NATIONAL IAM
BENEFIT TRUST FUND

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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 C**, (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 4th quarter carryover)		
Individual	$500	Out-of-Network Benefits Not Available
Family	$1,000	
Out-of-Pocket Limit (per calendar year – cross accumulate in- and out-of-network – includes deductible, coinsurance and copayments)		
Individual	$7,000	Out-of-Network Benefits Not Available
Family	$14,000	

Type of Service/Benefit	Plan Pays In-Network	Plan Pays Out-of-Network
PHYSICIAN SERVICES		
Primary Care Physician Office Visit	100% after $35 copay/visit	Out-of-Network Benefits Not Available
Specialist Office Visit	100% after $55 copay/visit	
Emergency Room Physician Visit	100% after $300 facility copay	100% after $300 facility copay (not covered if not true emergency)
HOSPITAL FACILITY		
Emergency Room	100% after $300 copay/visit	100% after $300 copay (not covered if not true emergency)
Urgent Care Facility	100% after $60 copay/visit	Out-of-Network Benefits Not Available

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
Copayment - Applies for each covered prescription, unless noted, until out-of-pocket limit is met			
Generic	You pay $25	You pay $50	You pay 25% up to $250
Preferred	You pay $20% up to $75	You pay $150	You pay 25% up to $250
Non-Preferred	You pay 30% up to $125	You pay $225	You pay 25% up to $250
Deductible - $75 individual / $150 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	$1,900		
Family	$3,800		

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Receipt of this notice does not constitute a determination of eligibility or coverage. If you wish to verify eligibility or have general questions about this notice, please contact Quantum Health, at 866-871-0839.