

# Oregon Essential Workforce Health Care Fund

## SUMMARY OF MATERIAL MODIFICATIONS

The Board of Trustees of the Oregon Essential Workforce Health Care Fund (“Fund”) has adopted the following change to the Oregon Essential Workforce Health Care Fund Summary Plan Description (“SPD”). Please review this document and keep it with your SPD.

1. Effective January 1, 2025, the second paragraph of the “Copays at In-Network Pharmacies” subsection under “PPO Plan Prescription Drugs” on page 36 of the SPD is revised to read as follows:

\*Maintenance-only. Maintenance drugs in excess of a 30-day supply must be purchased through a CVS retail network pharmacy or by mail. The Fund will allow for two (2) 30-day grace fills for maintenance drugs. After two grace fills, a 90-day supply must be obtained through a CVS retail pharmacy or through the Optum Rx mail order pharmacy. Otherwise, there will be no coverage.

Note on GLP-1 Prescriptions: For each new prescription for a GLP-1 drug on or after January 1, 2025, the Fund requires that you first fill three 30-day supply prescriptions of the same medication, at the same dose. After you meet this requirement, the Fund will allow for a 90-day supply to be filled

2. Effective January 1, 2025, the second paragraph of the “Coinsurance at Out-of-Network Pharmacies” subsection under “PPO Plan Prescription Drugs” on page 36 of the SPD is revised to read as follows:

\*Maintenance-only. Maintenance drugs in excess of a 30-day supply must be purchased through a CVS retail network pharmacy or by mail. The Fund will allow for two (2) 30-day grace fills for maintenance drugs. After two grace fills, a 90-day supply must be obtained through a CVS retail pharmacy or through the Optum Rx mail order pharmacy. Otherwise, there will be no coverage.

Note on GLP-1 Prescriptions: For each new prescription for a GLP-1 drug on or after January 1, 2025, the Fund requires that you first fill three 30-day supply prescriptions of the same medication, at the same dose. After you meet this requirement, the Fund will allow for a 90-day supply to be filled.

3. Effective January 1, 2025, the following paragraph is added as the third paragraph to the “Optum Home Delivery” subsection under “PPO Plan Prescription Drugs” on page 37 of the SPD:

Please note that the Optum Variable Copay program is available through Optum Home Delivery. Under the Variable Copay program, you may apply third-party (drug manufacturer) copay assistance program funds towards your prescription drug costs. For more information about the Optum Variable Copay program, please contact Optum Home Delivery at the number below.

4. Effective January 1, 2025, the following paragraph of is added as the second paragraph to the “Specialty Drug” subsection under “PPO Plan Prescription Drugs” on page 38 of the SPD:

Please note that the Optum Variable Copay program is available through the Specialty Drug program. Under the Variable Copay program, you may apply third-party (drug manufacturer) copay assistance program funds towards your prescription drug costs. For more information about the Optum Variable Copay program, please contact Specialty Optum RX at the number below.

5. Effective January 1, 2025, the second paragraph of the “Maintenance Prescription Drugs” subsection under “PPO Plan Prescription Drugs” on page 38 of the SPD is revised to read as follows:

The Fund will cover two (2) 30-day supply prescriptions for maintenance drugs. After two (2) 30-day grace fills, you must obtain a 90-day supply from either a CVS retail pharmacy or through Optum Home Delivery, otherwise the prescription will not be covered.

Note on GLP-1 Prescriptions: For each new prescription for a GLP-1 drug on or after January 1, 2025, the Fund requires that you first fill three 30-day supply prescriptions of the same medication, at the same dose. After you meet this requirement, the Fund will allow for a 90-day supply to be filled.