

## Local 734 Welfare Fund / Pension Fund

---

6643 NORTH NORTHWEST HIGHWAY • CHICAGO, ILLINOIS 60631-1360 • Tel.: 773-594-2810  
Fax: 773-631-3824



### Clarification Regarding Prescription Drug Co-Pays

---

July 2008

To All Plan Participants:

As stated on page 11 of your new Summary Plan Description booklet (SPD), if your doctor allows the use of a generic drug, and you choose to purchase a brand name drug when a generic equivalent is available, you will be responsible for the 20% formulary co-pay or 30% non-formulary co-pay **in addition to the difference in costs between the brand name drug and the generic equivalent.**

For example, suppose a 90-day supply of a 10 mg dose of Zocor costs \$200, and the generic equivalent, simvastatin, costs \$100. If you chose to purchase Zocor instead of simvastatin, you would be responsible for a total co-pay of \$160—the \$100 difference in cost between Zocor and simvastatin **plus** \$60 (30% non-formulary co-pay). However, if you chose to purchase simvastatin, your total co-pay would be \$10.

To save money on your prescription drugs, talk to your doctor to make sure you get a prescription for a generic drug, when available.

*Please contact the Fund Office at 773-594-2810 if you have any questions about your Plan of benefits.*

Summary of Material Modifications  
EIN: 36-2272414 PN: 501

c173/smm2008-2