

PLUMBERS & PIPEFITTERS LOCAL UNION 9

WELFARE AND SURETY FUNDS

For Residential and Non-Bargaining Employees

Quick Reference Guide

Effective September 1, 2009

Important Notice: This is an outline of the principal plan provisions of the Plumbers & Pipefitters Local Union 9 Welfare and Surety 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.

12/07/09

PLUMBERS & PIPEFITTERS LOCAL UNION 9 WELFARE FUND

Effective January 1, 2007

Eligibility Rules

As a Residential Employee, you will become initially eligible on the first day of the second calendar month following the completion of at least 350 hours of service within a period of not more than 12 consecutive calendar months.

<u>You Will Become Eligible On</u>	<u>If You Have 350 Hours During the Prior</u>
January 1	December through November
February 1	January through December
March 1	February through January
April 1	March through February
May 1	April through March
June 1	May through April
July 1	June through May
August 1	July through June
September 1	August through July
October 1	September through August
November 1	October through September
December 1	November through October

To maintain your eligibility thereafter, you must have at least 350 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 350 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 350 hours. This reserve will be drawn upon to maintain your eligibility if you should fail to receive credit for at least 350 hours of service during a subsequent calendar quarter.

If you become disabled while eligible, you will be credited with 27 disability hours for each week that you are disabled up to a maximum of 700 hours for any one continuous period of disability.

Following your retirement or if you fail to satisfy the above requirements and lose eligibility, you and your dependents may continue coverage under COBRA for up to 18 months (29 months if you are totally disabled). If your dependent loses eligibility due to your death, divorce or legal separation, or your child ceasing to satisfy the definition of an eligible dependent, they may continue coverage under COBRA for up to 36 months. Your accumulated reserve hours will be applied before self-pay is required. The current monthly self-pay rates for the full plan under COBRA are:

	Employees Not Available or not Working <u>in the Industry</u>	Employees Available or Working <u>in the Industry</u>
Single	\$ 535.65	\$ 335.00
Parent/Child(ren)	\$ 803.48	\$ 502.00
Family	\$1,071.30	\$ 670.00

If your spouse and eligible dependent children lose eligibility due to your death, self-pay continuation of coverage is available for an indefinite period of time at the current COBRA rates. Should your surviving spouse remarry, the self-pay privilege ends upon the end of the 36 month period or the date of marriage, if later.

Types of Plan Benefits

- ◆ Medical
- ◆ Dental
- ◆ Vision
- ◆ Hearing
- ◆ Employee Assistance Program - pre-certification required for all treatment associated with mental/nervous and substance abuse treatment

CIGNA Healthcare Network Benefits

	<u>In-Network</u>	<u>Out-of-Network</u>
In-patient Hospital	80%	60% after deductible
Out-patient Hospital	80%	60% after deductible
Physician Services		
In-hospital services	80%	60% after deductible
Office or home services	80%	60% after deductible
Diagnostic X-ray and Lab	80%	60% after deductible

How To Find A CIGNA Healthcare Provider

- ◆ CIGNA Healthcare Provider Directory
- ◆ Call CIGNA Healthcare at 1-800-768-4695
- ◆ CIGNA Healthcare's website at www.cigna.com/SA-PPO2
- ◆ Call I. E. Shaffer & Co. at 1-800-792-3666
- ◆ As your physician, hospital, lab or other provider

PLUMBERS & PIPEFITTERS LOCAL 9 WELFARE FUND
Schedule of Benefits
Effective July 1, 2009

Plan B
For Residential and Non-Bargaining Employees

CIGNA HEALTHCARE PPO NETWORK

Major Medical-Dental Benefits

Inpatient Hospital – semiprivate rate

In-Network - 80% no deductible

Out-of-Network - 60% after deductible

Outpatient Hospital Services:

In-Network - 80% after \$50 emergency room co-payment (waived if admitted)

Out-of-Network - 60% after deductible and \$50 emergency room co-payment (co-payment waived if admitted)

Physician Surgical and In-hospital Services:

In-Network - 80% no deductible

Out-of-Network - 60% after deductible

Physician Office or Home Visits:

In-Network - 80% no deductible

Out-of-Network - 60% after deductible

Laboratory and Radiology Services:

In-Network - 80% no deductible

Out-of-Network - 60% after deductible

Well Baby Visits and Immunizations To Age 2:

In-Network - 100% no deductible

Out-of-Network - 100% no deductible

Routine Annual Physical Examinations (\$500 maximum annual benefit)

In-Network - 100% no deductible

Out-of-Network - 100% no deductible

Routine Colonoscopy:

Age 45 and over – once every five years

Mammograms:

In-Network - 80% no deductible

Out-of-Network - 60% no deductible

Major Medical Benefits - Continued

Shingles Vaccine (Zostavax) – employees and dependents age 60 and over
Maximum - \$250 per person, no deductible or co-payment

All Other Medical Services:

In-Network - 80% no deductible

Out-of-Network - 60% no deductible (80% if Medicare Primary)

Annual Medical Deductible - \$300/person or \$900/family (\$100/person if Medicare primary)

Coinsurance Limits:

In-Network - \$2,500/person or \$5,000 (\$1,000/person if Medicare primary)

Out-of-Network - \$10,000/person (\$1,000/person if Medicare primary)

Dental Benefits

Annual Dental Deductible - \$50/person or \$150/family

Preventative and Basic Services – 80% after deductible

Fixed bridgework, crowns, gold fillings and orthodontia – 50% after deductible

Optional Dental Service Organization (Eastern Dental) available annually

Prescription Program Retail and Mail Order – Mandatory Generic

Co-pays are 20% of the cost of the medication, with both a minimum and maximum:.

	<u>Co-pay</u>	<u>Retail Minimum</u>	<u>Mail Order Minimum</u>
Generic	20%	\$ 5	\$10
Preferred Brand	20%	\$20	\$40
Non-preferred Brand	20%	\$35	\$70

The maximum retail co-pay is \$50 and the maximum mail order co-pay is \$100.

After \$2,000 of out-of-pocket prescription expense during a calendar year, the maximum retail co-pay thereafter is \$10 and the maximum mail-order co-pay is \$20 for the remainder of that calendar year.

Vision Benefit (maximum benefit every 12 months)

Examination - \$50

Lens:

Single - \$50

Bifocal or Trifocal - \$75

Lenticular - \$120

Contact - \$150

Frames - \$50

Hearing Benefit (maximum benefit every 36 months)

Hearing Aid and Exam - \$500

Benefit Maximums

Home Health Care - 120 visits per calendar year

Inpatient Days for Mental/Nervous and Substance Abuse - 30 days per calendar year

Outpatient Mental/Nervous and Substance Abuse– 50 visits per calendar year

Supplemental Speech Therapy:

Maximum Covered Expense - \$50 per visit

Maximum Covered Visits per year – 30

Chiropractic Care Limits:

Maximum Covered Expense - \$30 per visit

Maximum Covered Visits per year - 30

Maximum Benefit for X-Rays per year - \$100

Lifetime Maximum for surgical procedures performed to correct myopia (near sightedness) or hyperopia (far sightedness) - \$2,000

Annual Dental Maximum - \$1,500/person

Lifetime Dental Orthodontia Maximum - \$2,000/person

Lifetime Major Medical-Dental Maximum - Unlimited

Pre-Certification Requirements

All inpatient hospital stays must be pre-certified by **CareAllies at 1-800-768-4695**.

Emergency admissions must be certified within 72 hours after hospital admission. There is a \$200 penalty for failure to pre-certify.

All treatment relative to mental/nervous and substance abuse conditions must be pre-certified by the **Employee Assistance Program at 1-800-527-0035** rather than CareAllies. No benefits will be paid for treatment that is not pre-certified.

PLUMBERS & PIPEFITTERS LOCAL UNION 9 SURETY FUND

Effective September 1, 2009

Your Account Balance is Equal to:

- ◆ Employer Contributions, plus
- ◆ Investment Earnings, less
- ◆ Withdrawals, less
- ◆ Expenses

Types of Surety Benefits

- ◆ Retirement – payable if you are receiving a retirement benefit from the United Association National Pension Plan.
- ◆ Disability – payable if you become totally and permanently disabled.
- ◆ Termination – payable if you have no covered employment over 3 consecutive months.
- ◆ Death - payable upon your death.
- ◆ Financial Hardship - available if you have had an account for at least 5 years but not more than the contributions to your account since 1/1/93. Hardship distributions are available up to three times every 24 months for the following purposes:
 - ◇ Medical expenses of at least \$1,000 incurred by you, your spouse, dependent child, parent or grandchild, which have not be reimbursed by insurance.
 - ◇ Tuition and room and board expenses for yourself, your spouse or dependent child to attend an educational institution above the high school level or a school for handicapped children.
 - ◇ Purchase of a home, cooperative or condominium apartment for your principal residence for which you have incurred down payment, contract or title expenses.
 - ◇ If you are delinquent in the making of mortgage or rental payments on your home and there is an immediate threat that your mortgage will be foreclosed or you will be evicted.
 - ◇ Funeral expenses incurred due to the death of your spouse, child or parent.

- ◇ If you have been involuntarily unemployed and have exhausted all available state unemployment benefits.
- ◇ Disability for a period of at least 26 weeks during which you have been unable to engage in gainful employment due to illness or injury.
- ◇ Legal fees and expenses of at least \$1,000 incurred by you, your spouse, or dependent children in the defense or prosecution of civil or criminal litigation.

Forms of Payment

- ◆ Lump Sum
- ◆ Monthly installments over a period not to exceed your life expectancy
- ◆ Combination lump sum and monthly installments
- ◆ Joint and survivor annuity

Federal and State Income Taxes

- ◆ Surety 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:

- ◆ Prudential Guaranteed Long Term Fund
- ◆ Balanced I Fund/Wellington Management (default)
- ◆ Prudential Lifetime Funds: Aggressive Growth, Growth, Balanced, Conservative Growth, Income and Equity
- ◆ Prudential/Lazard Lifestyle 20, 30, 40, 50 and 60
- ◆ Dryden S&P 500 Index
- ◆ Victory Diversified Stock Fund
- ◆ Janus Fund Strategy
- ◆ T Rowe Price Growth Stock Fund Strategy
- ◆ Fidelity Contrafund
- ◆ Davis Opportunity A
- ◆ Small Cap Growth/Boston Co.
- ◆ American Funds EuroPacific Fund

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

Access to your account with your PIN 24 hours a day, 7 days a week – www.ieshaffer.com or (877) 742-3373 (toll-free). Website log-in and password are “009”. Participants may take an asset allocation course provided by Prudential Retirement (password is “9”).