



## Connecticut Pipe Trades Health Fund

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### **IMPORTANT INFORMATION ABOUT YOUR HEALTH FUND BENEFITS**

July 2016

#### **To All Active Participants and Retirees Not Yet Eligible For Medicare:**

As you have likely heard in the news over the last few years, the cost of healthcare has increased dramatically. Specifically, The Connecticut Pipe Trades Health Fund (the "Fund") experienced a 30% increase in medical claim expenditures from 2014 to 2015, which amounted to more than \$4.4 million. This trend has continued into the current 2016 calendar year. In order to combat these rising costs and effectively manage the benefits of the Fund, it has become necessary to make some additional changes to the medical plan design.

As Trustees of the Fund, we are proud to continue to offer coverage to help meet the health care needs of you and your family. With a key commitment to keeping you informed, we want to make you aware of the following additional benefit changes effective October 1, 2016:

#### **Physician Office Visits, Laboratory Services, and X-rays - \$20 Copayment**

The copayment will be \$20 for an office visit with a Physician participating in the Anthem Blue Cross and Blue Shield PPO network. The remaining balance of the charges covered will be paid for by the Plan. The \$20 copayment applies to all services customarily performed in a Physician office setting. A \$20 copayment will also apply when you have laboratory services or x-rays ordered by your Physician performed at a participating laboratory when charges are less than \$2,000, not part of a routine examination.

This \$20 copayment will be applied to the annual in-network out-of-pocket maximum.

Please note: There are no copayments or out-of-pocket expenses for routine in-network physical examinations or laboratory tests associated with a routine examination.

#### **In-Network Outpatient Hospital and Specialty Services - \$20 Copayment if Charges are Less Than \$2,000**

The copayment for outpatient Hospital charges at an in-network (Anthem provider) is \$20 for services that have a discounted charge of \$2,000 or less.

Your \$20 copayment for these in-network services will apply to the annual in-network out-of-pocket maximum.

#### **Inpatient Hospital Admissions - \$500 Copayment**

The copayment will be \$500 if you are admitted on an inpatient basis into a Hospital participating in the Anthem Blue Cross and Blue Shield PPO network (for each inpatient admission). The balance of all covered charges will be paid in full by the Fund. This assumes all services while hospitalized are provided by network providers.

This \$500 copayment will be applied to the annual in-network out-of-pocket maximum.

#### **Urgent Care/Walk-in-Clinics - \$30 Copayment**

The copayment will be \$30 if you utilize the services of an urgent care (free standing) or walk-in clinic, in lieu of your primary care physician, and the facility is participating in the Anthem Blue Cross and Blue Shield PPO

network. The balance of all covered charges will be paid in full by the Fund. Make sure when utilizing these facilities that they participate in Anthem's network or the charges for services will be processed as an out-of-network benefit.

Your \$30 copayment will be applied to the annual in-network out-of-pocket maximum.

**Emergency Room - \$150 Copayment (True Emergencies)—In- and Out-of-Network**

If you seek treatment for a Medical Emergency in any Hospital or free-standing medical/urgent care facility, you will be responsible to pay a \$150 copayment and the Fund will pay the remaining balance. Please refer to your Summary Plan Description (SPD) for details on what qualifies as a "Medical Emergency".

The emergency room copayment will be waived if you are admitted to the Hospital; however, the inpatient Hospital copayment will apply. This \$150 copayment will be applied to the annual in-network out-of-pocket maximum.

Your \$150 copayment will be applied to the annual in-network out-of-pocket maximum.

**Emergency Room - \$300 Copayment (Non-emergency)—In- and Out-of-Network**

If you utilize the services of a Hospital Emergency Room for other than a "Medical Emergency," you will be responsible for a \$300 copayment and the Fund will pay the remaining balance.

Your \$300 copayment will be applied to the annual in-network out-of-pocket maximum.

**First Three Inpatient Alcohol/Substance Abuse Treatment Admissions No Longer Waived**

The \$500 Inpatient Hospital Admission copayment will no longer be waived for the first three alcohol and/or substance abuse treatment admissions. The \$500 copayment will apply on the first admission and any admission thereafter.

Your \$500 copayment will be applied to the annual in-network out-of-pocket maximum.

You will be receiving a new Connecticut Pipe Trades Health Fund Identification Card with the corrected benefit information. Upon receipt of the new card, please destroy your old one and show your new identification card to your physician at your next visit.

For more information about the Patient Protection and Affordable Care Act, you may contact the U. S. Department of Labor's Employee Benefits Security Administration (EBSA) at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

Please keep this information with your Summary Plan Description (SPD) and refer to your SPD for more detailed information regarding Plan eligibility and benefits. If you have any questions about this information, please feel free to contact the Fund Office.

*This announcement letter is a Summary of Material Modifications (SMM) to the Health Fund, and we are furnishing it to you in accordance with U.S. Department of Labor regulations §§2520.104b-3 and 2590.715-2715(b). Please keep this Notice with your Summary Plan Description and your Summary of Benefits and Coverage (version for the time frame 7/01/2016 – 6/30/2017) for future reference. This letter contains only highlights of certain features of the Connecticut Pipe Trades Health Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or discontinue all or part of the Plan at any time.*

**Board of Trustees**