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## **Notice of Plan Changes Effective January 1, 2024**

**Please read this notice and keep it with your benefits plan booklet.**

The United Employees Benefit Trust will be making the following Plan changes effective January 1, 2024. The page reference refers to the 2019 Plan Booklet. If you need a copy of the Plan Booklet please contact the Trust Administrative Office.

### **Medical Plans A5, A6, AV8 and AV9**

**Temporomandibular Joint (TMJ) / Jaw Disorders**, p. 28.

The \$7,500 lifetime maximum limit is removed from the Temporomandibular Joint (TMJ) / Jaw Disorder benefit. As with all Covered Services coverage requires meeting Plan requirements such as establishing the services are medically necessary.

**Prescription Drugs**, p. 29.

**UEBT is moving from the Preferred Formulary to the Advantage Formulary.** This is a closed formulary, with select medications excluded from coverage in certain drug therapeutic classes. The excluded medications are those that are no longer the most clinically effective or those that are not the preferred medication to take due to updated dosage safety information and guidelines from the Food & Drug Administration (FDA). For every exclusion there is a preferred alternative.

If you are currently taking a medication affected by this change, you will receive a notification letter from MaxorPlus. Take this communication to your physician to discuss the approved medication alternative.

If you have questions regarding the pharmacy formulary change, please call MaxorPlus using the number on the back of your member ID card before December 15, 2023.

### **Vision Benefits**

**Vision Benefits**, pp. 53 and 54.

- Vision Exam will have a \$10 Copay.
- Anti-reflective coating for lens will be a covered benefit with a \$35 copay.
- Contact Lens benefit is reduced from \$300 to \$250 per calendar year; when utilized in lieu of glasses.

### **Questions**

If you have questions contact your Trust Office at (253) 474-1214.

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