

ADMINISTRATION OFFICE

4th DISTRICT IBEW HEALTH FUND

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December 2009

To: Active Bargaining and Salaried Participants

Classes BI, SF, WF, SP, RT, PR, FR, NB & NO

COBRA Continuation Classes

Classes P1, P2, P3, PA, PB & PC

Non-Medicare Retirees and Dependent Only Classes

Classes ER, E1, E2, E3, SS, S1, S2, SW, DO D1, D2, D3 & D4

Medicare Retirees and Dependents

Classes M1, M2, M3, M4, M5, M6, M7, M8, M9 & M0

From: Administration Office

Fund Trustees

Re: Mail Order Prescription Drug Benefit

Effective January 1, 2010 the copayment amounts for the Mail Order Prescription Drug Benefit have been revised for all fill and refill orders received by Sav-Rx on January 2, 2010 and after.

The new copayment amounts per fill or refill of a 90-day supply of a medication are:

Generic	\$15 (was \$20)
Formulary (preferred) Brand	\$50 (was \$40)
Non-Formulary (non-preferred) Brand	\$65 (was \$50)

This change was adopted to encourage the participants to utilize the less costly generic medications whenever possible.

Please keep this notice with your copy of the Summary Plan Description