



United Food & Commercial Workers Unions
and Food Employers Benefit Fund

6425 Katella Avenue, Cypress, CA 90630-5238
P.O. Box 6010, Cypress, CA 90630-0010
877-284-2320 • scufcwfunds.com



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March 2021

To: All Actives, Their Dependents, and COBRA Beneficiaries in the United Food & Commercial Workers Unions and Food Employers Benefit Fund

Re: New Pharmacy Benefit Manager (PBM) Effective April 1, 2021

This Summary of Material Modifications provides you with information about changes to the Prescription Drug Program under the **United Food & Commercial Workers Unions and Food Employers Benefit Fund**. **This information is VERY IMPORTANT to you.** Please take the time to read it carefully.

The Trustees strive to provide you and your family comprehensive, high-quality benefits that meet your health care needs. As you know, prescription drug costs are constantly rising—three times faster than inflation—so we have been reviewing options to keep your cost share low.

After careful quality review, we are changing the Pharmacy Benefit Manager (PBM) for your prescription drug benefits. **Effective April 1, 2021, CVS Caremark will replace OptumRx as your PBM** and will administer your prescription drug benefit on the Fund's behalf.

Please read this letter carefully so you can make the most of your prescription drug benefits.

What is not changing?

Your prescription drug copays for formulary generic, formulary brand-name, and non-formulary drugs will stay the same, whether you are taking a regular medication, a maintenance medication, or are participating in the Disease Management program. Your prescription drug out-of-pocket (OOP) maximum for 2021 will also remain the same. For the copay and OOP maximum amounts for your plan*, visit the Fund's website at scufcwfunds.com.

You will also be able to continue to use the current network of Participating Pharmacies. You must use this network if you are using your prescription drug benefit.

What is new?

There are some new features you and your doctor should keep in mind for your prescriptions. Effective April 1, 2021:

- There is a new formulary through CVS Caremark, called the Standard Control Formulary.
- The Market-Priced Drug (MPD) program will be terminated.
- CVS Caremark has a commitment to service and care.

* You are in one of these active plans: Platinum Plus, Platinum, Gold, or Silver under **Plan A**; or Platinum Plus, Platinum, Gold, or Silver under **Plan B**. To identify your plan, go to scufcwfunds.com/eligibility-enrollment/active-participants/whats-my-plan/.

- Medications that lack FDA approval for safety and effectiveness, have a clinically-appropriate alternative, or are compound medications may be excluded or require prior authorization by CVS Caremark.
- CVS Caremark will ensure that you are using medications that are the most effective and priced right. You may be asked to try a lower-cost generic medication in your treatment first, even if your doctor prescribes a brand-name drug. If the generic medication does not work effectively, the Plan will cover the prescribed drug.
- Opioid medications will have a coverage limit, or you may be encouraged to use short-acting opioids before using long-acting ones.
- If you are taking specialty medications, you can continue to fill your prescriptions at your current pharmacy. CVS Caremark will work with your doctor to review your medication and treatment plan to ensure the safe, clinically appropriate, and cost-effective use of these medications.

Beginning April 1, you'll also have the option to have your specialty medication delivered to your home through CVS Specialty Pharmacy. You can register online at CVSSpecialty.com, or you can call CVS Specialty at 800-237-2767.

What is a formulary?

A formulary is a list of generic and brand-name drugs selected by a panel of expert pharmacists and physicians. The panel of experts selects drugs to be on the formulary that are both clinically and cost effective.

Drugs on the formulary are preferred drugs or “formulary generic” and “formulary brand-name.” Drugs **not** on the formulary are non-preferred drugs or “non-formulary.” **Your copays are lower for formulary generic and formulary brand-name drugs.**

We have simplified your prescription drug benefit by terminating the MPD program. Your doctor should refer only to the CVS Caremark formulary when writing your prescriptions.

If you have any questions about the cost or coverage of your medication, please contact CVS Caremark at 855-311-3162. You can also register at caremark.com or download the CVS Caremark app to get personalized information online.

How do I fill my prescriptions after April 1?

You may fill your prescriptions at the same participating retail pharmacy you used in the past. Your new ID card should arrive in the mail around March 21. Starting April 1, 2021, you should present your new ID card to the pharmacist when you fill a prescription.

To see a list of network pharmacies in your area or if you have not received your new ID card by March 31, 2021, visit caremark.com, download the CVS Caremark app, or call 855-311-3162.

What if my current medication is not on the CVS Caremark formulary or the coverage changes after April 1?

If you are taking a medication that is not on the CVS Caremark formulary or the medication is covered differently after April 1, you'll receive a personalized letter from CVS Caremark listing your medication and alternative drug options on the formulary. You should share both this letter

and the personalized letter with your doctor. Your doctor should have a good understanding of your prescription drug benefits in order to make the right decision about your medication.

To help make the transition easier, you will have 90 days starting April 1, 2021, to work with your doctor if there's a change that affects you. You may continue to fill your current prescription(s) (with no change in your copayment) until June 30, 2021. What you pay will increase after June 30, 2021, if you remain on a medication that is not on the formulary.

Specialty medications will require prior authorization. If you are currently taking a specialty medication, CVS Caremark will work with you and your doctor to ensure your current specialty medication is appropriate and obtain prior authorization during the next 12 months starting April 1, 2021.

Why might my current medication be covered differently after April 1?

Starting April 1, 2021, the Prescription Drug Program administered by CVS Caremark will have enhanced features to ensure more appropriate and safe medication use, so that plan assets are spent wisely. For example, in some cases, before a more expensive medication is covered, you may need to try a generic drug that is clinically similar but more cost effective. For certain drugs, only a limited amount will be covered per fill or within a certain period. Some medications may require clinical review to determine that it is appropriate to treat your medical condition.

If the coverage for your medication changes after April 1, CVS Caremark will inform you with a personalized letter listing your current medications and suggesting other options for you and your doctor to consider. If you have any questions call CVS Caremark at 855-311-3162.

What if my doctor thinks I should not switch my medication?

Your doctor may decide you should not switch to an alternative drug because it is **medically necessary** for you to continue taking your current medication after June 30, 2021. If so, your doctor can submit a *Medication Request Form* to CVS Caremark for a medical exception review (this is sometimes referred to as a prior authorization).

If CVS Caremark approves your doctor's request—and finds that it is medically necessary for you to continue taking your current medication even though the drug is not on the CVS Caremark formulary—your copay for that medication will not increase after June 30, 2021.

What am I getting in the mail?

You will receive a new pharmacy ID card and welcome letter from CVS Caremark soon. You will also receive **personalized letter(s) from CVS Caremark** if any of your current medications need attention for the following reasons:

- Your medication is not on the CVS Caremark formulary.
- Your medication needs prior authorization (PA).
- Your medication is subject to a quantity limit.
- Your medication is subject to step therapy, a process that requires you to try a lower-cost generic equivalent first.

Please be sure to review the information carefully. You and your doctor will have 90 days from April 1, 2021, to make decisions about your medication (12 months for specialty medications).

Who do I call if I have more questions?

If you have questions, call CVS Caremark at 855-311-3162 or the Fund office at 877-284-2320.

After April 1, you can also register for an account at [caremark.com](https://www.caremark.com) or download the CVS Caremark app. With your free personal account, you can see plan information, check drug cost and coverage, find personalized drug saving opportunities, and more.

**Receipt of this notice does not constitute a determination of your eligibility.
If you wish to verify eligibility, please contact the Fund Office.**

*In accordance with ERISA reporting requirements, this document serves as your
Summary of Material Modifications to the Plan.*