

Schedule of Benefits (Effective August 1, 2019)

Active Employees Only	
Death and AD&D Benefits	Coverage
Death Benefit	\$10,000
Accidental Death & Dismemberment Benefit	\$10,000
Weekly Income Benefit	
Weekly Benefit Amount	\$350
Maximum Number of Weeks	52 ⁽¹⁾
Benefits Begin	
Accident	First day
Sickness	Eighth day

Retired Employees Only	
Death Benefit	
(Under 65 and/or not entitled to Medicare)	\$10,000
Death Benefit (Entitled to Medicare)	\$5,000

Employees/Retirees And Eligible Dependents	
Comprehensive Major Medical Expense Benefits	Coverage
Calendar Year Deductible	
Per Person	\$600
Per Family	\$1,800
Coinsurance	Plan pays:
PPO Provider	80% of Network Allowable Charges
Non-PPO Provider ⁽²⁾	60% of Reasonable and Customary Charges
Individual Coinsurance Maximum ⁽³⁾	
For PPO Provider Charges (In-Network)	\$10,000 per person
For Non-PPO Provider Charges (Out-Of-Network)	\$10,000 per person
Annual Maximum Benefit	Effective August 1, 2014, Unlimited/No Limit on Essential Health Benefits*
	*Any applicable limits for non-essential health benefits remain as part of the Plan
Occupational Therapy	Covered, subject to deductible and coinsurance.
Acupuncture Treatment	\$25 per treatment; up to 15 treatments per calendar year
Chiropractic Care	\$850 per calendar year
Hearing Aids	\$1,500 per lifetime for all devices
Foot Orthotics	\$400 per calendar year
Sleep Study Participation	One per lifetime
Bariatric Surgery ⁽⁴⁾	\$40,000 one per lifetime
Non-Emergency Use of Emergency Room	\$75 Copayment, then deductible applies, then 80% In-Network, 60% Out-of-Network
Mental/Nervous and Substance Abuse Treatment	Covered the same as any other illness (subject to deductible and coinsurance)
Home Health Care	Covered, subject to deductible and coinsurance.

Employees/Retirees And Eligible Dependents	
Hospice Care	185 days per lifetime

Employees/Retirees and Eligible Dependents	
Wellness Benefit	Coverage
PPO Provider Non-PPO Provider Maximum	You pay: \$10 copayment per visit \$20 copayment per visit \$800 per calendar year (Charges in excess of maximum, deductible applies, then 80% In-Network, 60% Out-of-Network)
Prescription Benefit	Coverage
Calendar Year Deductible	\$100 per person
Retail Card Program (30-day supply or 100 units) Generic Drugs Brand-Name Drugs	<u>You pay:</u> \$10 copayment per prescription 20% copayment with \$40 minimum, up to \$120 maximum per prescription
Mail Order Program (90-day supply) ⁽⁵⁾ Generic Drugs Brand-Name Drugs Specialty Drugs (See the Definitions Section for an explanation of specialty drugs)	You pay: \$20 copayment per prescription 20% copayment with \$70 minimum, up to \$95 maximum per prescription 20% copayment with \$80 minimum, up to \$240 maximum per prescription
Dental Benefit	Coverage
Calendar Year Deductible	\$50 per person
Basic and Routine Services Major Services Calendar Year Maximum	<u>Plan pays after deductible:</u> 80% of reasonable and customary charges 50% of reasonable and customary charges \$500 per person per calendar year
Vision Benefit	Coverage
Coinsurance Calendar year maximum	<u>Plan pays:</u> 75% of reasonable and customary charges \$300 per person per calendar year

Eligibility Quarter	Contribution Periods
<i>You will be eligible for coverage in:</i>	<i>If the Fund receives:</i>
February, March and April	▪ Sufficient contributions* through the month of December.
May, June and July	▪ Sufficient contributions* through the month of March.
August, September and October	▪ Sufficient contributions* through the month of June.
November, December and January	▪ Sufficient contributions* through the month of September.

* Sufficient contributions shall mean the amount set forth in the Schedule of Benefits as the Continued Eligibility Amount.

If a new participant fails to meet the Continued Eligibility Amount, he will have to satisfy the Initial Eligibility Requirements for Active Employees. Consequently, if you become covered under this exception and lose eligibility within two years of your first day of employment for a Contributing Employer, you will not have the option of self-paying to continue coverage. Please contact the Third-Party Administrator for additional details regarding the initial eligibility requirements for new bargaining unit employees.

If you have any questions about these changes, or require more information, please contact the Third-Party Administrator.

Sincerely,

Board of Trustees

The Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-384-0965.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-384-0965.

The East Central Illinois Pipe Trades Health and Welfare Plan believes it is a “grandfathered health plan” under the Patient Protection and Affordable Care Act. As permitted by the Affordable Care Act, a grandfathered plan can preserve basic health coverage that was in effect when that law was enacted. Being a grandfathered health plan means that the Plan does not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans

must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at the office of the Third Party Administrator (TPA). You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at www.healthreform.gov. This website has a table summarizing which protections do and do not apply to grandfathered health plans.