



Required Health Coverage Notices

For Your Files

This brochure contains several legal notices that are required to be distributed to participants in group health plans sponsored by Plumbers and Pipefitters Local 344.

The notices included in this brochure are:

- ***Notice of Privacy Practices*** that explains how Plumbers and Pipefitters Local 344 Health and Welfare Plan protects your personal medical information.
- ***Medicare Prescription Drug Notice*** that explains how the prescription drug coverage under the Plumbers and Pipefitters Local 344 Health and Welfare Plan is affected when a participant becomes eligible for Medicare.
- ***Newborns & Mothers Health Protection Notice*** that describes the coverage provided by law for maternity hospital stays.
- ***Women's Health and Cancer Rights Act*** that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.
- ***Mental Health Parity Act*** that explains that limits on mental health may not be lower than limits on health (medical) and surgical benefits offered by the health plan.
- ***Health Insurance Marketplace Coverage Options and Your Health Coverage***



Notice of Privacy Practices

Group Health Plan Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Summary

This Notice of Privacy Practices (the “Notice”) describes the legal obligations of Plumbers and Pipefitters Local 344 Health and Welfare Plan (the “Plan”) and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as “protected health information.” Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- (1) your past, present, or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact Andrea Peery, HIPAA Privacy Officer at 405-682-4581.

This Notice is effective October 1, 2017.

Privacy Obligations of the Plan

The Plan is required by law to:

- ◆ maintain the privacy of your protected health information;
- ◆ provide you with certain rights with respect to your protected health information;
- ◆ provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- ◆ follow the terms of the Notice that is currently in effect.



We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will mail a copy of our revised Notice of Privacy Practice to you within 60 days of such change.

How We May Use and Disclose Health Information About You

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following are the different ways we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or, to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities. These activities include underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and, business management and general Plan administrative activities.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.



To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Union protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

SPECIAL SITUATIONS. In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make the disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in



the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law enforcement official or any of the following:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal misconduct;
- about criminal conduct.

Coroners, Medical Examiners and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal offices for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your protected health information to researchers when: (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

REQUIRED DISCLOSURES

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

OTHER DISCLOSURES

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the



HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable believe that: (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such a person; (2) treating such person as your personal representative could endanger you; or (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee’s spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee’s spouse and other family members and information on the denial of any Plan benefits to the employee’s spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under “Your Rights”), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

YOUR RIGHTS

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to Plumbers and Pipefitters Local 344, Attn: Privacy Officer, Andrea Peery, (405) 682-4581. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the Privacy Officer.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.



If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period of not longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge.

For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

Effective February 17, 2010 (or such other date specified as the effective date under applicable law), we will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, make your request in writing to the Plan Administrator. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.



Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may write to the Plan Administrator to request a written copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this Notice.

Complaints

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Plan Administrator at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred.

Note: You will not be penalized or retaliated against for filing a complaint.

Contact Information

If you have any questions about this notice, please contact:

Name of Entity/Sender: Plumbers and Pipefitters Local 344
Contact/Office: Benefits Manager, Plumbers and Pipefitters Local 344
Address: 4337 S.W. 44th Street, Oklahoma City, OK 73119
Phone Number: (405) 682-4581
Notice Effective Date: October 1, 2017



Medicare Prescription Drug Notice

Important Notice from Plumbers and Pipefitters Local 344 About Your Prescription Drug Coverage and Medicare (Creditable Coverage)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Plumbers and Pipefitters Local 344 and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's Prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Plumbers and Pipefitters Local 344 has determined that the prescription drug coverage offered by Plumbers and Pipefitters Local 344's plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Plumbers and Pipefitters Local 344 coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Plumbers and Pipefitters Local 344 coverage, be aware that you and your dependents will be able to get this coverage back.



When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Plumbers and Pipefitters Local 344 and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact Plumbers and Pipefitters Local 344 at the phone number shown below for further information. *NOTE:* You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Plumbers and Pipefitters Local 344. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare Prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of "Medicare & You" handbook for their telephone number) for personalized help

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 2017

Name of Entity/Sender: Plumbers and Pipefitters Local 344

Contact/Office: Andrea Peery, Benefits Manager

Address: 4337 S.W. 44th Street, Oklahoma City, OK 73119

Phone Number: 405-682-4581



Other Important Notices

Newborn & Mothers Health Protection Notice

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultations with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact the Plumbers and Pipefitters Local 344 Benefits Department at 405-682-4581.

Foreign Language Assistance

This notice contains a summary in English of your legal rights under Plumbers and Pipefitters Local 344 Health and Welfare Plan. If you have difficulty understanding any part of this notice, contact Plumbers and Pipefitters Local 344 Benefits Department, the plan administrator, at their offices located at 4335 S.W. 44th Street, Oklahoma City, OK 73119. Office hours are from 8:00 A.M. to 5:00 P.M. Monday through Friday. You may also call the plan administrator's office at (405) 682-4571 for assistance.

Este aviso contiene un resumen en inglés de sus derechos legales del plan bajo el salud y el bienestar de Plumbers and Pipefitters Local 344. Si tiene dificultad entendiendo cualquier parte de este informe, comuníquese con el administrador del plan, Plumbers and Pipefitters Local 344 Departamento de Beneficios, en sus oficinas ubicadas en 4335 S.W. 44th Street, Oklahoma City, OK 73119. Las horas de oficina son de 8:00 A.M. a 5:00 P.M. de lunes a viernes. También puede llamar a la oficina del administrador del plan al (405) 682-4581 para obtener ayuda.



Mental Health Parity Act

The Mental Health Parity Act (MHPA) requires that annual or lifetime dollar limits on mental health benefits be no lower than any such dollar limits for health (medical) and surgical benefits offered by a group health plan or health insurance issuer offering coverage in connection with a group health plan.

The law:

- Generally requires parity of mental health benefits with health/surgical benefits with respect to the application of aggregate lifetime and annual dollar limits under a group health plan; and
- Provides that employers retain discretion regarding the extent and scope of mental health benefits offered to workers and their families (including cost sharing and requirements relating to medical necessity).

Foreign Language Assistance

This notice contains a summary in English of your legal rights under Plumbers and Pipefitters Local Union 344 Health and Welfare Plan. If you have difficulty understanding any part of this notice, contact Plumbers and Pipefitters Local Union 344, Attn: Benefits Manager at their offices located at 4337 S.W. 44th Street, Oklahoma City, OK 73119. Office hours are from 8:00 A.M. to 5:00 P.M. Monday through Friday. You may also call the Benefits Manager at (405) 682-4581 for assistance.

Este aviso contiene un resumen en inglés de sus derechos legales del plan bajo el salud y el bienestar de Plumbers and Pipefitters Local Union 344. Si tiene dificultad entendiendo cualquier parte de este informe, comuníquese con el administrador del plan, Plumbers and Pipefitters Local Union 344. Departamento de Beneficios, en sus oficinas ubicadas en 4337 S.W. 44th Street., Oklahoma City, OK 73119. Las horas de oficina son de 8:00 A.M. a 5:00 P.M. de lunes a viernes. También puede llamar a la oficina del administrador del plan al (405) 682-4581 para obtener ayuda.

Enforcement

- The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>, an interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law took effect in 2014, there became a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in November 2017 for coverage starting as early as January 1, 2018.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.56% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.*

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact: Andrea Peery, HIPAA Privacy Officer at 405-682-4581.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Plumbers and Pipefitters Local 344		4. Employer Identification Number (EIN) 73-0950060	
5. Employer address 4337 S.W. 44th Street		6. Employer phone number 405-682-4581	
7. City Oklahoma City		8. State OK	9. ZIP code 73119
10. Who can we contact about employee health coverage at this job? Benefits Manager			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees. .

X Some employees.

A. Initial Eligibility. A person who is an Active Employee of a Contributing Employer with respect to whom contributions are made or are required to be made to the Fund for the maintenance of a health and welfare plan, shall be eligible for Fund benefits in accordance with the following:

1. on January 1, 2000 if he/she was eligible on December 31, 1999, and had at least 130 hours in his/her Hour Bank Account; or
2. on the first day of the second calendar month following a period of not more than 12 consecutive calendar months during which he/she worked at least 600 hours for Contributing Employers.

If contributions are made to the Fund under the terms of a Collective Bargaining Agreement negotiated by a participating Local Union which allows for a rate other than the rate agreed to by the joint Board of Trustees, those hours shall be credited as a percentage of the credited hours of the agreed-to construction contribution rate.

B. Special Eligibility Provisions for Employees of Newly Organized Employers. If you are an Employee of an Employer who becomes signatory to a Collective Bargaining Agreement with U. A. Plumbers and Pipefitters Local Union No. 344 **AND** your Employer had health care coverage, you will become eligible on the first day of the month following the effective date of the Collective Bargaining Agreement.

C. Maintenance of Eligibility. An Hour Bank Account is established for each Employee. 130 hours shall be deducted from the Employee's Hour Bank Account for his/her initial month of coverage and 130 hours shall be deducted for each month of coverage thereafter. An Employee shall continue to remain covered as long as his/her Hour Bank Account contains at least 130 hours, after deduction for the current month's coverage.

After deduction for the current month's coverage, the maximum number of hours in an Employee's Hour Bank Account may not exceed 780 hours for those Employees who become eligible under the terms and provisions of this Plan.

In the event an Employee accepts and/or continues Competitive Employment with a non-contributing Employer, all hours accumulated in his/her Hour Bank Account shall be forfeited. Competitive Employment means performing any work within the building trades industry with an Employer who is not signatory to the terms of a Collective Bargaining Agreement.

- With respect to dependents:

We do offer coverage to an Employee's legal spouse or child who meets the following conditions:

- 1) A spouse meaning an individual who meets the legal definition of a spouse determined under either federal or state income tax laws;
- 2) A common law spouse qualifies as a spouse under this Plan only if a Participant and his/her spouse deliver to the Plan Administrator a notarized affidavit evidencing their common law marital status;
- 3) An Employee's child which are:
 - Your natural child(ren) until they reach age 26;
 - Your stepchild(ren), meaning your spouse's child(ren) until they reach age 26 or earlier if your marriage to their natural parent ends other than due to the death of one of you;
 - Your adopted child(ren), meaning you or your Spouse have adopted such child(ren) or such child(ren) are placed for adoption with you until the child(ren) turns age 26. You or your Spouse must be one of the adopting parents, the child must have been placed in you or your Spouse's custody, and the adoption proceeding must have assigned the responsibility for benefits coverage to you or your Spouse.
 - Your child covered by a Qualified Medical Child Support Order ("QMCSO"), meaning your child(ren) on whose behalf a QMCSO has been entered or issued, indicating that coverage must be provided by you until the child covered by the QMCSO is no longer so covered or turns 26 years of age, whichever occurs first.
 - Other Eligible Dependent, meaning the person who is not your child or the child of your Spouse to whom you are related, for whom you have been appointed legal guardian by a court, who is your dependent for federal income tax purposes and is under 25 years of age.
 - An Eligible Foster Child who is placed with the employee or with the employee's spouse by an authorized placement agency or by judgment decree, or other order of any court of competent jurisdiction until the child reaches 26 or is no longer authorized to be in the care of the employee or employee's spouse.
 - Incapacitated person. Continued coverage is provided for your child(ren) or other eligible dependent(s) who is physically or mentally incapable of self-support while remaining incapacitated, as long as you remain an Eligible Person and so long as (i) the child or other eligible dependent was enrolled in the Plan prior to his or her turning 26 years of age (for natural, adopted and stepchildren), or attaining age 25 (for other eligible dependents), as the case may be, and remained covered through such age; and (ii) the child or other eligible dependent satisfies the criteria for eligibility under one of the categories described above but for her or her age.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)