



# IBEW LOCAL 915 HEALTH AND WELFARE FUND

JUNE 30, 2020

## CHANGES TO THE MEDICAL AND PRESCRIPTION DRUG PROGRAMS EFFECTIVE JULY 1, 2020

Dear Participant:

The Board of Trustees of the IBEW Local 915 Health and Welfare Fund has the responsibility of maintaining the long-term financial stability of the Fund while providing the highest level of benefits possible. In an effort to ensure that the Fund is offering benefits that are competitive, valuable and affordable, we continually review our programs. This notice briefly describes changes to the Plan's Medical and Prescription Drug Programs prompted by our recent review of the Fund.

As most of you are aware, the cost of prescription medications continues to rise and currently those costs represent a significant portion of the Fund's medical expenditures. During review of the Fund's medical and pharmacy expenses with the Plan's professional consultants, we decided that steps could be taken in an effort to control these costs. Therefore,

the following Plan exclusions are being implemented effective **July 1, 2020**:

1. **Charges incurred in connection with gene therapy, regardless of its intended use or stated purpose. Also excluded are any drugs or services rendered in connection with gene therapy, regardless of their intended use or stated purpose.**

Gene therapy is largely an experimental technique that uses genes to treat or prevent disease. In the future, this technique may allow doctors to treat a disorder by inserting a gene into a patient's cells instead of using drugs or surgery. Although gene therapy is a promising treatment option for a number of diseases, the technique can be risky. Further testing is necessary to be sure that it will be safe and effective.

2. **Charges incurred for the purchase or administration of any pre-exposure prophylaxis drugs or medications.**

Example medications include Truvada, emtricitabine/tenofovir, AccessPak for HIV PEP Basis, Descovy and emtricitabine/tenofovir-alafenamide.

3. **Charges incurred for the purchase or administration of drugs used for the prophylactic treatment or management of hemophilia Type A or Type B.**

It remains our responsibility to ensure as best as possible the financial future for the Plan that benefits

### IBEW LOCAL 915 HEALTH AND WELFARE FUND

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you, your family and all participants. Please place this notice with your important documents for future reference. If you should have any questions regarding the information provided herein, please feel free to contact the Fund office at one of the phone numbers listed in this newsletter.

Best Regards,

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