A.F.L. HOTEL AND RESTAURANT WORKERS TRUST FUNDS

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Date: October 2026

To: All Participants Enrolled in the Comprehensive Medical Plan (Self Funded)

From: Board of Trustees
AFL Hotel and Restaurant Workers Health & Welfare Trust Fund

Subject: **Revisions to Comprehensive Medical and Indemnity Prescription Drug Plan (Self Funded):** Self-Injectable Specialty Drugs from Medical to Prescription Drug Benefit and Updated Utilization Management Rules

This notice announces **an important change** to your Comprehensive Medical Plan (self-funded benefits). Beginning January 1, 2027, all self-injectable specialty drugs will only be covered under the prescription drug benefit. In addition, effective January 1, 2027, the Utilization Management Rules will be updated for self-injectable drugs and other medications.

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1. Self-Injectable Specialty Drugs

Effective January 1, 2027, all self-injectable specialty drugs will no longer be covered under the medical benefit and will instead be covered under the pharmacy benefit. This means that you must now obtain these prescriptions through Express Script's Inc. specialty pharmacy Accredo. Specifically, the Comprehensive Medical and Indemnity Prescription Drug Plan's Specialty injectable medication coverage shown on page 61 of your Handbook of Benefits (Actives), page 90 of your Summary Plan Description (Retirees), and/or page 117 of your Summary Plan Description (Kaiser Permanente Bargaining Unit Actives) will be replaced with the following benefit:

> Specialty medications are high-cost drugs that generally require special storage or handling and close monitoring of the patient's drug therapy. Your physician must submit a Prior Authorization request to the Pharmacy Benefits Manager for coverage approval when you are prescribed a new or different specialty medication. Coverage is limited to a 30-day supply per fill and oral medications only. Self-injectable specialty medications may only be obtained under the Indemnity Prescription Drug Plan (Self-Funded). Medical plan deductible and applicable coinsurance (up to the annual out-of-pocket maximum) shall continue to apply to the self-injectable specialty medications.

Action Required

- **If you are currently taking self-injectable specialty drugs, you will need to contact Accredo prior to January 1, 2027 for assistance in transferring your prescription(s).** Accredo can be contacted within the State of Hawaii at 808-650-6488 or the Mainland at 800-803-2523.

- Make sure that your doctor submits all necessary clinical documentation for your specialty medication to Express Scripts Inc. specialty pharmacy Accredo so your specialty medication(s) continue without interruption.

How This Affects Utilization Management Rules for Your Prescriptions

- For self-injectable specialty drugs, clinical utilization management rules (including prior authorizations) may change effective January 1, 2027, please contact Express Scripts, Inc. prior to January 1, 2027 to help ensure uninterrupted access to your medication(s).
- You do not need to take immediate action if your prescription is currently being filled through the prescription drug benefit. **If your prescription is impacted by this change, you will receive additional notification from Express Scripts, Inc.** If you receive the additional notification, you should contact Express Scripts prior to January 1, 2027, to review any changes to your prescription(s) to help ensure uninterrupted access.

Why the Fund is Making This Change

- To make sure people taking medications for rare, chronic, or complex conditions get the most up to date clinical guidance and extra clinical support. Accredo's therapeutic resource center has specially trained staff who focus on these complex treatments and can provide personalized help.
- Specialty medications and guidelines change quickly. Accredo follows strong safety and monitoring programs and stays current with the latest FDA recommendations, including important safety warnings.

How This Affects Your Costs

- Currently, you pay for self-injectable specialty drugs under the medical plan and pay deductible and coinsurance (up to the annual out-of-pocket maximum).
- After January 1, 2027, self-injectable specialty drugs formerly covered under the medical benefit will be transitioned to the pharmacy benefit. However, <u>your deductible and applicable coinsurance will not change</u>. You will continue to pay the medical plan deductible and applicable coinsurance (up to the annual out-of-pocket maximum) for self-injectable specialty drugs.

- All other drugs covered under the pharmacy benefit will continue to be subject to standard copays, which do not count toward your annual medical plan out-of-pocket maximum, and are not subject to the medical plan deductible.

If you have questions about these benefits or need assistance locating a participating provider, please contact the Fund's Claims Administrator at 1 (808) 275-2520. You may also visit www.unitehere5trustbenefits.com. By clicking on the Provider Directory tab, you'll be able to search for providers in a specific specialty close to your home.

If you have any additional questions or need assistance with your coverage, please contact the Trust Fund office at 808 523-0199, neighbor islands call toll free at 1 (866) 772-8989. If you are unable to contact the Trust Fund Office during normal business hours, inquiries may be emailed to hiaflinfo@brmsonline.com

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan. Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions.

Disclosure of Grandfathered Status

The Trust Fund believes its group health plans are "grandfathered health plans" 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 plan administrator, Benefit & Risk Management Services, Inc., at 560 North Nimitz Highway, Suite 209, Honolulu, Hawaii 96817-5315 or 1-808-523-0199. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.