



North Atlantic States Carpenters  
Health Benefits Fund

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April 2021

Dear Participant:

On behalf of the North Atlantic States Carpenters Benefit Funds, you are receiving this notice to inform you of changes to your Health Plan's benefits.

## HEALTH FUND SUMMARY PLAN DESCRIPTION

### PAGE 32

In the first three paragraphs under the heading "Specialty Drugs" on page 32 of the SPD, change the name of the pharmacy to "Accredo Specialty Pharmacy" and substitute the following new web address and phone number: [www.accredo.com](http://www.accredo.com) and 877-895-9697.

Add the following new paragraphs following the third paragraph under "Specialty Drugs" as follows:

"Effective July 1, 2021, the Health Fund is implementing a Pharmacy Manufacturer Copay Assistance Program ("Program") for certain specialty drugs. The copay assistance Program is offered through SaveOnSP in partnership with Express Scripts, Inc., and is designed to provide participants and covered dependents with select medications at no cost to them.

The way the Program works is the Fund will treat certain specialty pharmacy drugs as non-essential health benefits as defined by the Affordable Care Act and will assign them new, higher copays. If you enroll in the Program, however, those copays will be reimbursed 100% by the manufacturer, allowing you to obtain the medications at no copay or other cost to you while also reducing the overall prescription drug cost for the Fund. The cost of these specialty pharmacy drugs will not be applied toward satisfying your deductible or out-of-pocket maximum. If you do not enroll in the SaveOn Program you will be responsible for the new higher copay.

To receive the savings on these drugs, **you must enroll in the Program**. You will have to contact SaveOnSP at 1-800-683-1074 prior to the first fill of the medication. You can determine which specialty pharmacy drugs are part of this Program and learn how to enroll by visiting [www.saveonsp.com/nasrcc](http://www.saveonsp.com/nasrcc) or calling SaveOnSP at 1-800-683-1074."

**PAGE 51**

Delete the following sentence from the first paragraph under the heading “Special Enrollment” on page 51 of the SPD: “There is no option to decline coverage.”

Add a new paragraph under that first paragraph as follows: “A participant may decline or disenroll from coverage otherwise eligible dependents, subject to the discretion of and approval by the Fund. The participant’s request must be made in writing. If the dependent is not a minor, the dependent must also make the request in writing. The request must be accompanied by documentation that the dependent has other coverage, and that the other coverage is not coverage under a state’s Medicaid plan or program.”

This is a Summary of Material Modifications regarding the above-named plan (“Plan”). This Summary of Material Modifications supplements the Summary Plan Description (“SPD”) previously provided to you. You should retain this document with your copy of the SPD.

If you have any questions concerning this notice or any other matter, please contact the Wilmington Fund Office at 1-800-344-1515 or the CT Fund Office at 1-800-922-6026.

Sincerely,

**Board of Trustees**