

Summary of Material Modifications to the Chouest Group Health Plan

This Summary of Material Modification (“SMM”) modifies some of the information contained in the Summary Plan Description (“SPD”) for the Chouest Group Health Plan (the “Plan”) that describes the Plan as of January 1, 2023.

You should read this document carefully and keep a copy of this SMM with your SPD for future reference. Please contact your Plan Administrator at 985-601-4203 or email GINA.CHERAMIE@CHOUEST.COM if you have any questions regarding the changes described in this SMM. If this SMM conflicts with the official Plan Document (and any amendments thereto) or benefit materials or is ambiguous, the Plan Document (and any amendments thereto) and/or benefit materials will control. This SMM cannot modify any benefits described in the benefit materials.

Modification(s)

Important changes to certain benefits under the Plan will go into effect on January 1, 2023. In particular, the following is added:

Specialty Drug – Cost Avoidance Program

The Plan has a cost avoidance program, coordinated through Payer Matrix, for specialty drugs. You are eligible to participate in the Payer Matrix program if you are currently taking, or if you begin taking a specialty drug. The program will help you enroll in any applicable alternate funding programs for your eligible drug therapy, with the goal of helping you avoid any out-of-pocket expense for specialty medications.

If you are eligible to participate in the Payer Matrix program, you will receive a telephone call to your current telephone number on file with the Plan’s office, outlining the enrollment process. As a first step, Plan members or their providers are required to send specialty medication prescriptions to Express Scripts, Inc.(ESI). While ESI conducts an administrative review to locate an alternate payer for you and the specific specialty medication you need. Payer Matrix and/or your Plan will assist you throughout the process, from enrollment through your receipt and use of your medication.

If you are eligible for a Payer Matrix identified alternative funding program, and choose not to enroll in the program, you will be responsible for the full cost of your applicable specialty drug prescription, and this expense will not count toward your annual out-of-pocket maximum.

If you are not eligible for any alternate funding program through Per Matrix, and Specialty Drug prescriptions covered by the Plan, Payer Matrix will work with ESI or Blue Cross Blue Shield to place an override in the system so that you may receive your drugs from your pharmacy or you physician.