

PLUMBERS LOCAL 24

WELFARE FUND

Quick Reference Guide

For the

Service and Repair Division

Effective August 1, 2011

Important Notice: This is an outline of the principal plan provisions of the Plumbers Local 24 Welfare Plan and is not intended to completely describe the Plan provisions. In the event of any discrepancy between this outline and the Plans, the Plan Document shall govern. For further information, please review your Summary Plan Description or contact the office of the Administrator, I. E. Shaffer & Co., at P. O. Box 1028, Trenton, NJ 08628. Telephone 1-800-792-3666.

06/30/11

PLUMBERS LOCAL 24 WELFARE FUND

Effective August 1, 2011

Eligibility Rules - Active Employees

You will become eligible to receive benefits on the first day of the second month that follows an employment period of not more than 6 consecutive months during which you have been credited with 600 hours of service.

You Will Become Eligible On

January 1
February 1
March 1
April 1
May 1
June 1
July 1
August 1
September 1
October 1
November 1
December 1

If You Have 600 Hours During the Prior

June through November
July through December
August through January
September through February
October through March
November through April
December through May
January through June
February through July
March through August
April through September
May through October

To maintain your eligibility thereafter, you must have at least 300 hours of service each calendar quarter. Your eligibility will terminate on the last day of the second month following the calendar quarter during which you fail to receive credit for at least 300 hours.

Hours of service in excess of the hours required to establish and maintain eligibility will be placed in a reserve and will accumulate up to a maximum of 600 hours. This reserve will be drawn upon to maintain your eligibility if you should fail to receive credit for at least 300 hours of service during a subsequent calendar quarter.

If you become disabled while eligible, you will be credited with 25 disability hours for each week that you are disabled up to a maximum of 400 hours for any one continuous period of disability.

Should your eligibility terminate, it will be reinstated provided you are credited with at least 300 hours of service during a calendar quarter which ends within 10 months after your eligibility terminated. Your eligibility will reinstate on the first day of the second month following that calendar quarter during which you meet this 300 hour requirement. Hours of service worked during the calendar quarter immediately preceding your termination date, plus any accumulated reserve hours, will be applied towards this 300 hour requirement. If you do not satisfy this reinstatement provision, you will be treated as a new employee and will be subject to the 600 hour requirement for initial eligibility outlined above.

Eligibility Rules - Retired Employees

Following your retirement, you will be eligible for retiree benefits provided all the following requirements are satisfied:

- ◆ You are eligible for benefits under the Welfare Fund as an active employee or COBRA eligible at the time of your retirement.
- ◆ You are receiving a retirement benefit from the Plumbers Local 14 Pension Fund.
- ◆ You have earned at least 20 years of Vested Service under the Plumbers Local 14 Pension Fund with at least 5 years of credit earned during the 10 plan years prior to your retirement.
- ◆ The total of your age and years of pension Vested Service is at least 85, or you have attained age 65, or you are receiving a disability retirement pension benefit.
- ◆ You make the required contributions in the amount established by the Trustees as detailed below:

Age 65+ or receiving a disability pension	\$125/month
Age 62 to 64 with dependents	\$313/month
Age 62 to 64 with no dependents	\$156/month
Under age 62 with dependents	\$375/month
Under age 62 with no dependents	\$188/month

COBRA and Self Pay Provisions

If you fail to meet the eligibility requirements and lose eligibility, self-pay continuation of coverage is available under COBRA for up to 18 months. Your accumulated reserve hours will be applied before self-pay is required. If your dependent loses eligibility due to your death, divorce, or your child attaining the maximum eligible age, self-pay continuation of coverage is available under COBRA for up to 36 months. The present monthly COBRA rates are as follows:

Single	\$552
Parent/Child	\$828
Husband/Wife	\$938
Family	\$1,104

In the case of a retired employee, if your spouse loses eligibility due to your death, self-pay continuation of coverage is available for an indefinite period of time at a monthly rate of \$85 for a spouse who is Medicare eligible or \$500 for a spouse who is not Medicare eligible.

Types of Plan Benefits

- ◆ Life Insurance (active employees only)
- ◆ Accidental Death & Dismemberment (active employees only)
- ◆ Death Benefit (retired employees only)
- ◆ Medical
- ◆ Prescription
- ◆ Dental (active employees only)
- ◆ Vision (Medicare eligible retired employees only)
- ◆ Employee Assistance Program – pre-certification required for all treatment associated with mental/nervous and substance abuse treatment.
- ◆ Medicare Supplement (80% coverage of Medicare co-insurance and deductibles for Medicare eligible retired employees)

Horizon Blue Cross Blue Shield Network Benefits

	<u>In-Network</u>	<u>Out-of-Network</u>
In-patient Hospital	80%	no coverage
Out-patient Hospital	80% after \$50 co-pay	no coverage
Physician Services		
In-hospital services	80%	no coverage
Office or home services	100% after \$25 co-pay	no coverage
Diagnostic X-ray and Lab*	80%	no coverage
* NJ based participants must use Laboratory Corporation of America		

How To Find A Horizon Blue Cross Blue Shield Provider

- ◆ Ask your physician, hospital, lab or other provider
- ◆ Horizon’s website at www.horizonblue.com
- ◆ Call I. E. Shaffer & Co. at 1-800-792-3666
- ◆ Call Horizon at 1-800-355-BLUE (2583)

PLUMBERS LOCAL UNION 24 WELFARE FUND
Schedule of Benefits
Effective August 1, 2011

HORIZON PPO NETWORK

Life Insurance & Death Benefits

Active Employees - \$10,000 (life insurance)
Retired Employees - \$5,000 (death benefit)

Accidental Death & Dismemberment Benefits

Active Employees - \$10,000

Medical Benefits for Active Employees and non Medicare eligible retired employees

Inpatient Hospital – semiprivate rate:
In-Network - 80% no deductible
Out-of-Network - no coverage

Outpatient Hospital Services:
In-Network - 80% after \$50 emergency room co-payment (waived if admitted)
Out-of-Network - no coverage

Physician Surgical and In-Hospital Services:
In-Network - 80% no deductible
Out-of-Network - no coverage

Physician Office or Home Visits:
In-Network - 100% after \$25 copayment
Out-of-Network - no coverage

Laboratory and Radiology Services:
In-Network - 80%
Out-of-Network - no coverage (except for services rendered by hospital based pathologists and radiologists at in-network hospitals)

Preventative Care as defined by the Patient Protection and Affordable Care Act:
In-Network - 100%
Out-of-Network - no coverage

All Other Medical Services:
In-Network - 80% no deductible
Out-of-Network - no coverage

Coinsurance Limits - \$7,500/person, \$15,000/family

Dental Benefits for Active employees only

Paid at 100% per schedule with a \$450 per family annual maximum benefit effective September 1, 2011.

Optional Horizon Dental Choice plan available September 1, 2011.

Prescription Card Program for Active employees and non Medicare eligible retired employees

Mandatory generic substitution – no DAW, max 30 day supply

Generic Drugs - \$5 copayment

Preferred Brand Name Drugs – 60% copayment

Non-Preferred Brand Name Drugs – 100% copayment

Specialty Medications –

Preferred specialty medications 20% copayment, maximum of \$200

Non-preferred specialty medications 20% copayment, maximum of \$250

Mail Order Prescription Program for Active employees and non Medicare eligible retired employees

Mandatory generic substitution – no DAW, max 90 day supply

Generic Drugs - \$10 copayment

Preferred Brand Name Drugs – 60% copayment

Non-Preferred Brand Name Drugs – 100% copayment

Prescription Card Program for Medicare eligible retired employees

Mandatory generic substitution – no DAW, max 30 day supply

Generic Drugs - \$5 copayment

Preferred Brand Name Drugs - 35% copayment, minimum of \$20, maximum of \$150

Non-Preferred Brand Name Drugs - 50% copayment, minimum of \$35

Specialty Medications –

Preferred specialty medications 20% copayment, maximum of \$200

Non-preferred specialty medications 20% copayment, maximum of \$250

Maximum annual copayment for specialty medications of \$2,500 after which the copayment will revert to \$35 for the remainder of the calendar year

Mail Order Prescription Program for Medicare eligible retired employees

Mandatory generic substitution – no DAW, max 90 day supply

Generic Drugs - \$10 copayment

Preferred Brand Name Drugs - 35% copayment, minimum of \$40, maximum of \$300

Non-Preferred Brand Name Drugs - 50% copayment, minimum of \$55

Vision Benefit for Medicare eligible retired employees (maximum benefit every 12 months)

Examination:

In-Network - 100%

Out-of-Network - \$50

Lens:

Single - \$50

Bifocal or Trifocal - \$75

Lenticular - \$120

Contact - \$150

Frames - \$50

Benefit Maximums

Home Health Care - 120 visits per calendar year

Chiropractic Care Limits - Maximum of 30 Covered Visits per year

Annual Dental Maximum, including Orthodontia - \$450 per family effective September 1, 2011 (for Active employees only)

Hospice- \$10,000 maximum lifetime benefit

Speech Therapy- 30 visits per calendar year

Pre-Certification Requirements

All inpatient hospital stays must be pre-certified by **Horizon Blue Cross Blue Shield at 1-800-664-BLUE (2583)**. Emergency admissions must be certified within 72 hours after hospital admission.

All treatment relative to mental/nervous and substance abuse conditions must be pre-certified by **HealthWise at 1-800-624-1696** rather than Horizon Blue Cross Blue Shield. No benefits will be paid for treatment that is not pre-certified.