**EXPANDED PRESCRIPTION DRUG COVERAGE**

**OF WEIGHT LOSS MEDICATIONS**

December 2023

To All Participants of the IBEW Local 701 Welfare Fund:

Coverage for the weight loss medications shown below will be covered by the Plan for members and spouses only through December 31, 2024. These weight loss medications will be in addition to the Plan’s current $1,000.00 lifetime maximum benefit for obesity treatment.

|  |  |  |  |
| --- | --- | --- | --- |
| Contrave | Saxenda | Zepbound |  |
| Phentermine | Wegovy |  |  |
| Qsymia | Xenical |  |  |

In order to qualify for these prescription drug benefits, you must meet or exceed the minimum weight and BMI criteria according to FDA guidelines with an initial body mass index of 30 or higher (or 27 or higher if you also have at least one weight-related comorbid condition (e.g., hypertension, type 2 diabetes mellitus, dyslipidemia)). **Coverage must be preauthorized.** Preauthorization can be completed by having your doctor call Sav-Rx at (866) 233-4239 or visit www.savrx.com.

The cost of these medications will still be subject to the Plan’s existing coinsurance and copayment amounts for prescription medications.

This added benefit will not count toward the $1,000 maximum per lifetime in place for obesity treatment that is available to only members and spouses.

If you have any questions regarding these changes, please contact the Fund Office.

Sincerely,

Board of Trustees

IBEW Local 701 Welfare Fund

• Summary of Material Modifications • 39-2951116 • Plan No. 501 • SMM 2023-6 •