REFRIGERATION, AIR CONDITIONING & SERVICE DIVISION (UA-NJ) WELFARE, PENSION & ANNUITY FUNDS

QUICK REFERENCE GUIDE

EFFECTIVE: MARCH 1, 2025

Important Notice: This is an outline of the principal plan provisions of the Refrigeration, Air Conditioning and Service Division (UA-NJ) Welfare, Pension 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.

REFRIGERATION, AIR CONDITIONING & SERVICE DIVISION (UA-NJ) WELFARE FUND

Effective January 1, 2025

ELIGIBILITY RULES – ACTIVE EMPLOYEES

All employees become initially eligible on the first day of the third calendar month following the commencement of their covered employment.

Commence Work During:	Become Eligible:
January	April 1
February	May 1
March	June 1
April	July 1
May	August 1
June	September 1
July	October 1
August	November 1
September	December 1
October	January 1
November	February 1
December	March 1

Your eligibility will continue until the last day of the third month following a period of two months with no covered employment.

Last Worked In:	Terminate:
January	April 30
February	May 31
March	June 30
April	July 31
May	August 31
June	September 30
July	October 31
August	November 30
September	December 31
October	January 31
November	February 28(29)
December	March 31

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.

Should your eligibility terminate, it will be reinstated on the first day of the month following your return to covered employment provided you were not out of covered employment for more than 12 consecutive months.

COBRA

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 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:

Single	$958.00
Parent/Child(ren)	$1,437.00
Family	$1,916.00

ELIGIBILITY RULES – RETIRED EMPLOYEES

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

- You retire after attaining age 62 or are totally and permanently disabled.
- You have been eligible as an active employee for at least 12 of the 15 years prior to your retirement.
- You are receiving a normal or disability retirement benefit from the Refrigeration & Air Conditioning Division (UA-NJ) Pension Fund and have earned at least 20 years of credited service under the Pension Plan.
- Please note while it is possible to earn more than one year of Pension Fund Credited Service in a Plan year (that begins March 1 and ends the following February 28/29), a maximum of only 1 year of Credited Service per Plan Year will count towards the Credited Service requirements in the Welfare Fund eligibility rule above.
- You make the required contributions in the amount established by the Trustees:

    1. Participants collecting Normal Pension benefits who are between the ages of 62 and 65 contribute at a rate based upon the type of coverage they are receiving.
        a. A single retiree with no dependents contributes $350 per month unless the retiree is eligible for Medicare, in which case the rate is $275 per month.

b. A married retiree who is covering a spouse, or a single retiree who is covering one or more dependent children contributes $450 per month unless the retiree and/or the dependent spouse is covered by Medicare, in which case the rate is $375 per month.
c. A married retiree who is covering one or more dependent children contributes $600 per month unless the retiree and/or the dependent spouse is covered by Medicare, in which case the rate is $525 per month.

2. Participants who are age 65 or older, collecting Normal Pension benefits, and who retired on or after March 1, 2017, contribute at a rate equal to 8% of their gross monthly pension benefit with a minimum of $200 per month and a maximum of $300 per month.

3. The contribution rate for retirees who are collecting Disability Pension benefits is $100 per month regardless of age or the type of coverage they are receiving.

The Welfare Fund covers the medical, dental and prescription benefits of all retired Welfare Fund participants and their dependents.

The health insurance provided under the Welfare Fund to retired Medicare eligible individuals is a Group Medicare Advantage PPO plan. This coverage provided by the Welfare Fund requires Medicare eligible individuals to be enrolled in Medicare Part A and B. It's important you or your dependent spouse sign up promptly for Part A and B to avoid gaps in coverage or late enrollment penalties. 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.

WAIVER OF RETIREE COVERAGE

In order to be eligible for coverage through the Welfare Fund as a retired participant, you are required to make monthly contributions in amounts established by the Trustees. Some retirees are eligible for other group health insurance coverage through the employment of their spouse or their own employment. Retirees are allowed to temporarily waive their coverage under the Refrigeration, Air Conditioning and Service Division (UA-NJ) Welfare Fund with a one-time opportunity (per lifetime) to re-enter the Plan on a subsequent January 1st. During the period of time that coverage is waived, no contributions will be collected. This waiver will apply to all dependents, not just the retired participant.

Please contact the Fund Office's Contribution Processing Department or visit www.ieshaffer.com for forms and more information regarding this **waiver**.

OPT-OUT OF MEDICARE ADVANTAGE AND/OR PRESCRIPTION PLAN FOR RETIREES

For each Medicare eligible retiree and/or Medicare eligible spouse of a retiree covered by the Plan, they will have the option to opt-out of the Medicare Advantage PPO Plan and/or Medicare Part D Prescription Drug Plan coverage. The retiree must continue to make the required contribution for the retiree benefits. There will be no reduction in the rate despite the opt-out selection. Retirees and their dependents are allowed to temporarily opt-out of their Medicare Advantage and/or Prescription coverage under the Refrigeration, Air Conditioning and Service Division (UA-NJ) Welfare Fund with a one-time opportunity (per lifetime) to re-enter the Plan on a subsequent January 1st.

Please contact the Fund Office's Enrollment Department or visit www.ieshaffer.com for forms and more information regarding this **opt-out**.

ELIGIBILITY RULES – DEPENDENTS

1. The spouse of the employee under a legally valid existing marriage under the laws of the state where the covered employee lives.

2. The employee's natural child, stepchild, legally adopted child, foster child or legal ward **provided the child has not reached the end of the month in which he or she turns 26 years of age**.

3. Any other child of an employee or their spouse who is recognized in a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN) which has been issued by any court judgement, decree, or order as being entitled to enrollment for coverage under the Plan, even if the child is not residing in the employee's household.

4. Adopted children, who are less than 18 years of age at the time of adoption, shall be considered eligible from the date the child is placed for adoption.

5. A child who is unmarried, incapable of self-sustaining employment and dependent upon the employee for support due to intellectual disability and/or physical disability, and who was covered under the Plan prior to reaching the maximum age limit or other loss of dependent's eligibility, will remain eligible for coverage under this Plan beyond the date coverage would otherwise be lost.

The Fund will require proof of dependent status.

DEPENDENT COVERAGE IN THE EVENT OF YOUR DEATH

Spouse and dependent children of a participant who was eligible for ACTIVE coverage (not on COBRA) at the time of death:

Following your death, your surviving spouse and dependent children will remain eligible for health benefits until the earliest of the following dates:

1. The last day of a period of 6 months following your death or to the extent that your reserve hours are sufficient to maintain your eligibility, whichever is longer. Your surviving spouse and dependent children are covered at no cost for this 6 month period.
2. The date your surviving spouse remarries.
3. The date your surviving spouse becomes eligible for health benefits under another group plan.
4. The date your dependent children cease to meet the definition of eligible dependent under the Plan (i.e. attaining the maximum age).

Surviving spouses of active participants may continue coverage for an indefinite period of time at the current COBRA rates for themselves and/or your dependent children. Surviving spouses of active participants may continue coverage for an indefinite period of time at the current COBRA rates if under age 65 or for $100 per month if over age 65. If your spouse remarries, the self-pay privilege ends at the end of a maximum 36-month period or date of marriage, if later.

Should there only be dependent children surviving (no spouse) after the 6 months of guaranteed coverage, the dependent children would be able to continue the coverage for up to 36 additional months under COBRA.

Spouse and dependent children of a participant who was RETIRED (not on COBRA) at the time of death:

Following your death, your surviving spouse and dependent children will remain eligible for health benefits until the earliest of the following dates:

1. The last day of a period of 6 months following your death or to the extent that your reserve hours are sufficient to maintain your eligibility, whichever is longer. Your surviving spouse and dependent children are covered at no cost for this 6-month period.
2. The date your surviving spouse remarries.
3. The date your surviving spouse becomes eligible for health benefits under another group plan.

4. The date your dependent children cease to meet the definition of eligible dependent under the Plan (i.e. attaining the maximum age).

Surviving spouses of retired participants may continue coverage for an indefinite period of time at the current COBRA rates for themselves and/or dependent children. Surviving spouses of retired participants may continue coverage for an indefinite period of time at the current COBRA rates if under age 65 or for $100 per month if over age 65. If your spouse remarries, the self-pay privilege ends at the end of a maximum 36 month period or date of marriage, if later.

Should there only be dependent children surviving (no spouse) after the 6 months of guaranteed coverage, the dependent children would be able to continue the coverage for up to 36 additional months under COBRA.

REFRIGERATION, AIR CONDITIONING & SERVICE DIVISION (UA-NJ) WELFARE FUND

TYPES OF BENEFIT PLANS OFFERED BY THE WELFARE FUND

- **LIFE INSURANCE** - All active employees and retirees under age 65 – $50,000

- **ACCIDENTAL DEATH & DISMEMBERMENT** - All active employees and retirees under age 65 - $50,000

- **TEMPORARY DISABILITY BENEFITS** - Active employees only
  - Weekly Benefit - $150
  - Waiting Period – 7 days if due to illness; none if due to injury
  - Maximum Benefit Period – 26 weeks

- **MEDICAL - HORIZON BLUE CROSS BLUE SHIELD OF NJ**
  Actives and Non-Medicare Eligible Retirees
  - See following pages for plan information
  - Call I.E. Shaffer & Co. at 1-800-792-3666 for more information

- **PRESCRIPTION –EXPRESS SCRIPTS**
  Actives and Non-Medicare Eligible Retirees
  - See following pages for plan information
  - Call Express Scripts at 1-844-733-2419

- **DENTAL – YOUR CHOICE OF PROVIDER OR DENTAL SERVICES ORGANIZATION (DSO)**
  - See following pages for plan information
  - Call I.E. Shaffer & Co. at 1-800-792-3666 for more information

- **VISION – HORIZON BLUE CROSS BLUE SHIELD OF NJ**
  Actives and Non-Medicare Eligible Retirees
  - See following pages for plan information
  - Call I.E. Shaffer & Co. at 1-800-792-3666 for more information

- **HEARING – HORIZON BLUE CROSS BLUE SHIELD OF NJ**
  Actives and Non-Medicare Eligible Retirees
  - See following pages for plan information
  - Call I.E. Shaffer & Co. at 1-800-792-3666 for more information

- **BEHAVIORAL HEALTH & SUBSTANCE USE DISORDERS - HORIZON BEHAVIORAL HEALTH**
  Actives and Non-Medicare Eligible Retirees
  - See following pages for plan information
  - Call Horizon Behavioral Health at 1-800-626-2212 24/7 for urgent clinical matters
  - Call I.E. Shaffer & Co. at 1-800-792-3666 for claim & service inquiries

- **THIS PLAN AND MEDICARE -** Medicare eligible participants (with the exception of those who are still either actively employed or the dependents of active employees) must enroll in Medicare Parts A and B. The retiree coverage provided by the Welfare Fund requires Medicare eligible individuals to be enrolled in Medicare Parts A and B. The Welfare Fund will enroll these individuals in its own Group Medicare Advantage Medical Plan and Medicare Part D Prescription Plan. (Your Dental coverage will be provided though the Welfare Fund – see note above).

  Your Medicare Coverage Includes:
  - **Group Medicare Advantage PPO Plan** for Medicare Eligible Retirees through RetireeFirst which covers:
    - Medical
    - Vision
    - Hearing

  - **Group Medicare Part D Prescription Plan** through RetireeFirst

  See following pages for plan details. Please call RetireeFirst at 1-866-302-7770 for more information.

REFRIGERATION, AIR CONDITIONING & SERVICE DIVISION (UA-NJ) WELFARE FUND

BENEFITS
FOR

Active Employees
&
Non-Medicare
Eligible Retirees

REFRIGERATION, AIR CONDITIONING & SERVICE DIVISION (UA-NJ) WELFARE FUND
SCHEDULE OF BENEFITS
Active Employees and Non-Medicare Eligible Retirees
HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY DIRECT ACCESS NETWORK with BlueCard
EFFECTIVE DATE: January 1, 2025

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
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	$3,600	not applicable
Family	$7,200	not applicable
CO-INSURANCE	100%	not covered
LIFETIME MAXIMUM	unlimited	not applicable
DOCTOR'S OFFICE VISITS		
Primary Care Office Visit	100% after $20 co-pay	not covered
Specialist Office Visit	100% after $20 co-pay	not covered
Maternity Visits	100% after $20 co-pay (applies to 1st visit only)	not covered
Urgent Care	100% after $20 co-pay	not covered
PREVENTATIVE CARE (as defined by the Patient Protection and Affordable Care Act)		
	100% coverage	not covered
DIAGNOSTIC PROCEDURES*		
Laboratory	100% coverage	not covered
Radiology	100% coverage	not covered

*Out-of-network tests are not covered except for services rendered by hospital-based pathologists and radiologists at in-network hospitals. $20 co-pay if performed in doctor's office.

	IN-NETWORK	OUT-OF-NETWORK
HOSPITAL CARE		
Inpatient Admission	100% coverage	not covered
Inpatient Physician Services	100% coverage	not covered
Surgery in Hospital	100% coverage	not covered
Outpatient Hospital Services	100% coverage	not covered
*Inpatient hospital care requires prior authorization		
EMERGENCY CARE		
Emergency Room	100% after $100 copay	100% after $100 copay
*This copay is waived if admitted		
Ambulance	100% coverage	100% coverage
*Covers transport if emergent and medically necessary		
OUTPATIENT SURGERY		
Hospital Outpatient Surgery	100% coverage	not covered
Surgery in Ambulatory SurgiCenter	100% coverage	not covered
BEHAVIORAL HEALTH		
Office Visit	100% after $20 co-pay	not covered
Inpatient	100% coverage	not covered
*Inpatient requires prior authorization and includes intensive outpatient and sub-acute partial hospitalization		
SUBSTANCE USE DISORDER		
Office Visit	100% after $20 co-pay	not covered
Inpatient	100% coverage	not covered
*Inpatient requires prior authorization and includes intensive outpatient and sub-acute partial hospitalization		
OTHER SERVICES		
Chiropractic Care Visit	100% after $20 co-pay	not covered
*Up to 30 visits per person per calendar year		
Home Health Care Services	100% coverage	not covered
*Maximum 120 visits per calendar year, 4 hours=1 visit, no custodial care. Prior authorization required.		
Hospice Services	100% coverage	not covered
*For outpatient –maximum 120 visits per calendar year. Excludes respite care, pastoral care and counseling.		
Skilled Nursing Care		
Inpatient	100% coverage	not covered
Outpatient (at home)	100% coverage	not covered
Outpatient (at facility)	100% coverage	not covered
*Maximum 120 days per calendar year. Medical treatment only.		

	IN-NETWORK	OUT-OF-NETWORK
THERAPY SERVICES		
Occupational Therapy	100% after $20 co-pay	not covered
Physical Therapy	100% after $20 co-pay	not covered
Respiratory Therapy	100% after $20 co-pay	not covered
Speech Therapy *30 visits per person per calendar year	100% after $20 co-pay	not covered
All Other Covered Medical Services	100% coverage	not covered

Prior Authorization Requirements

All providers will need prior authorization for the following services/procedures:

Inpatient Facility Care

- All in-patient facility stays must receive prior authorization BY **HORIZON BLUE CROSS BLUE SHIELD / HORIZON BEHAVIORAL HEALTH (Horizon) at least 24 hours prior to admission**. Emergency admissions must be authorized within 72 hours after hospital admission. Benefits may be reduced if prior authorization is not obtained.

Outpatient Services

- Home health care, intensive outpatient and sub-acute partial hospitalization stays require prior authorization by **Horizon**.

Air Ambulance (retroactive)

Gastric Bypass Procedures

Therapy/Testing Services

The following procedures must receive prior authorization from **Evicore/TurningPoint**:

Diagnostic Radiology:

- Advanced Imaging (e.g. CT scan, CTA, CCTA, MRA, MRI, Nuclear Medicine, PET Scans)

Musculoskeletal:

- Intervention Pain Management (e.g. Epidural Injections)
- Spine Surgery (e.g. Decompressions and Fusions)

Cardiology:

- Advanced Imaging and Diagnostic Services (e.g. Stress Test, Echocardiogram, CT, MRI)
- Implantable Device Services (e.g. Pacemaker, Implantable Defibrillator)

Radiation Therapy:

- External Beam Radiation Therapy
- Brachytherapy
- Intensity Modulated Radiation Therapy
- Image Guided Radiation Therapy
- Stereotactic Radiosurgery
- Proton Therapy
- Tomotherapy
- Radiopharmaceuticals

Your doctor's office will work directly with Horizon, Evicore/TurningPoint to obtain prior authorizations when applicable.

In-Network Only

The medical coverage provided under the Plan is **in-network only**.

How to Find a HORIZON Blue Cross Blue Shield of NJ Healthcare Provider

- Visit www.HorizonBlue.com and click on "Find a Doctor" at the top of the page. Then look for "Not a member" at the bottom of the next page. Select "Find Care in NJ" if within NJ. Enter "Direct Access" as your Plan and enter your location or browse by category. If outside NJ, click on "Find Care Outside NJ" and select "BCBS PPO" as your plan and enter location or browse by category.
- Call I.E. Shaffer & Co. at 1-800-792-3666
- Confirm with your treating physician, hospital, lab or other provider prior to services

Horizon Care Navigator

(Available to Active and Retired Non-Medicare Eligible Participants and Covered Dependents)

If you have an acute or chronic condition, or need help understanding a new diagnosis, your dedicated Horizon Blue Cross Blue Shield Care Navigator, who is a **Registered Nurse**, can help by:

- Monitoring your medical situation and working with your doctors and caregivers to help manage your health needs
- Talking to you about your health and possible ways to improve it
- Connecting you with other health professionals, including registered dietitian and behavioral health specialist.

Participation in the program is free and voluntary. To speak with your Horizon Care Navigator, call **1-888-621-5894**, option **2**, followed by option **3** weekdays, between 8am and 5pm Eastern Time.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider you did not elect at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit. This Plan does NOT provide elective out-of-network benefits, meaning if you elect to have care with an out-of-network provider, the Plan may not pay for such services.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in- network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition **unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.**

Federal Law

The Consolidated Appropriations Act, 2021 (CAA) was signed into law on December 27, 2020. The CAA includes a provision known as the No Surprises Act. No Surprises Act opens a dialog window, which establishes protections from surprise billing, effective January 1, 2022. The No Surprises Act offers protections that are similar to the New Jersey OON Mandate and applies to those surprise bills not subject to the New Jersey OON Mandate, including bills for care provided outside of New Jersey and air ambulance services, if air ambulance is a covered benefit under a health plan's contract.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed. If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network to avoid balance billing.

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.

- Generally, your health plan must:
    - Cover emergency services without requiring you to get approval for services in

advance (also known as “prior authorization”).

- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you’ve been wrongly billed or have questions, please contact I.E. Shaffer & Co. and ask to speak with the Manager of the Claims Department at (609)-718-6147.

You may visit *www.cms.gov/nosurprises/consumers* for more information about your rights under federal law.

Color Essential Care Benefit

This program gives you at-home access to health screenings that measure:

- Cholesterol and blood glucose levels to assess your risk for diabetes and hypertension (high blood pressure)
- Cancer and mental health risk assessments

In your Essential Care Kit, you will receive:

- A digital blood pressure monitor (which you get to keep)
- A dried blood spot card
- A lancet (finger prick)
- A return shipping label

After you complete your screenings, you’ll:

- Receive an easy to read, secure digital health report
- Be able to share your health report with your own provider
- Meet with a Color care provider to discuss your results and get a personalized care plan.
- Use Color’s Care Navigation service to help you navigate what benefits currently available to you can be used to address your health concerns.

Individual results will not be shared with the Fund and are confidential.

All members, retired members, and spouses can claim a complimentary kit by visiting color.com/acandrefrigerationfund.

For questions regarding your Essential Care Kit, email Color Support at patient-care@color.com or call (844) 901-0446. Support is available 7 days a week from 6:00am-5:00pm PST.

REFRIGERATION, AIR CONDITIONING & SERVICE DIVISION (UA-NJ) WELFARE FUND
PRESCRIPTION DRUG BENEFIT

Active Employees And Non-Medicare Eligible Retirees

Please call EXPRESS SCRIPTS at 1-844-733-2419 for more information

Retail Prescriptions

Mandatory generic substitution (no dispense as written) * – see note below
Maximum **30-day** supply:

- Generic Drugs – 20% co-payment, $5 minimum/$50 maximum
- Preferred Brand Name Drugs – 20% co-payment, $20 minimum/$50 maximum
- Non-Preferred Brand Name Drugs – 20% co-payment, $35 minimum/$50 maximum

Mail Order Prescriptions

Mandatory generic substitution (no dispense as written) * – see note below
Maximum **90-day** supply:

- Generic Drugs – 20% co-payment, $10 minimum/$100 maximum
- Preferred Brand Name Drugs – 20% co-payment, $40 minimum/$100 maximum
- Non-Preferred Brand Name Drugs – 20% co-payment, $70 minimum/$100 maximum

Specialty Medication

- Preferred Brand Name Drugs – 20% co-payment, $50 maximum
- Non-Preferred Brand Name Drugs – 20% co-payment, $100 maximum

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Annual co-payment limit is $1,500 after which the co-payment becomes 20% with a $50 maximum.

After $3,000 per person or $6,000 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-payment will be the generic co-payment plus the difference in cost between the brand and generic medications. This penalty is not subject to the maximum co-payment 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).

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 – Generic drugs are the un-branded form of a prescription medication. They use the same active ingredients as brand name drugs and work the same way. The FDA puts all generic drugs through a rigorous, multi-step process to ensure that they are the therapeutic equivalent of their brand name counterparts. That means that a generic drug can be substituted for a brand name drug, and it will produce the same clinical effect while meeting the same safety profile as the brand name drug.

Preferred Brand Name - These brand-name drugs have been identified as the most therapeutically safe and effective options for treatment of most medical conditions. These drugs do not have less-costly generic equivalents because they are sold under a trademarked name.

Non-Preferred Brand Drugs - These products often have either a generic equivalent or a preferred-brand drug alternative.

Specialty Drugs – Specialty pharmaceuticals is a class of prescription drugs that are typically produced through biotechnology (sometimes known as biologicals) and require special patient monitoring and handling, in addition also require unique education prior to use.

DENTAL BENEFIT – *All Active Employees and Retirees*

Two options, annual election effective January 1st of each year:

Standard Dental Plan (your choice of provider):

- Deductible - $ 50 per person per year for dental expenses
- 80% coverage after deductible for preventative and basic services
- 50% coverage after deductible for major services and orthodontia
- Up to $2,250 per person per year

OR

Dental Services Organization (DSO) dental plan under which all treatment is be provided at Eastern Dental offices located in New Jersey. Features of the DSO dental plan include:

- No deductible
- No annual benefit maximum
- Covers preventative, restorative, orthodontic and periodontic care
- No patient paid expenses with the exception of a 24-month maximum for orthodontics of: $500 for children/$1,250 for adults
- No need to submit claim forms

VISION BENEFIT– *All Active Employees and Non-Medicare Eligible Retirees or Non-Medicare Eligible Spouses of Retirees*

Adults (over 19 years old):

Routine vision screening per person per calendar year	100% after $20 co-pay
Frames/lenses or contact lenses per person per calendar year	Up to $400
Lifetime LASIK (vision correction *surgery*) benefit per person	$2,000

Dependent Children (up to age 19):

Routine vision screening per person per calendar year	100%
Standard frames*/lenses or contacts per person per calendar year	100%

*Standard frame refers to frames that are not designer frames such as Coach, Burberry, Prada and other name brand designers

HEARING BENEFIT– ***All Active Employees and Non-Medicare Eligible Retirees or Non-Medicare Eligible Spouses of Retirees***

Hearing Aid and Exam 100% coverage

- Unlimited benefit up to age 15.
- Up to $2,000 per person for age 15 and older
- Maximum benefit payable once every consecutive 36 months

REFRIGERATION, AIR CONDITIONING & SERVICE DIVISION (UA-NJ) WELFARE FUND

Actives and Non-Medicare Eligible Retirees

BENEFIT PLAN MAXIMUMS

Annual Dental Maximum - $2,250 per person

Annual DSO Dental Plan Maximum - unlimited

Annual In-Network Medical Maximum Out-of-Pocket Limit-$3,600 person/$7,200 family
(Co-pays, deductibles and co-insurance count towards this out-of-pocket limit)

Annual Prescription Maximum Out-of-Pocket Limit - $3,000 person/$6,000 family
(Prescription co-pays count towards this limit)
For active employees and non-Medicare eligible retired employees only

Chiropractic Care Maximum – 30 visits per person per calendar year

Hearing Aids – Unlimited benefit up to age 15. Up to $2,000 per person every consecutive 36 months for age 15 and older

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

Hospice Care Maximum – 120 visits per calendar year, 4 hours = 1 visit, excludes respite care, pastoral care and counseling

Lifetime Maximum for Surgical Procedures Performed to Correct Myopia (Near Sightedness) Or Hyperopia (Far Sightedness) - $2,000 (active employees only)

Lifetime Orthodontia Maximum - $2,000 per person

Skilled Nursing Care Maximum – 120 days per calendar year. Medical treatment only

Speech Therapy Maximum – 50 visits per person per calendar year

REFRIGERATION, AIR CONDITIONING & SERVICE DIVISION (UA-NJ) WELFARE FUND

BENEFITS
FOR

Medicare Eligible Retirees

REFRIGERATION, AIR CONDITIONING & SERVICE DIVISION (UA-NJ) WELFARE FUND
SCHEDULE OF BENEFITS
Medicare Eligible Retirees & Medicare Eligible Spouses of Retirees
Aetna Medicare Advantage PPO Plan
Effective Date: January 1, 2024
Please call RETIREEFIRST at 1-866-302-7770 with any questions about your Aetna Medicare Advantage PPO Plan

Medical	You pay
Deductible	$0
Office Visit: Primary Care	$0
Office Visit: Specialist	$0
Therapy (Occupational/Physical/Speech)	$0
Inpatient Hospital	$0
Outpatient Care	$0
Home Health Care	$0
Skilled Nursing Facility	$0 (Days 1-120)
Emergency Room	$0
Urgent Care	$0
Ambulance Services	$0 (Medicare-approved)
Lab Services	$0

Radiology Services	$0
Durable Medical Equipment	$0
Preventative Screenings	$0
Private Duty Nursing	$0 (120 Visits per year maximum)
Chiropractic	$0 (30 Visits per year)
Acupuncture	$0 Unlimited visits (In lieu of anesthesia and for treatment of chronic pain)
Podiatry	$0 Unlimited visits
Hearing	$0 Routine hearing exam every 12 months $2,000 Hearing aid reimbursement every 36 months
Vision	$0 Routine eye exam every 12 months $400 Eyewear reimbursement every 12 months
Foreign Travel (World-wide) Coverage	$0 Emergency room & urgently needed care
Fitness Benefit	SilverSneakers®
Additional Covered Services	$0 Compression stockings $0 Foot orthotics $0 Transportation service (Up to 24 times per year within 60 miles per trip) $400 Annual allowance for wigs Meal delivery following hospitalization (up to 14 meals)

- You must continue to be enrolled in Medicare Parts A and B and pay for Part B premium to participate in the **Aetna Medicare Advantage PPO** plan. The retiree coverage provided by the Supplemental Welfare Fund requires Medicare eligible individuals to be enrolled in Medicare Parts A and B.
- If your provider accepts Medicare, the portion you are responsible for will remain the same whether your provider is in or out of the Medicare Advantage network. You may go to any willing Medicare provider, hospital or facility. Please call RetireeFirst at 1-866-302-7770 for assistance.
- Present your new Aetna ID Card **only** for Medical services. Keep your Medicare Card in a safe place.

REFRIGERATION, AIR CONDITIONING & SERVICE DIVISION (UA-NJ) WELFARE FUND
PRESCRIPTION DRUG BENEFIT
Medicare Eligible Retirees & Medicare Eligible Spouses

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

Participating Retail Pharmacy

Group Medicare Part D Plan from RetireeFirst

Maximum **30-day** supply, (**90-day** supply available with three copays, except specialty medications)

- Generic Drugs - 20% co-payment, $5 minimum/$50 maximum
- Preferred Brand Name Drugs – 20% co-payment, $20 minimum/$50 maximum
- Non-Preferred Brand Name Drugs – 20% co-payment, $35 minimum/$50 maximum

Mail Order Prescriptions

Group Medicare Part D Plan from RetireeFirst

Maximum **90-day** supply

- Generic Drugs – 20% co-payment, $10 minimum/$100 maximum
- Preferred Brand Name Drugs – 20% co-payment, $40 minimum/$100 maximum
- Non-Preferred Brand Name Drugs –20% co-payment, $70 minimum/$100 maximum

Specialty Medication –

Preferred Brand Name Drugs – 20% co-payment, $200 maximum

Non-Preferred Brand Name Drugs – 20% co-payment, $200 maximum

DENTAL BENEFIT – ***All Active Employees and Retirees***

Two options, annual election effective January 1st of each year:

Standard Dental Plan (your choice of provider):

- Deductible - $ 50 per person per year for dental expenses
- 80% coverage after deductible for preventative and basic services
- 50% coverage after deductible for major services and orthodontia
- Up to $2,250 per person per year

OR

Dental Services Organization (DSO) dental plan under which all treatment is be provided at Eastern Dental offices located in New Jersey. Features of the DSO dental plan include:

- No deductible
- No annual benefit maximum
- Covers preventative, restorative, orthodontic and periodontic care
- No patient paid expenses with the exception of a 24-month maximum for orthodontics of: $500 for children/$1,250 for adults
- No need to submit claim forms

REFRIGERATION, AIR CONDITIONING & SERVICE DIVISION (UA-NJ) PENSION FUND

Effective March 1, 2025

IMPORTANT TERMS

- Plan Year - March 1st to February 28th (or 29th)

- Credited Service - 1 year of credit for each plan year during which 1,800 hours are worked. Partial credit is earned as follows:

Hours Worked During Plan Year	Credited Service Earned
200	0.2
400	0.3
600	0.4
800	0.5
1,000	0.6
1,200	0.7
1,400	0.8
1,600	0.9
1,800	**1**
1,900	1.05
2,000	1.1
2,100	1.15
2,200	1.2
2,300	1.25
2,400	1.3
2,500	1.35

Effective for hours worked on or after March 1, 2020, participants have the opportunity to earn additional Credited Service beyond the current limit of a maximum of 1 year of Credited Service for 1,800 hours worked in each Plan Year (March 1st through the following February 28th or 29th). This additional Credited Service is earned in increments of 1/10th of a Year of Credited Service for each 200 additional hours worked between March 1, 2020 and February 28, 2025 **with no limit**. Effective for hours worked on or after March 1, 2025, participants will earn additional Credited Service in increments of 1/20th of a year for every 100 additional hours worked beyond 1,800 hours in a Plan Year **with no limit**.

- Reserve Hours – hours in excess of 1,800 that were worked during a plan year prior to March 1, 2020 accumulated in a reserve up to a maximum of 1,800 hours. This reserve will be drawn upon to earn additional Credited Service for a subsequent plan year during which at least 360 hours, but less than 1,800 hours, are worked.

- Vested Service - 1 year for 1,000 hours during plan year, no partial credit.

- Vesting - 100% after 5 years vested service

- Forfeiture - occurs if prior to becoming vested you incur a period of at least 5 consecutive one-year breaks in service.

- Break in Service - any plan year during which you receive credit for less than 500 hours of service.

TYPES OF PENSION BENEFITS

- Normal Retirement - age 62 and five years of participation.

- Early Retirement - age 55 and 10 years of credited service.

- Disability Retirement - any age, Social Security Disability, and 10 years of credited service.

NORMAL RETIREMENT BENEFITS

$110.00 per month for each year of credited service payable for life starting at normal retirement age (62).

EARLY RETIREMENT BENEFITS

Same as Normal Retirement amount reduced by 1/2% for each month that you retire prior to age 62. For example, at age 60 your benefit would be reduced by 12%. At age 55 your benefit would be reduced by 42%.

DISABILITY RETIREMENT BENEFITS

Same as Normal Retirement amount with no reduction for early retirement.

FORMS OF PAYMENT

- Life Annuity with 60 payments guaranteed
- Life Annuity with 120 payments guaranteed
- Life Annuity with 180 payments guaranteed
- Spouse's Joint and 50%, 75% or 100% to Survivor

PRE-RETIREMENT DEATH BENEFITS

Non-Vested Employee with at Least 1 Year of Credited Service

$500 times years of credited service, payable in a lump sum.

Vested Employee Under Age 55

Lifetime benefit payable to your spouse, beginning when you would have reached age 55, equal to ½ the amount you would have received at age 55 under the joint and 50% survivor form, or

$500 times years of credited service payable in a lump sum.

Vested Employee Over Age 55

Lifetime benefit payable to your spouse, equal to half the amount you would have received had you retired the first day of the month in which you died under the joint and 50% survivor form, or

Monthly benefit that would have been paid had you retired, payable for 60 months.

POST RETIREMENT DEATH BENEFITS

- Continuation of monthly benefit based upon form of payment elected at retirement.

REFRIGERATION, AIR CONDITIONING & SERVICE DIVISION (UA-NJ) ANNUITY FUND

Effective March 1, 2020

YOUR ACCOUNT BALANCE IS EQUAL TO:

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

TYPES OF ANNUITY BENEFITS

- Retirement - receiving a retirement benefit from the R&AC Pension Plan.
- Disability - totally and permanently disabled.
- Termination - no covered employment over 2 consecutive months.
- Death - payable upon death
- Loans - available to participants who have at least 5 years of participation not to exceed 50% of account balance or $50,000, whichever is less. The interest rate charged on a loan is equal to the prime rate plus 1½%. Loans are available for the following purposes:
    - Unreimbursed Medical Expenses - up to 5 year term
    - College Educational Expenses - up to 5 year term
    - Foreclosure or Eviction – up to a 5 year term
    - Repair to Principal Residence from Natural Disaster – up to a 5 year term
    - Purchase of Principal Residence - up to 10 year term

FORMS OF PAYMENT

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

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.

REFRIGERATION, AIR CONDITIONING & SERVICE DIVISION (UA-NJ) ANNUITY FUND INVESTMENT OPTIONS

Small Cap Funds

- Vanguard Small Cap Index Fund

Mid Cap Funds

- Vanguard Mid Cap Index Fund

Large Cap Funds

- Fidelity Contrafund
- iShares S&P 500 Index Fund
- Large Cap Growth/American Century Fund
- Nuveen Large Cap Value Index Fund
- T. Rowe Price Growth Stock
- Vanguard Equity Income

International Funds

- Capital Group EuroPacific Growth

Fixed

- SAGIC Core Bond

Asset Allocation

- Mass Mutual Select TRP Retirement
- Vanguard Target Retirement – Income, 2020, 2025, 2030, 2035, 2040, 2045,2050, 2055, 2060 and 2065

Access your account with your PIN 24 hours a day, 7 days a week – www.empowermyretirement.com or (844) 465-4455 (toll-free).