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

Phone (513) 241-0444
Fax (513) 241-1130

1228 CENTRAL PARKWAY • ROOM 100
CINCINNATI, OHIO 45202

1-877-389-5398
e-mail: fringes@local392fringefunds.com

Dear Participants:

The Trustees of the Plumbers, Pipe Fitters & Mechanical Equipment Service Local Union No. 392 Health and Welfare Fund made revisions to the plan of benefits. These changes are described in detail in the attached Summary of Material Modifications and are summarized as follows:

- Effective August 1, 2018, the eligibility requirements for the treatment or surgery of obesity or an overweight condition were revised for Class A Active Employees and Class C Pre-Medicare Retirees.

- Effective January 1, 2019, the Calendar Year Deductible under the Major Medical Benefit will increase from $350 per person to $500 per person and from $1,050 per family to $1,500 per family for Class A Active Employees and Class C Pre-Medicare Retirees.

- Effective January 1, 2019, the Out-of-Pocket Maximum under the Major Medical Benefit will increase from $2,000 per person to $2,500 per person and from $3,000 per family to $3,750 per family for Class A Active Employees and Class C Pre-Medicare Retirees.

- Effective January 1, 2019, the Prescription Drug Out-of-Pocket Maximum will increase from $5,350 per person to $5,400 per person and from $11,700 per family to $12,050 per family for Class A Active Employees and Class C Pre-Medicare Retirees.

- Effective January 1, 2019, the Plan will no longer cover proton pump inhibitors under the Prescription Drug Benefit for Class A Active Employees and Class C Pre-Medicare Retirees.

- Effective January 1, 2019, the Trustees amended the Prescription Drug Benefit for Class A Active Employees and Class C Pre-Medicare Retirees to encourage more participants to utilize generic medications by implementing a mandatory generic drug program.

- The Trustees provided another opportunity for participants to receive a $100 contribution to their Health Reimbursement Arrangement ("HRA") if they complete a physical examination before December 31, 2019 at the Activate Healthcare Family Medical Center.

- Effective January 1, 2019, the Medicare Advantage and Prescription ("MAPD") Plan for Class F Medicare Retirees will now provide for a PPO network. This means that Class F Retirees will have a difference in coverage for in-network and out-of-network benefits.

- Effective March 1, 2019, the hearing aid benefit will provide for new benefit limits and a PPO network for Class A Active Employees and Class C Pre-Medicare Retirees.

Please keep this notice with your Summary Plan Description ("SPD") booklet for future reference. If you have any questions, please call the Fund Office.

Sincerely,

Board of Trustees

Obesity Treatment Changes

Effective August 1, 2018, the eligibility requirements for the treatment or surgery of obesity or an overweight condition under the Plan were revised for Class A Active Employees and Class C Pre-Medicare Retirees. The Plan now covers the treatment or surgery for **one occurrence** of an obesity or an overweight condition **per lifetime** if the covered person:

(a) Has a BMI of 40 or greater, or a BMI of 35 or greater with an obesity-related co-morbid condition including, but not limited to:

  (1) Diabetes mellitus;

  (2) Cardiovascular disease;

  (3) Hypertension; or

  (4) Life threatening cardio-pulmonary problems;

(b) Completes a six-month nutritional counseling program under the supervision of the utilization review ("UR") company approved by the Trustees; and

(c) Is not a Dependent child.

Calendar Year Deductible Changes

Effective January 1, 2019, the Calendar Year Deductible under the Major Medical Benefit will increase from $350 per person to $500 per person and from $1,050 per family to $1,500 per family for Class A Active Employees and Class C Pre-Medicare Retirees.

As a reminder, the Calendar Year Deductible is the amount of Covered Medical Expenses that you and each of your eligible Dependents pay each calendar year before the Plan benefits are paid.

Major Medical Benefit Out-of-Pocket Maximum Changes

Effective January 1, 2019, the Out-of-Pocket Maximum under the Major Medical Benefit will increase from $2,000 per person to $2,500 per person and from $3,000 per family to $3,750 per family for Class A Active Employees and Class C Pre-Medicare Retirees.

Once you reach the Out-of-Pocket Maximum, the Plan pays 100% of Allowable Expenses for the calendar year (subject to any other limitations as provided in the Plan).

Prescription Drug Benefit Out-of-Pocket Maximum Changes

Effective January 1, 2019, the Prescription Drug Benefit Out-of-Pocket Maximum will increase from $5,350 per person to $5,400 per person and from $11,700 per family to $12,050 per family for Class A Active Employees and Class C Pre-Medicare Retirees.

Proton Pump Inhibitors Exclusion

Effective January 1, 2019, the Plan will no longer cover proton pump inhibitors (such as Nexium, Prevacid and Priolosec) under the Prescription Drug Benefit for Class A Active Employees and Class C Pre-Medicare Retirees.

Mandatory Generic Drug Program

Effective January 1, 2019, the Trustees amended the Prescription Drug Benefit under the Plan for Class A Active Employees and Class C Pre-Medicare Retirees to encourage more participants to utilize generic medications, which by law must meet the same standards for safety, purity and effectiveness as brand name medications.

Accordingly, if you choose to have a prescription filled with a brand name drug when a generic version of the medication is available, you will be responsible for paying the difference in cost between the generic and the brand name medication, in addition to the brand name drug co-payment, even if directed by a physician.

The additional amount you pay for having a prescription filled with a brand name drug that has a generic equivalent (the cost difference) will not count toward your Prescription Drug Out-of-Pocket Maximum.

HRA Contributions for Physical Examinations

The Trustees are pleased to provide another opportunity for participants to receive a $100 contribution to their HRA if they complete a physical examination before **December 31, 2019** at the Activate Healthcare Family Medical Center. Dependent spouses and children are **NOT** eligible for this benefit.

Participants can call the clinic to speak with a staff member and schedule an appointment. The clinic is open Monday through Friday and located at the following addresses:

Activate Healthcare Clinic
600 Rodeo Drive, Suite 301
Erlanger, KY 41018
(859) 342-0901

Activate Healthcare Clinic
212 Crown Point Place, Suite 103
Cincinnati, OH 45241
(513) 326-2890

For more information regarding the clinic and scheduling an appointment, please contact the applicable telephone number listed above or visit www.activatehealthcare.com/local392.

Medicare Advantage and Prescription Drug Plan

Effective January 1, 2019, the Medicare Advantage and Prescription ("MAPD") Plan for Class F Medicare Retirees will now provide for a PPO network. This means that Class F Retirees will have a difference in coverage for in-network and out-of-network benefits.

The amounts listed below for medical and prescription drug benefits provide an ***overview*** of covered expenses under the MAPD Plan. **Please contact Aetna for a complete list of covered expenses.**

Medical Benefit under the MAPD Plan		
Covered Medical Expenses	**PPO Providers**	**Non-PPO Providers**
Annual Deductible	$200 per person	$400 per person
Annual Out-of-Pocket Maximum	$2,000 per person	$5,100 per person (PPO and Non-PPO combined)
Preventive Care	MAPD Plan pays 100%	MAPD Plan pays 65%
Primary Care Physician Visit	MAPD Plan pays 80%	MAPD Plan pays 65%
Specialist Visit	MAPD Plan pays 80%	MAPD Plan pays 65%
Diagnostic Procedures	MAPD Plan pays 80%	MAPD Plan pays 65%
Urgent Care	$50 co-payment	$50 co-payment
Emergency Care (waived if admitted)	$120 co-payment	$120 co-payment
Ambulance Services	MAPD Plan pays 80%	MAPD Plan pays 65%
Inpatient Hospital Care	$200 co-payment per day (days 1-5)	MAPD Plan pays 65%
Outpatient Surgery	MAPD Plan pays 80%	MAPD Plan pays 65%
Inpatient Mental Health Care	$200 co-payment per day (days 1-5)	MAPD Plan pays 65%
Outpatient Mental Health Care	MAPD Plan pays 80%	MAPD Plan pays 65%
Inpatient Substance Abuse	$200 co-payment per day (days 1-5)	MAPD Plan pays 65%
Outpatient Substance Abuse	MAPD Plan pays 80%	MAPD Plan pays 65%
Skilled Nursing Facility Care	MAPD Plan pays 100% (days 1-20); 80% (days 21-100)	MAPD Plan pays 65%
Home Health Care	MAPD Plan pays 100%	MAPD Plan pays 65%
Outpatient Rehabilitation Services	MAPD Plan pays 80%	MAPD Plan pays 65%
DME/Prosthetic Devices	MAPD Plan pays 80%	MAPD Plan pays 65%

Prescription Drug Benefit under the MAPD Plan		
Your Minimum Co-Payment Amount During Initial Coverage and Coverage Gap	**Retail (30-day supply)**	**Mail (90-day supply)**
Generic	$8	$16
Preferred Brand	$15	$30
Non-Preferred Brand	$20	$40
Your Minimum Co-Payment Amount During Catastrophic Coverage		
Generic	Greater of $3.40 or 5%	
All other Drugs	Greater of $8.50 or 5%	

You should have already received information from Aetna regarding these changes under the MAPD Plan. **If you have any questions, please contact Aetna at (888) 267-2637.**

Hearing Aid Benefit Changes

The Trustees are pleased to announce an improvement to the hearing aid benefit for Class A Active Employees and Class C Pre-Medicare Retirees, effective March 1, 2019.

The Welfare Fund has contracted with HearUSA to be an exclusive network provider of hearing aids. HearUSA has a national network of more than 2,000 providers, including HearUSA stores and accredited audiologists. HearUSA provides guaranteed discounted pricing on all hearing aids for covered participants and dependents. The discounted prices range from $995 to $2,500 per hearing aid, depending on the features selected. These prices represent a substantial discount from market prices. HearUSA also provides a number of service guarantees, including a three year warranty and a one year battery program.

The Plan will pay a maximum benefit of **$2,500 per ear once every 36 months** for hearing aids purchased through the HearUSA network. The maximum benefit payable under the Plan for out-of-network hearing aid providers is **$1,500 per ear once every 36 months**.

You should receive additional information from HearUSA within the next few weeks regarding these changes. In the meantime, if you have any questions, please contact the Fund Office.

If you have any questions about these changes, please contact the Fund Office.