



NATIONAL IAM BENEFIT TRUST FUND SUMMARY OF MATERIAL MODIFICATIONS

October 2025

The following is a summary of changes to the National IAM Benefit Trust Fund's (the "Plan") Summary Plan Descriptions ("SPD") for **Medical Plan B**, (effective January 1, 2018).

This Summary of Material Modifications ("SMM") supplements the information in the Medical SPD.

These changes are effective **January 1, 2026**.

New Pharmaceutical Prior Authorization Requirement

In partnership with CVS Health and Virta Health, the Plan is enhancing support for your health goals with an important update to your prescription benefits. This change involves new requirements for coverage of certain medications, specifically GLP-1 medications for weight loss (e.g., Wegovy, Saxenda, and Zepbound). Prescriptions for GLP-1 medications will have to meet new clinical requirements and be prescribed by the Plan's weight management partner, Virta Health.

Schedule of Medical Benefits

Financial	In-Network	Out-of-Network
Deductible (per calendar year – cross accumulates in- and out-of-network – includes 4 th quarter carryover)		
Individual	\$400	\$3,400
Family	\$800	\$9,800
Out-of-Pocket Limit (per calendar year – cross accumulate in- and out-of-network – includes deductible, coinsurance and copayments)		
Individual	\$5,000	\$14,000
Family	\$12,500	\$41,500

Type of Service/Benefit	Plan Pays In-Network	Plan Pays Out-of-Network
PHYSICIAN SERVICES		
Primary Care Physician Office Visit	100% after \$30 copay/visit	50% after deductible
Specialist Office Visit	100% after \$45 copay/visit	50% after deductible
Emergency Room Physician Visit	100% after \$250 facility copay	100% after \$250 facility copay (50% after deductible if not true emergency)
HOSPITAL FACILITY		
Emergency Room	100% after \$250 copay/visit	100% after \$250 copay (50% after deductible if not true emergency)

Schedule of Prescription Drug Benefits

	34-day Supply All Participating Pharmacies	90-day Supply All Participating Pharmacies	Specialty Drugs Specialty pharmacy use and pre-authorization required, quantities vary
Generic	You pay \$20	You pay \$40	You pay 25% up to \$150
Preferred	You pay 20% up to \$40	You pay \$80	You pay 25% up to \$150
Non-Preferred	You pay 30% up to \$70	You pay \$140	You pay 25% up to \$150
Deductible - \$50 individual / \$100 Family - the medical deductible does not apply to prescription drugs			
Out-of-Pocket Limit - Applies per calendar year for all copayments – the prescription drug out-of-pocket limit is separate from the medical out-of-pocket			
Individual	\$1,800		
Family	\$3,600		

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