

MO-KAN TEAMSTERS TRUST FUNDS

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Summary of Material Modification

December 2024

Dear Participant:

The purpose of this Summary of Material Modification (SMM) is to inform you of important changes to the prescription drug program offered by the Mo-Kan Teamsters Health and Welfare Fund (the Fund). Please read this SMM carefully, share it with your family, and store it with your Summary Plan Description (SPD) and other SMMs you have received from the Fund.

Effective January 1, 2025, Express Scripts will replace CVS/Caremark as the Fund's pharmacy benefit manager (PBM) for all active participants, non-Medicare retirees, and dependents. The PBM helps to administer your prescription drug benefit on the behalf of the Fund. Although your copayment for prescription drugs will not change, Express Scripts has its own drug formulary and copayment assistance program. You will receive additional information from Express Scripts in the coming weeks if the PBM change will affect your cost-sharing for prescription drugs or access to prescription medications you're currently taking.

In the meantime, watch your mail for new Express Scripts ID cards. Begin using the new ID cards in January, and discard your old ID cards. If you need assistance with prescription drugs on or after January 1, 2025, contact Express Scripts Customer Service at (877) 724-7550.

If you have any questions about this change, contact the Fund Office at the address or telephone number on this Notice.

Board of Trustees Mo-Kan Teamsters Health and Welfare Fund

This Summary of Material Modification highlights certain features of the Mo-Kan Teamsters Health and Welfare Fund. You can find full details in the documents (Summary Plan Description, Plan Document, etc.) that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.

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The Plan's "Grandfathered" Status

The Mo-Kan Teamsters Health and Welfare Fund believes this Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office at 866-756-3313 (toll-free) or 816-756-3313. You may also contact the Employee Benefits Security Administration (EBSA), U.S. Department of Labor at 866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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