

# Plumbers, Pipe Fitters & MES Local Union No. 392 Health and Welfare Fund

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January 2020

## IMPORTANT BENEFIT CHANGES COMING JANUARY 1, 2021

Dear Participant,

The Board of Trustees of the Plumbers, Pipe Fitters and Mechanical Equipment Service Local Union No. 392 Health and Welfare Fund (the Fund) are proud to announce some important changes to your benefits.

We are always working to provide you and your dependents with comprehensive coverage that is affordable for you, our contributing employers and the Fund. Our goal is to help you live healthy lives.

One way that we can achieve these goals is by encouraging you to take advantage of our preventive care benefits. The best way to stop an illness is to prevent it. Annual physicals and screenings can help detect and prevent many chronic conditions and diseases like cancer. Early detection gives you a much higher probability of a better outcome and can also help you and the Fund avoid more expensive treatments in the future.

Making a doctor's appointment when you're feeling fine may seem like a waste of time, but the truth is regular check-ups and screenings can help detect problems in the early stages when your chances for treatment and cure are better. That's why we have paid 100% for annual physicals or wellness exams when you receive them from a network provider. Unfortunately, even though they are free, many participants do not get their annual wellness exams.

**To encourage you to get your free exam, we are going to make some changes to the way our benefits are structured.** While the changes won't take effect until January 1, 2021, you can start getting ready now.

### **Get Rewarded for Getting an Annual Physical**

We understand that we all need motivation to take action and make changes. That's why we have decided to change the way we structure the benefits we provide. Starting January 1, 2021, we will have two tiers of coverage—a Wellness Tier for participants who get an annual physical and a Non-Wellness Tier for participants who do not get an annual physical.

The **Wellness Tier** will provide richer benefits—lower deductibles, lower coinsurance rates and lower out-of-pocket maximums, for example. Benefits and coverage under the Wellness Tier will be the same as your current benefits.

The **Non-Wellness Tier** will be more expensive for you when you go to a doctor—higher deductibles, higher coinsurance rates and higher out-of-pocket maximums.

The tiers will apply to all active and non-Medicare-eligible retirees, and their covered dependents.

Here's how it will work. You need to get a physical once a year to qualify for Wellness Tier coverage starting the following January 1. For example, if you get a physical on March 1, 2020, you will be enrolled in the Wellness Tier starting January 1, 2021. Then, if you forget to get an annual physical on or before October 31, 2021, you will be enrolled in the Non-Wellness Tier starting January 1, 2022.

But before we get into the instructions for how this will work, we want to explain how the two tiers will work.

### New Plan Design Starting January 1, 2021

	Wellness Tier		Non-Wellness Tier	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>	\$500 per individual \$1,500 per family		\$750 per individual \$2,250 per family	\$1,500 per individual \$4,500 per family
<b>Coinsurance</b>	You pay 20%	You pay 30%	You pay 30%	You pay 40%
<b>Out-of-Pocket Maximum</b>	\$2,500 per individual \$3,750 per family		\$3,500 per individual \$5,230 per family	No maximum
<b>Preventive Care/Immunizations</b>	FREE (You pay nothing. The Plan pays 100%. Not subject to deductible, coinsurance or copay.)	You pay 30% coinsurance	FREE (You pay nothing. The Plan pays 100%. Not subject to deductible, coinsurance or copay.)	You pay 40% coinsurance
<b>Office Visit-PCP</b>	You pay 20% coinsurance	You pay 30% coinsurance	You pay 30% coinsurance	You pay 40% coinsurance
<b>Office Visit-Specialist</b>	You pay 20% coinsurance	You pay 30% coinsurance	You pay 30% coinsurance	You pay 40% coinsurance
<b>Emergency Room</b>	You pay \$250 deductible; then 20% coinsurance		You pay \$250 deductible; then 30% coinsurance	
<b>Urgent Care</b>	You pay 20% coinsurance	You pay 30% coinsurance	You pay 30% coinsurance	You pay 40% coinsurance

Prescription drug and other benefits will not be affected by the new tier. Your coverage for those benefits will remain the same as it is today, regardless of what tier you are in starting January 1, 2021.

## How It Works

### **1. When Should You Get an Annual Physical?**

As we said, you will need to get a physical once a year to qualify for Wellness Tier coverage starting the following January 1.

To qualify for Wellness Tier coverage starting January 1, 2021, you must get an annual physical on or before October 31, 2020. We will accept any annual physicals that you receive from November 1, 2019 through October 31, 2020. If you had your annual physical at the end of 2019, between November 1 and December 31, 2019, we will accept that for coverage starting January 1, 2021.

In future years, the annual physical period will start on November 1 and end on October 31 of the following year for coverage starting the next January 1. For example, for year 2 (2022), you will need to get an annual physical any time from November 1, 2020 through October 1, 2021, for coverage starting January 1, 2022.

### **2. Where Should You Get Your Physical?**

You can get your physical from any provider of your choice. But we recommend that you see an in-network provider—and we recommend even more strongly that you get your physical at the Family Health Center. Here's why.

**Get Your Physical at the Family Medical Center—and It's Free *and* We'll Give You \$100!** If you get your annual physical at the Local 392 Activate Healthcare Family Medical Center, not only will it be covered 100% by the Fund, but you will get a \$100 contribution to your Health Reimbursement Arrangement (HRA) Account.

And in case it's not enough to get a \$100 HRA contribution for getting a free physical at the Family Health Center, here's another bonus. You don't need to complete a Proof of Physical Form at the Family Health Center. The staff will contact the Fund Office for you. No paperwork for you or your doctor.

**In-Network Providers:** The Fund pays 100% of the costs for your annual physical or wellness exam when you receive it from an in-network provider.

**Out-of-Network Providers:** If you go to an out-of-network provider, you will pay 30% coinsurance for your physical on or before December 31, 2020. If you get your physical from an out-of-network provider on or after January 1, 2021, you will still pay 30% coinsurance if you are in the Wellness Tier or 40% coinsurance if you are in the Non-Wellness Tier.

Remember to bring your **Proof of Physical Form** (see attached or go to our website, [www.local392.com/benefits.aspx](http://www.local392.com/benefits.aspx), to download a form). You and your doctor (in- or out-of-network) will need to complete and sign the form, and you or your doctor will need to send it in to the Fund Office. Your form must be received and accepted by the Fund Office by November 15 of each year for it to be processed in time for you to have Wellness Tier coverage on the following January 1. Remember, you don't need to complete the form if you get your physical at the Family Medical Center.

### **3. Who Needs to Get an Annual Physical?**

For the first year, only the active participant (Local 392 member) or the Local 392 non-Medicare-eligible retiree will need to get an annual physical. Once he or she does, the member, spouse and dependent children will qualify for Wellness Tier coverage. Your covered spouse and dependent children do not need to get an annual physical during this time frame to qualify. However, we encourage all participants to get annual physicals.

On the other hand, if the active participant or the non-Medicare-eligible retiree does not get an annual physical, the member and your covered dependents will all receive Non-Wellness Tier coverage.

For the second year of the program (2022) and all future years, covered spouses will also be required to get an annual physical. Both the active participant and his or her covered spouse (or the non-Medicare-eligible retiree and his or her covered spouse) will be required to get an annual physical to qualify for Wellness Tier coverage starting the following January 1.

#### **What is an Annual Physical?**

An annual physical exam or wellness visit is a routine examination performed once a year by your primary care provider that typically may include some or all of the following tests:

- **Patient's health history.**
- **Blood tests:** Some common blood tests include complete blood count (CBC), fasting blood sugar, cholesterol, and chemistry panels such as lipid and thyroid hormone tests.
- **Urinalysis.**
- **Stool exam.**
- **Vital signs:** Height and weight, temperature, heart rate, blood pressure, and the sound of your lungs.
- **Physical appearance.**
- **Imaging tests:** X-rays and ultrasounds may be conducted to get a better idea of the structural changes of the internal organs.
- **An annual physical may also include reproductive and mental health exams.**  
Women can use this time to undergo a Pap smear or mammogram. The doctor may also observe any changes in the mental acuity or cognition of the patient.

It's important to get your routine annual wellness exam. There are many benefits to regular doctor visits—from earlier diagnosis and treatment of existing health conditions to helping to prevent future health issues from occurring.

#### **A Final Note**

Please read this a Summary of Material Modifications (SMM) carefully and save it with your Summary Plan Description (SPD) and other benefits documents. This SMM contains only highlights of certain features of the Plumbers, Pipe Fitters and Mechanical Equipment Service Local Union No. 392 Health and Welfare Fund. It is intended to be a Summary of Material Modifications. 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 Plan document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.

If you have questions about the information in this notice or about your Health & Welfare Fund benefits in general, please contact the Fund Office at (513) 241-0444.

Sincerely,

The Board of Trustees