

The Plumbers and Pipefitters Local No. 172 Welfare Fund
Summary of Material Modifications
November 2018

Medicare Retirees
Medical and Prescription Drug Benefit Changes

The Board of Trustees is pleased to announce that the Welfare Fund started working with Humana to provide eligible Medicare Retirees with medical and prescription drug coverage under the Humana Medicare and Prescription Drug (“MAPD”) Plan PPO, effective January 1, 2019.

Non-Medicare Retirees will continue to receive the same medical and prescription drug benefits under the Plan, but you **should read this notice carefully** because you **MUST** take certain actions upon your eligibility for Medicare.

What is the MAPD Plan?

You **MUST** be enrolled in **Medicare Parts A and B** and continue to pay your **Medicare Part B** monthly premium to the Social Security Administration, including any income-related surcharges, to be eligible for coverage under the MAPD Plan.

If you meet these requirements and you are eligible for **Retiree Benefits** under the Welfare Plan, then you and your Medicare eligible Dependents will be enrolled in the MAPD Plan.

The MAPD Plan provides all of the benefits of original Medicare Parts A and B and Medicare Part D prescription drug coverage. The MAPD Plan also provides extra benefits such as Silver Sneakers, Personal Health Coaching and Vision Discounts.

What are my Out-of-Pocket Costs under the MAPD Plan?

Below is a summary of the medical and prescription drug benefits that Medicare Retirees will receive under the Humana MAPD Plan:

<i>Major Medical Benefit under the MAPD Plan</i>	
Calendar Year Deductible	\$0 per person
Out-of-Pocket Maximum per Calendar Year	\$5,000 per person
<i>Your Co-Payment Amount under the MAPD Plan</i>	
Primary Care Office Visit	\$20
Specialist Office Visit	\$20
Preventive Care	\$0
Emergency Care	\$80 (waived if admitted)
Urgent Care	\$20

Inpatient Hospital Care	\$0	
Outpatient Care	\$0	
Skilled Nursing Care	\$0	
Durable Medical Equipment	\$0	
Routine Chiropractic Care	\$20	
Vision Services	Annual Exam – \$0 Lenses – \$0 Frames – \$125 Allowance	
Foreign Travel Emergency	\$100 Deductible 20% coinsurance \$25,000 annual maximum	
<i>Prescription Drug Benefit under the MAPD Plan</i>		
Calendar Year Deductible	\$ 100 per person	
Out-of-Pocket Maximum per Calendar Year	\$2,900 per person	
<i>Your Co-Payment Amount During Initial Coverage and Coverage Gap</i>	<i>Retail (30-day supply)</i>	<i>Retail or Mail (90-day supply)</i>
Generic	\$15	\$30
Preferred Brand	\$40	\$80
Non-Preferred Brand	\$60	\$120
Specialty	30% up to a maximum of \$150 per fill (30-day supply)	
<i>Your Co-Payment Amount During Catastrophic Coverage</i>		
Generic	Greater of \$3.40 or 5% (\$150 maximum)	
Brand	Greater of \$8.50 or 5% (\$150 maximum)	

Under the MAPD Plan, all of your medical and prescription drug claims will be submitted directly to Humana for payment. This will help eliminate any confusion to coordinate benefits between Medicare and the Welfare Fund.

The benefits listed above are provided exclusively through a **fully-insured contract** with Humana. This means your medical and prescription drug benefits provided under the MAPD Plan will be paid in accordance with the Humana policy.

Optional Retiree Dental and Vision Benefits for Bargaining Unit Retirees

Effective January 1, 2019, the Trustees amended the Plan to provide optional Dental and Vision Benefits for eligible Bargaining Unit Retirees and their Dependents.

Election upon Retirement

Upon your **retirement**, you may now elect Dental and Vision Benefits by paying a separate monthly premium for such coverage. The Dental and Vision Benefits Premium is **separate and distinct** from any other Retiree Self-Payment under the Plan.

You cannot elect the Dental Benefit separately from the Vision Benefit and vice versa. However, Medicare Retirees may only receive coverage under the Dental Benefit since vision benefits are provided under the Medicare Advantage and Prescription Drug (“MAPD”) Plan.

If you have been approved for an Opt-Out under the Plan for Retiree Benefits, you may NOT elect Dental and Vision Benefits. The Dental and Vision Benefits are **only offered** to eligible Bargaining Unit Retirees who also receive **medical benefits** under the Plan.

If you do not elect the Dental and Vision Benefits upon your retirement, you generally cannot purchase such coverage at a future date. **This means that you have a one-time opportunity upon your retirement to elect the Dental and Vision Benefits.**

If you elect the Dental and Vision Benefits upon your retirement and pay the separate monthly premium, you will continue to receive the **same coverage** under the Plan as you did while you were an Active Bargaining Unit Employee.

Separate Premium

The current amount of the optional Retiree Dental and Vision Benefits Premium is **\$50 per person per month**. The Dental and Vision Benefits premium amount is determined by the Trustees and may be subject to change at any time.

To elect the optional Dental and Vision Benefits upon your retirement, you must complete and return an enrollment form to the Third Party Administrator. The open enrollment form will authorize the Third Party Administrator to deduct the separate Dental and Vision Benefits Premium from your **monthly pension benefit check**.

If the amount you receive from your monthly pension benefit check is not sufficient to cover the Dental and Vision Benefits Premium, you **must pay the difference** to be eligible for the Dental and Vision Benefits under the Plan.

If you fail to make a timely payment or terminate your coverage, you CANNOT re-enroll for the optional Retiree Dental and Vision Benefits at a future date.

Retiree Self-Payment Amounts

Effective January 1, 2019, the Retiree Self-Payment amounts for retirements on or after January 1, 2012 are as follows:

Non-Medicare Retirees – Monthly Self-Payment Amount

Your Age at Initial Retirement	25 + Years of Service in the Pension Plan	20 – 24 Years of Service in the Pension Plan	Less than 20 Years of Service in the Pension Plan	Less than 10 Years of Service in the Pension Plan
55 – 57	\$411*	\$499*	\$558*	\$587*
58 – 59	\$352*	\$411*	\$470*	\$587*
60 – 64	\$264*	\$352*	\$411*	\$587*

***Dependent children will have a \$100 surcharge added to the above rates.**

Medicare Retirees – Monthly Self-Payment Amount

Age	25 + Years of Service in the Pension Plan	20 – 24 Years of Service in the Pension Plan	10-19 Years of Service in the Pension Plan	Less than 10 Years of Service in the Pension Plan
65	\$217*	\$299*	\$380*	\$380*

***Dependent children will have a \$100 surcharge added to the above rates.**

If you have any questions about these changes, please contact Stewart C. Miller.