

LABORERS' NATIONAL HEALTH & WELFARE FUND

5565 Sterrett Place, Suite 210

Columbia, MD 21044

800-235-5805

Prescription Drug Benefits

A. The co-payment for prescription drugs will change as follows:

Retail Generic Prescription Drugs	\$ 5.00
Retail Brand Formulary Prescriptions	20% (min \$10; max \$35)
Retail Brand Non-Formulary Prescriptions	30% (min \$10; max \$50)
Mail Order Generic Prescription Drugs	\$ 10.00
Mail Order Brand Formulary Prescriptions	20% (min \$20; max \$50)
Mail Order Brand Non-Formulary Prescriptions	30% (min \$20; max \$75)

The Co-payment is the dollar amount you and/or your eligible dependants have to pay for each prescription filled or refilled.

B. The Fund has a mandatory mail order policy for the purchase of all maintenance medication and/or prescription drugs. The member will be allowed to have the initial prescription and 1 refill at a retail pharmacy. If additional refills are needed and or this will be an ongoing treatment the member must provide a 90 day prescription from their physician and utilize the mail order service.

C. The annual prescription drug maximum for Plan I is \$7,500 and for Plan II is \$10,000.

D. **Express Scripts** is our contracted pharmacy benefits manager. They provide a wide range of valuable information for the membership. Go to www.express-scripts.com to utilize this resource. You can get detailed information on your prescription medications and prescription history, locate the nearest participating pharmacy, manage, order and reorder mail order prescription and get general drug and health information.

Don't have internet access. Simply call Member Services at 1-800-467-2006 with any questions about your prescription benefits.

As always, if you have any questions regarding the contents of this notice or your benefits in general, do not hesitate to contact the Fund Office.