



Cement Masons & Plasterers Local #518 Fringe Benefit Funds

Administered by Wilson-McShane Corporation

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Kansas City, MO 64190-9500

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www.kcmasonsbenefits.org

PRIVACY NOTICE AVAILABILITY

The Privacy Rule requires the Cement Masons & Plasterers Local 518 Health Care Fund to follow certain procedures to protect the privacy of your personal health information maintained by the Welfare Fund. The Fund's Privacy Notice describes how medical information about you may be used and disclosed and how you can get access to this information. You may request a copy of the Fund's Privacy Notice by contacting the Fund Office at: Wilson-McShane Corporation, PO Box 909500, Kansas City, MO 64190-9500, telephone (816) 393-7060 or toll free (877) 518-0518.

ANNUAL NOTICE REGARDING MASTECTOMY COVERAGE

The Trustees of your Welfare Plan are issuing this notice in compliance with the Women's Health and Cancer Act of 1998. Your Welfare Plan provides the benefits required by this law. You have a right to this notice and the Trustees are providing the notice for your information so that you may be assured that you are treated in accordance with federal law if the need arises.

REQUIREMENTS UNDER THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

Under federal law, group health plans and health insurance issuers offering group health insurance coverage that includes medical and surgical benefits with respect to a mastectomy shall include medical and surgical benefits for breast reconstructive surgery as part of a mastectomy procedure. Breast reconstructive surgery in connection with a mastectomy shall at a minimum provide for: (1) reconstruction of the breast on which the mastectomy has been performed; (2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (3) prostheses and physical complications for all states of mastectomy, including lymphedema, in a manner determined in consultation with the attending physician and the patient. As part of the Plan's Schedule of Benefits, such benefits are subject to the plan's appropriate cost control provisions such as deductible and coinsurance.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfir/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call the Fund Office at (877) 518-0518. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call the Fund Office at (877) 518-0518 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	<u>In-Network</u> : \$260 Person/\$780 Family <u>Out-of-Network</u> ** : \$390 Person/\$1,170 Family **Certain <u>Out-of-Network</u> claims are treated as <u>In-Network</u> claims as required by No Surprises Act.	Generally, you must pay all of the costs from providers up to the deductible amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of deductible expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Routine Physical Exam Benefits, <u>In-network Preventive</u> , Dental Benefits, Telehealth Blue KC Virtual Care, Spira Care Clinic, Second Surgical Opinion, Supplemental Accident and Prescription Drug Benefits are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply.
Are there other deductibles for specific services?	Yes. \$131 for <u>Emergency Services</u> . There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the out-of-pocket limit for this plan?	Medical - \$7,830 per Family Prescription - \$6,526 per Individual	The <u>out-of-pocket</u> limit is the most you could pay in a year for covered services. For medical limit, if you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket</u> limit must be met. For prescription limit, each individual in this <u>plan</u> must meet their <u>out-of-pocket</u> limit.
What is not included in the out-of-pocket limit?	Emergency room deductible, copayments for prescription drugs and Telehealth Blue KC Virtual Care, routine physical examination and preventive services, <u>premiums</u> , <u>balance billing</u> charges and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket</u> limit.
Will you pay less if you use a network provider?	Yes**. See www.bluekc.com or call (800) 340-0109 for a list of <u>network</u> providers. **Certain <u>Out-of-Network</u> claims are treated as <u>In-Network</u> claims as required by No Surprises Act.	This plan uses a <u>provider</u> network. You will pay less if you use a <u>provider</u> in the <u>plan's</u> <u>network</u> . You will pay the most if you use an <u>out-of-network</u> <u>provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your <u>plan</u> pays (balance billing). Be aware your <u>network</u> <u>provider</u> might use an <u>out-of-network</u> <u>provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.

Important Questions	Answers	Why This Matters:
Do you need a referral to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a <u>health care provider's office</u> or clinic	Primary care visit to treat an injury or illness	15% <u>coinsurance</u>	25% <u>coinsurance</u>	Spira Care Clinic no <u>copayment</u> , <u>deductible</u> or <u>coinsurance</u> . Telehealth Blue KC Virtual Care Program - no <u>copayment</u> , <u>deductible</u> or <u>coinsurance</u> . Telehealth Blue KC Virtual Care is an <u>In-network</u> benefit only – no coverage for a telemedicine program other than Telehealth Blue KC Virtual Care. Virtual visits provided by a physician's office in lieu of a face to face visit will be covered under standard rates, including the <u>deductible</u> and applicable <u>coinsurance</u> . Covid testing and other related items at office visits will be covered under standard rates, including the <u>deductible</u> and applicable <u>coinsurance</u> .
	<u>Specialist</u> visit	15% <u>coinsurance</u>	25% <u>coinsurance</u>	
If you visit a <u>health care provider's office</u> or clinic	<u>Preventive care/screening/immunization</u>	No charge	25% <u>coinsurance</u>	In-network, including Covid vaccine – no <u>deductible</u> . An up-to-date list of covered <u>preventive services</u> can be found at: https://www.healthcare.gov/coverage/preventive-care-benefits/ . You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for. For specific benefits and limitations, see the <u>Plan</u> *.
	<u>Diagnostic test</u> (X-ray, blood work)	No charge up to \$100; then 15% <u>coinsurance</u>	No charge up to \$100; then 25% <u>coinsurance</u>	
If you have a test	Imaging (CT/PET scans, MRIs)	No charge up to \$100; then 15% <u>coinsurance</u>	No charge up to \$100; then 25% <u>coinsurance</u>	Subject to prior authorization An up-to-date list of services that require prior authorization can be found at: https://providers.bluekc.com/ContactUs/DME/ . You may have to pay for services that aren't authorized.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need <u>drugs</u> to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.savrx.com (Group Number 518) or by calling the Fund Office at (877) 518-0518.	Generic <u>drugs</u>	Retail—Lesser of \$13/fill or 100% of drug cost Retail Walk In Mail Order—Lesser of \$39/fill or 100% of drug cost Mail Order—Lesser of \$21/fill or 100% of drug cost		No <u>deductible</u> on <u>Prescription Benefits</u> . <u>Copayment</u> does not apply to <u>deductible</u> . Present Prescription Drug Card at time of retail purchase. If Card is not presented, may submit receipt for reimbursement. <u>Network</u> includes many independent pharmacies and all national pharmacy chains except Walmart. Retail – up to 30-day supply Retail Walk In Mail Order – 90-day supply Mail Order – 90-day supply Prescription Drug Card <u>Out-of-Pocket Limit</u> - \$6,526 per calendar year per individual. If generic equivalent is available, you will be required to pay the applicable <u>copayment</u> plus the price difference between the generic <u>drug</u> and the brand name <u>drug</u> . Prescriptions for generic maintenance medication must be obtained through the Retail Walk In Mail Order or Mail Order service after the initial fill and two refills. See the <u>Plan</u> at Section 3.16 for further Limitations & Exceptions*.
	Preferred brand <u>drugs</u>	Retail—Greater of \$18/fill or 25% of drug cost—maximum \$196/fill Retail Walk In Mail Order—Greater of \$54/fill or 25% of drug cost—maximum \$588/fill Mail Order—\$34/fill	Not covered	
	Non-preferred brand <u>drugs</u>	Retail—Greater of \$37/fill or 50% of drug cost—maximum \$326/fill Retail Walk In Mail Order—Greater of \$111/fill or 50% of drug cost—maximum \$978/fill Mail Order—\$73/fill		
If you have outpatient surgery	<u>Specialty drugs</u>	Retail—Greater of \$18/fill or 25% of drug cost maximum \$196/fill Retail Walk In Mail Order—Greater of \$54/fill or 25% of drug cost—maximum \$588/fill	Not covered	-----none----- Second Surgical Opinion is covered at 100% and not subject to <u>deductible</u> .
	Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees	15% <u>coinsurance</u>	25% <u>coinsurance</u> unless otherwise required by No Surprises Act	

*For more information about limitations and exceptions, see summary plan description (SPD).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	15% <u>coinsurance</u>	25% <u>coinsurance</u> unless otherwise required by No Surprises Act	Subject to \$131 Emergency Room Deductible and Major Medical Deductible. Care related to a Medical Emergency – 10% <u>coinsurance</u> , <u>network provider</u> or <u>out-of-network provider</u> , no Emergency Room Deductible. Certain unanticipated <u>out-of-network</u> services shall be subject to <u>in-network</u> coinsurance.
	<u>Emergency medical transportation</u>			-----none-----
	<u>Urgent care</u>	15% <u>coinsurance</u>		Telehealth Blue KC Virtual Care Program - no copayment, <u>deductible</u> or <u>coinsurance</u> . Telehealth Blue KC Virtual Care is an <u>In-network</u> benefit only – no coverage for a telemedicine program other than Telehealth Blue KC Virtual Care. Virtual visits provided by a physician's office in lieu of a face to face visit will be covered under standard rates, including the <u>deductible</u> and applicable <u>coinsurance</u> .
If you have a hospital stay	Facility fee (e.g., hospital room)	15% <u>coinsurance</u>	25% <u>coinsurance</u> unless otherwise required by No Surprises Act	Semi-private room only. Inpatient stays require prior authorization. An up-to-date list of services that require prior authorization can be found at: https://providers.bluekc.com/ContactUs/DME/ . You may have to pay for services that aren't authorized.
	Physician/surgeon fees			-----none-----

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	15% <u>coinsurance</u>	25% <u>coinsurance</u> unless otherwise required by No Surprises Act	For both inpatient and outpatient treatment, care or treatment must be administered by a medical doctor, psychiatrist, clinical psychologist or licensed practitioner, including a licensed social worker. In-Patient treatment at an <u>Out-of-Network</u> residential treatment center is not covered. Telehealth Blue KC Virtual Care Program for Behavioral Health Therapy and Psychiatry Services - no <u>copayment</u> , <u>deductible</u> or <u>coinsurance</u> . Telehealth Blue KC Virtual Care is an <u>In-network</u> benefit only – no coverage for a telemedicine program other than Telehealth Blue KC Virtual Care. Virtual visits provided by a physician's office in lieu of a face to face visit will be covered under standard rates, including the <u>deductible</u> and applicable <u>coinsurance</u> .
	Inpatient services			
If you are pregnant	Office visits	15% <u>coinsurance</u>	25% <u>coinsurance</u> unless otherwise required by No Surprises Act	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Benefits limited to female Employee or dependent spouse only. In-patient stay of at least 48 hours for the mother and newborn child following a vaginal delivery or at least 96 hours for the mother and newborn child following a cesarean section delivery. Benefits limited to female Employee or dependent spouse only.
	Childbirth/delivery facility services			
If you need help recovering or have other special health needs	<u>Home health care</u>	15% <u>coinsurance</u>	25% <u>coinsurance</u>	Covered only as allowed under <u>Hospice Care Benefit</u>
	<u>Rehabilitation services</u>			-----none-----
	<u>Habilitation services</u>			Services must be performed by licensed therapist.
	<u>Skilled nursing care</u>			Covered only in cases of physical or rehabilitative therapy.
If you need help recovering or have other special health needs	<u>Durable medical equipment</u>	15% <u>coinsurance</u>	25% <u>coinsurance</u>	Must meet the Plan definition of <u>Durable Medical Equipment</u> *. Cost of these items shall be limited to an amount determined by the Trustees.
	<u>Hospice services</u>			-----none-----

*For more information about limitations and exceptions, see summary plan description (SPD).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No charge	No charge up to \$45	Limited to 2 exams per 12 months.
	Children's glasses	Lenses – No charge Polycarbonate, Scratch Resistant, Rimless Mounting Frames – No charge up to \$130 Contacts – No charge up to \$130	Lenses – No charge up to \$45 – Single up to \$65 – Bifocal up to \$85 – Trifocal up to \$125 – Lenticular Frames – No charge up to \$47 Contacts – No charge up to \$105	Lenses limited to once per 12 months Frames limited to once per 12 months Contact Lenses are in lieu of frame and lenses and are limited to once per 12 months. See <u>Plan</u> for further benefits and limitations. *
	Children's dental check-up	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Not subject to <u>Deductible</u> . Limit two dental check-ups per person per Calendar Year.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)	
<ul style="list-style-type: none"> Bariatric surgery, except for <u>In-network</u>, <u>medically necessary</u> pediatric patients Infertility treatment 	<ul style="list-style-type: none"> Long-term care Non-emergency care when traveling outside the U.S. Routine foot care Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
<ul style="list-style-type: none"> Acupuncture Chiropractic care 	<ul style="list-style-type: none"> Cosmetic surgery (if as a result of a surgical procedure covered under the <u>Plan</u>, injuries while covered under the <u>Plan</u> or reconstruction due to a mastectomy) Dental care (adult) Hearing aids (\$1,000 per ear each 36 months) Home health care (as allowed under <u>Hospice Care Benefit</u>) Private-duty nursing Routine eye care (adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about limitations and exceptions, see summary plan description (SPD). claim. Your plan documents also provide complete information to submit a grievance, appeal, or a grievance not only because of your plan, but more information about your rights, this notice, or assistance, contact: the Fund Office at (877) 518-0518 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Para obtener asistencia en Español, llame al (877) 518-0518.

_____ To see examples of how this plan might cover costs for a sample medical situation, see the next section. _____

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$260
■ <u>Specialist coinsurance</u>	15%
■ <u>Hospital (facility) coinsurance</u>	15%
■ <u>Other coinsurance</u>	15%

This EXAMPLE event includes services like:

Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$260
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$1,800
<u>What isn't covered</u>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,130

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$260
■ <u>Specialist coinsurance</u>	15%
■ <u>Hospital (facility) coinsurance</u>	15%
■ <u>Other coinsurance</u>	15%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$260
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$300
<u>What isn't covered</u>	
Limits or exclusions	\$20
The total Joe would pay is	\$880

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$260
■ <u>Specialist coinsurance</u>	15%
■ <u>Hospital (facility) coinsurance</u>	15%
■ <u>Other coinsurance</u>	15%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$300
<u>What isn't covered</u>	
Limits or exclusions	\$0
The total Mia would pay is	\$810

The plan would be responsible for the other costs of these EXAMPLE covered services.