

FIVE RIVERS CARPENTERS HEALTH & WELFARE BENEFITS

A Summary of your Benefits under the Five Rivers Carpenters Health & Welfare Fund

Eligibility Rules: Eligibility will be earned on a monthly basis following the first month you earn \$1,160.00 worth of eligibility contributions in any given month.

Once you achieve Initial Eligibility you will continue to be eligible if you maintain a minimum of \$1,160.00 per month.

Contributions Earned During

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

Results in Eligibility During

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

Health & Welfare Benefits

Effective January 1, 2017 your plan is administered by Wellmark. Please refer to your medical ID card for contact information.

Five Rivers Carpenters Health & Welfare Plan is a comprehensive major medical benefit, which also includes dental, vision and prescription benefits. The plan utilizes network providers belonging to the Wellmark Preferred Provider Organization for the Medical benefits. You have the option to use the providers "in network" or "out of network". However, your benefits under the Fund's Health plan are greater and **your out-of-pocket cost is less** when you use the Wellmark providers (in-network).

WELLMARK (PPO) BENEFITS

Individual Calendar Year Deductible: \$ 300.00
Family Calendar Year Deductible: \$ 600.00

Individual Out of Pocket Expense: \$ 3,000.00
Family Out of Pocket Expense: \$ 6,000.00

After the calendar year deductible has been satisfied the plan will pay at 80% to your individual/family out of pocket per calendar year and then will pay at 100% of covered charges.

NON NETWORK BENEFITS

Individual Calendar Year Deductible: \$ 900.00
Family Calendar Year Deductible: \$1,800.00

Individual Out of Pocket Expense: \$ 9,000.00
Family Out of Pocket Expense: \$18,000.00

After the calendar year deductible has been satisfied the plan will pay at 70% to your individual/family out of pocket per calendar year and then will pay at 100% of covered charges.

Prescription Benefit: Prescriptions are covered through SAVRX. You must use your prescription identification card at participating pharmacies for your prescription benefits. You will be responsible for the greater of \$10 or 10% each new or refill of a generic prescription. All Brand prescriptions are subject to \$20 or 20% whichever is greater. Prescriptions are never paid at 100%; they will always be subject to a copay.

Dental Benefit: Each family member is entitled a \$300.00 Dental Benefit. It is a basic benefit that means you can have up to \$300.00 worth of Dental work done per year payable at 100%.

Mental Nervous & Alcohol Drug Benefits: Services are covered the same as any other sickness or illness. This also includes Prescription Drugs.

Vision Benefit: Each family member is entitled to \$200 per a two year period Routine Vision Benefit. This covers routine services for eye exams and hardware. The current “two calendar year” period for this provision is January 1, 2022 through December 31, 2023.

Short Term Disability Benefit: Weekly Loss of Time (Bargaining Agreement Members Only)

Non- Occupational Benefits:

Payment begins – for Injury	1 st Day
Payment begins – for Sickness	8 th Day
Weekly Benefit	\$300
Maximum Payment Period	26 Weeks

Female employee’s disability due to pregnancy:

Benefits are payable for six weeks for a normal delivery and eight weeks for a Cesarean Section.

Effective January 1, 2023, the following out-of-pocket limits will apply to your prescription drug coverage:

	Current		Effective January 1, 2023	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Out-of-Pocket Limit - Single	No Limit	No Limit	\$6,100	No Limit
Out-of-Pocket Limit - Family	No Limit	No Limit	\$12,200	No Limit

The total out-of-pocket limit for both medical and prescription drug services combined will not exceed \$9,100 for an individual and \$18,200 for a family.

Your prescription drug coinsurance and copayment amounts will remain the same and there will continue to be a \$0 deductible for prescription drug benefits. Any limitations or exceptions currently in place will also remain.

EXPANDED PREVENTIVE BENEFITS

In accordance with the Affordable Care Act (ACA), the Plan is significantly expanding its coverage for preventive care services. The plan covers preventive services and immunizations identified by United States Preventive Services Task Force (USPSTF) and Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control (CDC).

The list of covered services and immunizations are subject to change as the USPSTF, ACIP, and CDC revises their guidance. All covered preventive services will be paid at 100% without cost sharing when using in-network providers. If you use out-of-network providers, regular coinsurance and cost sharing provisions will apply.

Note that common adult immunizations, including flu shots will be covered by the Plan.
A full list of covered services can be found at www.uspreventiveservicestaskforce.org.
A full list of covered immunizations can be found at www.cdc.gov/vaccines/acip/index.html.

Pediatric Preventative Care

For purposes of the benefits available under the plan, the term "Pediatric" means birth up to age 18. The following amendments to the plan pertain to **preventative pediatric** vision care and oral care. Expenses incurred or charges made must still be usual, customary and reasonable as defined in the plan of benefits.

Vision Care (pediatric preventative only) coverage:

One routine vision exam each calendar year and one pair of eyeglass lenses per calendar year, with no calendar year benefit maximum, is covered under the plan of benefits.

Oral Care (pediatric preventative only) coverage:

Coverage for the following dental services will be provided in accordance with the Plan's current schedule of benefits, but will not be subject to the dental calendar year benefit maximum for eligible dependent children up to age 18.

- Routine periodic examinations limited to two exams per Calendar Year. A re-evaluation is considered included in the primary procedure and is not payable separately.
- Complete mouth x-rays (posterior bitewing films and 14 periapical films plus bitewings) are allowed once during any three-year period for members age 13-18, in lieu of panorex x-ray.
- Full series bitewing x-rays (4) are allowed only twice in a Calendar Year.
- A panorex is allowable once during any three-year period in lieu of complete mouth x-ray.
- Vertical bitewings are payable up to eight films.
- Dental prophylaxis (cleaning) allowed twice in a Calendar Year. A child Prophylaxis will be allowed through age 13. An adult Prophylaxis will be allowed for age 14-18.
- Dental sealant application on permanent molars is allowed for eligible Dependent children under age 18 once during any five-year period. Permanent molars include teeth numbers 1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, and 32. (Permanent molars with occlusal restoration are ineligible.)

All Adult Dependent Children Eligible for Coverage

Coverage will be available to a participant's eligible children up to the end of the month in which the child attains age 26, regardless of the child's marital status, student status, employment status, eligibility for other health insurance coverage, financial dependency on the participant, or any other factor other than the relationship between the child and the participant.

This is a self insured/self-funded plan. There is no extra charge for covering dependents.