Prescription Drug Program Exclusion

This document is a Summary of Material Modification (“SMM”) intended to notify you of important plan changes to the plan of benefits for the Railroad Maintenance and Industrial Health and Welfare Fund (“Fund” or “Plan”). This summary is intended to satisfy the requirements for issuance of a SMM under the Employee Retirement Income Security Act of 1974, as amended. You should take the time to read this SMM carefully and keep it with the Summary Plan Description (“SPD”). This SMM does not contain a full restatement of the terms of the SPD. If you have any questions regarding these changes, please contact the Fund Office at: 2725 W. Monroe St., Springfield, IL 62704, telephone number: (800) 258-6534.

PRICE COMPARISON TOOL

The Trustees of the Railroad Maintenance and Industrial Health and Welfare Fund have partnered with Green Light, a third-party service provider, to establish a website that will enable you to go online and request cost-sharing estimates for a covered item or service by a billing procedure code or a description of the service.

This user-friendly, internet-based self-service tool empowers you to access cost sharing estimates for healthcare items and services before you receive care. To use this resource, simply login into https://mycostestimates.com/users/log_in. For first time users, you will need to register an account by clicking the “Register” tab. You will then need to begin the registration by entering your Member ID that appears on your United Healthcare/Sav-Rx ID card), the Member’s date of birth (remember, it is the Member, not the Spouse or a Dependent), the zip code of the Member as well as the Member’s first name. After you have registered your account, you will input your email address, your Member ID and you will need to click the box agreeing to the Terms of Service.

Once on the website, you will be able to review both the Plan’s cost and your specific cost for each covered service item or service by Participant or covered Dependent. The search will ask you to input the distance you are willing to travel, and you may search by service type code or description. For example, you can input “knee arthroscopy” following “search by description” and click “search.” After you click “I understand” on the Transparency in Coverage Notice, you will be directed to a number of covered service providers along with your potential share of the cost of the procedure. The cost of the covered item or service takes into consideration that portion of the deductible you may have satisfied at that point in time, the benefit percentage payable under the terms of the Plan and your maximum out-of-pocket. The information in your search is ordered by your distance from the provider. You can re-order the search by provider name, medical specialty, contractual allowance and estimated responsibility. Please note the Price Comparison Tool provides an estimate that is designed to help you plan for health care costs. Your actual cost may be different.

At the top right hand corner of the website, there is a box that can be clicked for out-of-network providers, but please keep in mind that the Plan of Benefit has very limited out-of-network benefits, which are described on pages 1 and 2 of the Summary Plan Description.

Of course, if you have any questions concerning how to login or maneuver once you are on the website, contact the Fund office at 800-258-6534, and the Fund office staff will be happy to help you.

DISCLAIMER: The Price Comparison Tool only provides an estimate of health care costs. It does not provide a guaranteed payment amount nor a guarantee that the Plan will provide benefits. Benefits are covered pursuant to the terms and conditions of the Plan Document/Summary Plan Description.

ADDITIONAL PRESCRIPTION DRUG PROGRAM EXCLUSION

Effective April 8, 2024, the Board of Trustees added a new exclusion to the Prescription Drug Program. This exclusion provides that drugs prescribed by out-of-network/non-PPO providers/Physicians are **not** covered unless the associated medical benefits (such as the provider visit/services) are otherwise covered under the Plan or applicable law. Instances where the Plan would cover drugs prescribed by an out-of-network/non-PPO provider include out-of-network emergency services and charges for treatment incurred when it is determined that there is no in-network provider qualified to administer treatment within 50 miles of your home address or the place where the claim is incurred.

The Prescription Drug Program Exclusions section now provides as follows:

Prescription Drug Program Exclusions

In addition to the Exclusions and Limitation listed on pages 33 through 35, Prescription Drug Program Benefits are not provided for any of the following:

- Any drug that has not secured full FDA approval for safety and efficacy;
- Any drug labeled “Caution: Limited by Federal Law to Investigational Use” or any experimental drug;
- Any drug that is subject to Sav-Rx’s new to market product exclusion;
- Any drug for which there is an over-the-counter equivalent to the extent allowed by applicable law;
- Devices or appliances;
- Drugs used for cosmetic purposes;
- Drugs used to treat hemophilia;
- Drugs which are not considered to be medically necessary;
- Over-the-counter medications to the extent allowed by applicable law;
- Cellular Immunotherapy drugs;
- Gene therapy drugs, regardless of their intended use or stated purpose;
- Proton pump inhibitors (PPIs);
- Drugs prescribed by an out-of-network/non-PPO provider/Physician unless the associated medical benefits are otherwise covered pursuant to the Plan or applicable law;
- Drugs excluded by the Plan to the extent allowed by applicable law (for questions regarding drugs excluded by the Plan, please contact Sav-Rx at 1-800-228-3108); and
- Drugs excluded by the Prescription Drug Program’s formulary.

In addition, dispensing limits may apply to certain medications based on the manufacturer’s recommended dosage and duration of therapy, common usage, FDA and state recommendations and/or clinical studies.

If you have any questions regarding this Summary of Material Modification, please do not hesitate to contact the Fund Office at (800) 258-6534.

Sincerely,

Board of Trustees