

**PLUMBERS LOCAL 24  
WELFARE & ANNUITY FUNDS**

# QUICK REFERENCE GUIDE

**FOR SERVICE & REPAIR DIVISION**

**EFFECTIVE: JANUARY 1, 2019**

**Important Notice:** This is an outline of the principal plan provisions of the Plumbers Local Union 24 Welfare and Annuity Plans and is not intended to completely describe the Plan provisions. In the event of any discrepancy between this outline and the Plans, the Plan Documents 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.

## PLUMBERS LOCAL 24 WELFARE FUND

Effective January 1, 2015

### ELIGIBILITY RULES – ACTIVE PARTICIPANTS

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 300 hours of service. Upon satisfying this requirement, you will remain eligible for a minimum of three months:

<b>If You Have 300 Hours During the Prior:</b>	<b>You Will Become Eligible:</b>	<b>And Will Remain Eligible Until At Least:</b>
June through November	January 1	May 31
July through December	February 1	May 31
August through January	March 1	August 31
September through February	April 1	August 31
October through March	May 1	August 31
November through April	June 1	November 30
December through May	July 1	November 30
January through June	August 1	November 30
February through July	September 1	February 28 (29)
March through August	October 1	February 28 (29)
April through September	November 1	February 28 (29)
May through October	December 1	May 31

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.

<b>If You Have Less Than 300 Hours of Credit Between:</b>	<b>Your Eligibility Will Terminate On:</b>
January 1 – March 31	May 31
April 1 – June 30	August 31
July 1 – September 30	November 30
October 1 – December 31	February 28 (29)

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 600 hours for any one continuous period of disability.

**10 MONTH REINSTATEMENT PROVISION**

Should your eligibility terminate, it will be reinstated provided you are credited with at least 300 hours of service within the 10 month period following your termination. 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 300 hour requirement for initial eligibility outlined above.

<b>Termination Date:</b>	<b>Period of Time to Work a Total of 300 Hours (Plus any Remaining Reserve Hours) To Reinstater:</b>
February 28 (29)	October 1 of the prior year – December 31
May 31	January 1 – March 31 of the next year
August 31	April 1 – June 30 of the next year
November 30	July 1 – September 30 of the next year

Your eligibility will reinstate on the first day of the second month following that calendar quarter during which you meet this 300 hour requirement.

<b>If You Are Credited with Your Required 300<sup>th</sup> Hour to Reinstater Between:</b>	<b>Your Eligibility Will Reinstater On:</b>
January 1 – March 31	May 1
April 1 – June 30	August 1
July 1 – September 30	November 1
October 1 – December 31	February 1

## **SELF-PAY PROVISION**

A self-pay option is available to employees who terminate coverage and who missed maintaining their eligibility by **100 hours or less**. In this event, you have the opportunity to make contributions on your own behalf to the Welfare Fund for the hours necessary to meet the 300 hour requirement at the normal employer hourly contribution rate. For example, if you have 150 hours of service during a calendar quarter, and you have 110 remaining reserve hours, you will have a total of 260 hours towards the requirement of 300 hours leaving you short of the requirement by 40 hours. In this situation, you would be permitted to make a contribution on your own behalf for the 40 hours at the hourly employer contribution rate, to maintain your eligibility for an additional three (3) months.

## **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 participant for 36 of the 72 months prior to your retirement.
- You are receiving a retirement benefit from the Plumbers Local 24 Pension Fund.
- You have earned at least 20 years of Vested Service under the Plumbers Local 24 Pension Fund with at least 5 years of credit earned during the 10 plan years prior to your retirement.
- The total of your age last birthday 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

The health insurance provided under the Welfare Fund is secondary to Medicare (Part A and Part B). Do not refuse Medicare Part B coverage when it is offered to you or your eligible dependent(s). While Medicare will charge for Part B coverage, the Welfare Fund assumes that you and your eligible dependent(s) have this coverage even if it is rejected. In general, individuals become eligible for Medicare on the first day of the month upon attainment of age 65, or 24 months after becoming eligible for Social Security Disability benefits, if earlier.

### **COBRA**

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. 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. Your accumulated reserve hours will be applied before self-pay is required. The present monthly COBRA rates are as follows:

	Journeymen
Single	\$ 552
Parent/Child(ren)	\$ 828
Husband/Wife	\$ 938
Family	\$1,104

### **DEPENDENT COVERAGE IN THE EVENT OF YOUR DEATH**

Following your death your dependents will remain eligible for health benefits until the earliest of the following dates:

1. The last day of a period of six (6) months following your death or to the extent that your reserve hours are sufficient to maintain your eligibility, whichever is longer.
2. The date your dependent becomes eligible for similar benefits under other group coverage.
3. The date your dependent children attaining the maximum eligible age.

Once the 6 month period of “free” coverage expires, your dependents may continue their coverage under COBRA for up to 36 months as described above. If you are covered as a retired employee at the time of your death, or eligible to be covered as a retired employee had you retired the day prior 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. Parent child coverage for the surviving spouse and dependent children of retirees is also available at the current COBRA rates.

## **TYPES OF BENEFIT PLANS OFFERED BY THE WELFARE FUND**

- ◆ **Life Insurance** (active employees only) – \$10,000
- ◆ **Accidental Death and Dismemberment** (active employees only) – \$10,000
- ◆ **Death Benefit** (retired employees only) – \$5,000
- ◆ **Medical** – See following pages for plan information
- ◆ **Prescription** – See following pages for plan information
- ◆ **Dental** (active employees only)– See following pages for plan information
- ◆ **Vision** – See following pages for plan information
- ◆ **Employee Assistance Program** - Pre-certification required for all in-patient treatment associated with mental/nervous and substance abuse treatment
- ◆ **Medicare Supplement** – Fund pays as a supplement to Medicare at 80% with no deductible and no out-of-pocket maximum

**PLUMBERS LOCAL 24 WELFARE FUND – Service & Repair Division**  
SCHEDULE OF BENEFITS

**HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY PPO NETWORK**  
**EFFECTIVE DATE: JANUARY 1, 2017**

<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
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**ANNUAL DEDUCTIBLE**

(Calendar Year)

Individual	\$0	not covered
Family	\$0	not covered

**ANNUAL OUT-OF-POCKET MAXIMUM – In Network Only**

(Copays, deductibles, and coinsurance count towards this out-of-pocket limit).

The annual out-of-pocket maximum for self-only coverage applies to all individuals, including those enrolled in family coverage. An individual's out-of-pocket maximum is embedded in the family's out-of-pocket maximum.

Individual	\$4,000	unlimited
Family	\$8,000	unlimited

**\*Medicare Eligible Plan Participants** – Fund pays as a supplement to Medicare. Payable at 80% with no deductible or out-of-pocket maximum. Please note that Medicare eligible participants (with the exception of those that are still either actively employed or the dependents of active employees) must enroll in Medicare Parts A & B. The Welfare Fund will enroll these individuals in its own Medicare Part D plan.

<b>LIFETIME MAXIMUM</b>	unlimited	unlimited
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**DOCTOR'S OFFICE VISITS**

Primary Care Office Visit	100% after \$25 co-pay	not covered
Specialist Office Visit	100% after \$25 co-pay	not covered
Maternity Visits	100% after \$25 co-pay (applies to 1 <sup>st</sup> visit only)	not covered

**PREVENTATIVE CARE** (as defined by the Patient Protection and Affordable Care Act)

	100% coverage	not covered
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**DIAGNOSTIC PROCEDURES**

Laboratory	80% coverage	not covered
Radiology	80% coverage	not covered

\*Out-of-network tests are not covered except for services rendered by hospital based pathologists and radiologists at in-network hospitals. \$25 co-pay if performed in doctor's office.

	<b><u>IN-NETWORK</u></b>	<b><u>OUT-OF-NETWORK</u></b>
<b>HOSPITAL CARE</b>		
Inpatient Admission	80% coverage	not covered
Inpatient Physician Services	80% coverage	not covered
Surgery in Hospital	80% coverage	not covered
Outpatient Hospital Services	80% coverage	not covered
<b>EMERGENCY CARE</b>		
Emergency Room	80% after \$50 copay	80% after \$50 copay
*This copay is waived if admitted		
Ambulance	80% coverage	80% coverage
*Covers transport from point where stricken to nearest hospital that can provide treatment)		
Urgent Care Center	100% after \$25 co-pay	not covered
<b>OUTPATIENT SURGERY</b>		
Hospital Outpatient Surgery	80% coverage	not covered
Surgery in Ambulatory SurgiCenter	80% coverage	not covered
<b>MENTAL HEALTH</b>		
Office Visit	100% after \$25 co-pay	not covered
Inpatient	80% coverage	not covered
*Inpatient requires pre-certification and includes intensive outpatient and sub-acute partial hospitalization		
<b>SUBSTANCE/ALCOHOL ABUSE</b>		
Office Visit	100% after \$25 co-pay	not covered
Inpatient	80% coverage	not covered
*Inpatient requires pre-certification and includes intensive outpatient and sub-acute partial hospitalization		
<b>OTHER SERVICES</b>		
Chiropractic Care Visit	100% after \$25 co-pay	not covered
*Up to 30 visits per person per calendar year		
Home Health Care Services	80% coverage	not covered
*Maximum 120 visits per calendar year, 4 hours=1 visit, no custodial care		
Hospice Services	80% coverage	not covered
*For outpatient –maximum 180 days per calendar year, \$10,000 lifetime maximum. Excludes respite care, pastoral care and counseling.		



	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>
Skilled Nursing Care		
Inpatient	80% coverage	not covered
Outpatient (at home)	100% coverage	not covered
Outpatient (at facility)	80% coverage	not covered
*Maximum 150 days per calendar year. Medical treatment only.		
All Other <u>Covered</u> Medical Services	80% coverage	not covered

### Pre-Certification Requirements

All in-patient 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. No benefits will be paid for treatment that is not pre-certified.

All in-patient treatment relative to mental/nervous and substance abuse conditions must be pre-certified by the **Lower Hudson Valley EAP at 1-800-327-2799** rather than Horizon Blue Cross Blue Shield. No benefits will be paid for treatment that is not pre-certified.

### In-Network Only

The medical coverage provided under the Plan is **in-network only**. The Plan does not provide out-of-network coverage for providers who do not participate in the HORIZON PPO network. The only exception is “**emergency**” treatment rendered by an out-of-network provider with “**emergency**” defined as the sudden onset of an illness or injury where the symptoms are of such severity that the absence of immediate medical attention could reasonably result in:

- ◆ Placing the covered person's life in jeopardy, or
- ◆ Causing other serious medical consequences, or
- ◆ Causing serious impairment to bodily functions, or
- ◆ Causing serious dysfunction of any bodily organ or part.

### How to Find a Horizon Blue Cross Blue Shield of New Jersey Healthcare Provider

- ◆ Ask your physician, hospital, lab or other provider
- ◆ Go to Horizon’s website at **www.horizonblue.com**
- ◆ Call Horizon at **1-800-810-BLUE (2583)**
- ◆ Call I.E. Shaffer & Co. at 1-800-792-3666

**PRESCRIPTION DRUG BENEFIT – for Actives and Non-Medicare Eligible Retirees**  
**ENVISION RX**

**Retail Prescriptions \***

(Mandatory generic substitution) –up to 30 day supply, no dispense as written

Generic Drugs – \$5 co-payment

Preferred Brand Name Drugs – 60% co-payment

Non-Preferred Brand Name Drugs – 100% co-payment

Specialty Drugs – Preferred – 20% co-payment, max. \$200

Non-Preferred – 20% co-payment, max. \$250

The retail prescription co-payment for medications related to the treatment of diabetes, including insulin, biguanides, syringes and needles, and the statin medications used for the treatment of high cholesterol are as follows:

Insulin, Biguanides, Syringes, Needles, HMG CoA Reductase Inhibitors

Generic: \$0 co-pay; Preferred Brand: \$35; Non-Preferred Brand: 50% co-pay, \$35 minimum, unlimited maximum.

**Mail Order Prescriptions \***

(Mandatory generic substitution) –up to 90 day supply, no dispense as written

Generic Drugs – \$10 co-payment

Preferred Brand Name Drugs – 60% co-payment

Non-Preferred Brand Name Drugs – 100% co-payment

The mail order prescription co-payment for medications related to the treatment of diabetes, including insulin, biguanides, syringes and needles, and the statin medications used for the treatment of high cholesterol are as follows:

Insulin, Biguanides, Syringes, Needles, HMG CoA Reductase Inhibitors

Generic: \$0 co-pay; Preferred Brand: \$70; Non-Preferred Brand: 50% co-pay, \$55 minimum, unlimited maximum.

\*After \$2,600 per person or \$5,200 per family of out-of pocket prescription expenses during a calendar year, there will be no co-payments required for the remainder of the year.

If a name brand drug with a FDA approved generic is requested, the total co-pay will be the generic co-pay plus the difference in cost between the brand and generic medications. This penalty is not subject to the maximum co-pay limitations. The annual out-of-pocket maximum for self-only coverage applies to all individuals, including those enrolled in family coverage (an individual's out-of-pocket maximum is embedded in the family's out-of-pocket maximum).

## **PRESCRIPTION DRUG BENEFIT – for Medicare Eligible Retirees**

**Please call LABOR FIRST at 1-866-302-7770 with any questions about Medicare Part D Prescription Benefits**

### **Retail Prescriptions**

#### **Group Medicare Part D Plan from Labor First**

Maximum 30 day supply

Generic Drugs - \$5 co-payment

Preferred Brand Name Drugs – 25% co-payment, min. \$20, max. \$150

Non-Preferred Brand Name Drugs – 50% co-payment, min. \$35

Specialty Drugs – Preferred – 20% co-payment, max. \$200

Maximum 90 day supply

Generic Drugs - \$10 co-payment

Preferred Brand Name Drugs – 25% co-payment, min. \$40, max. \$300

Non-Preferred Brand Name Drugs – 50% co-payment, min. \$55

### **Mail Order Prescriptions**

#### **Group Medicare Part D Plan from Labor First**

Maximum 90 day supply

Generic Drugs – \$10 co-payment

Preferred Brand Name Drugs – 25% co-payment, min. \$40, max. \$300

Non-Preferred Brand Name Drugs – 50% co-payment, min. \$55

## **Understanding the Prescription Drug Formulary**

The drug formulary utilized by the Welfare Fund is a list of medications published by the Welfare Fund's Pharmacy Benefit Managers. Medications on the list fall into one of the four categories:

**Generic Drugs** – An FDA approved drug, composed of virtually the same chemical formula as a brand-name drug.

**Preferred Brand Name** - If a generic medication is not available for your condition, your doctor may prescribe a brand-name medication. Preferred Brand Drugs have been evaluated by physicians and pharmacists at the Pharmacy Benefit Managers and are deemed to be the most cost-effective way to treat a specific condition. These are covered at a slightly higher cost to you than generic drugs but at a lesser cost than the Non-Preferred Brand Drug.

**Non-Preferred Brand Drugs** - In the event you require a prescription medication that is neither generic nor on the Preferred Brand Drug list, you will pay the highest out-of pocket cost for a Non-Preferred Brand Drug.

**Specialty Drugs** – Prescription medications that require special handling, administration or monitoring. These drugs are used to treat complex, chronic and often costly conditions such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia.

## **DENTAL BENEFIT – For Active Employees Only**

Two options, annual election effective January 1<sup>st</sup> of each year:

### **Dental Services with your choice of provider:**

Annual Dental Deductible - \$0

Annual Dental Maximum -\$1,500/person

Lifetime Orthodontia Maximum - \$1,500/person

**OR**

### **Optional Horizon TotalCare Dental Plan**

Features of this optional plan include:

- ◆ No annual benefit maximum
- ◆ No patient paid expenses for basic covered services
- ◆ No need to submit claim forms

## **VISION BENEFIT – For Medicare-Eligible Retired Employees Only**

Maximum benefit payable every 12 months

Examination - \$50

Lens: Single - \$50

Bifocal or Trifocal - \$75

Lenticular - \$120

Contact - \$150

Frames - \$50

## **WELFARE FUND BENEFIT PLAN MAXIMUMS**

**Annual In-Network Medical Maximum Out-of-Pocket Limit**-\$4,000 person/\$8,000 family  
(Co-pays, deductibles and co-insurance count towards this out-of-pocket limit)

**Annual Prescription Maximum Out-of-Pocket Limit** - \$2,600 person/\$5,200 family  
(Prescription co-pays count towards this limit)  
For active employees and non-Medicare eligible retired employees only

**Home Health Care Maximum** - 120 visits per calendar year, 4 hours = 1 visit, no custodial care covered

**Skilled Nursing Care Maximum** – 150 days per calendar year. Medical treatment only

**Lifetime Hospice Care Maximum** – 180 days per calendar year, \$10,000 per person.  
Excludes respite care, pastoral care and counseling

**Speech Therapy Maximum** – 30 visits per person per calendar year

**Chiropractic Care Maximum** – 30 visits per person per calendar year

**Annual Dental Maximum** - \$1,500/person

**Lifetime Orthodontia Maximum** - \$1,500/person

**Annual Horizon TotalCare Dental Maximum** – unlimited

## **PLUMBERS LOCAL 24 ANNUITY FUND**

Effective January 1, 2019

### **YOUR ACCOUNT BALANCE IS EQUAL TO:**

- ◆ Employer Contributions, plus
- ◆ Investment Earnings, less
- ◆ Investment losses, less
- ◆ Withdrawals, less
- ◆ Expenses of operating the fund

### **TYPES OF ANNUITY BENEFITS**

- ◆ Retirement – payable if you are receiving a pension from Plumbers Local 24 Pension Fund or you are totally and permanently disabled from the industry.
- ◆ Disability – payable if you become totally and permanently disabled.
- ◆ Termination – payable if no employer contributions have been made on your behalf for a continuous 6 month period.
- ◆ Death - payable upon death.
- ◆ Unemployment – if you are no longer employed under the jurisdiction of the Union for a period of at least 1 week and if you have had a balance in your Individual Account for a minimum of 5 years, you may apply for a portion of your Individual Account in an amount not to exceed 50% of the balance in such account. This amount is only available to participants for the following purposes:
  - ◇ Medical expenses of at least \$500 which were not payable by Plumbers Local 24 Welfare Fund; or
  - ◇ Funeral expenses incurred due to death of a spouse, child or parent; or
  - ◇ Education expenses incurred from dependent children's schooling beyond the high school level; or

- ◇ Purchase of a new home or cooperative or condominium in which he or she will reside requiring a down payment, contract and title expenses (allowable only once); or
- ◇ Home improvement on your primary dwelling place in excess of \$15,000; or
- ◇ Expenses related to an accident or other natural disaster.

### **FORMS OF PAYMENT**

- ◆ Lump Sum
- ◆ Monthly installments paid until exhaustion of the Individual Account
- ◆ Combination lump sum and monthly installments paid until exhaustion of the Individual Account
- ◆ Equal monthly installments over a period of years not to exceed your life expectancy or, if married, the joint life expectancy of you and your spouse
- ◆ Combination of lump sum payment and monthly installments over your life expectancy or the joint life expectancy of you and your spouse

### **FEDERAL AND STATE INCOME TAXES**

- ◆ Annuity benefits are subject to federal and state income taxes.
- ◆ Mandatory 20% withholding applies to all payments made over less than 10 years.
- ◆ 10% IRS penalty applies if you are not 59½ or 55 and retired.
- ◆ May qualify for rollover treatment.



## **INVESTMENT CHOICES:**

- ◆ Fixed Income
  - SAGIC Diversified Bond II (Stable Value)
  - Select Strategic Bond (Intermediate Bond)
  
- ◆ Balanced
  - Dodge & Cox Balanced
  - American Funds Income Fund of America
  
- ◆ Life Cycle
  - T. Rowe Price Retirement: Income, 2010, 20, 30, 40, 50
  
- ◆ Large Cap Stock
  - Mass Mutual Select Fundamental Value Fund (Value)
  - MM S&P 500 Index Fund (Core)
  - ClearBridge Dividend Strategy Fund (Core)
  - American Funds Fundamental Investors (Core)
  - Select Growth Opportunities (Growth)
  
- ◆ Mid Cap Stock
  - American Century Mid Cap Value (Value)
  - Select Mid Cap Growth (Growth)
  
- ◆ Small Cap Stock
  - T. Rowe Price New Horizons (Growth)
  - William Blair Small Cap Growth (Growth)
  
- ◆ International Stock
  - American Funds EuroPacific Growth (Growth)
  - Lazard Global Listed infrastructure (Infrastructure)

Investment earnings credited daily. Investment elections may be changed daily.