

IDAHO PIPE TRADES TRUST

Administrative Office

Idaho Pipe Trades
Health & Welfare Trust
LU 296 & LU 648



Plumbers & Pipefitters
Pension Trust
LU 296 LU 648 LU 41

October 10, 2024

Health and Welfare Plan Highlights

Medical and Behavioral Health

Deductible: \$500 person/ \$-1,500 family
Out-of-Pocket(OOP) Maximum:
In-network: \$3,720 person / \$7,440 family
Out-of-network: \$7,500 person
Coinsurance: 20% In-network, 30% Out-of-network
Physician Office Copays: \$25 plus coinsurance

Dental

Deductible: \$75 person
Preventive Expenses: 0%
Class A Expenses: 20% after the deductible
Class B Expenses: 50% after the deductible
Annual Benefit Maximum:
\$1,500 per adult, unlimited for ages 18 and under
Orthodontia: \$1,500 lifetime benefit maximum

Hearing

Coinsurance: 20% In-network, 30% Out-of-network
Benefit Maximum: \$750 per ear every 3 years

Short-term Disability

Benefit designed to protect against loss of income from inability to work due to Injury, Illness, or pregnancy.

Eligibility:

- Active Participants only
- Eligible for health coverage when disabled
- Cannot perform duties of own occupation due to Injury, Illness, or pregnancy
- Under direct and continuous care of a Physician

Weekly Benefit: \$300 (\$500 1/1/25)

Waiting Period: 1 week

Benefit Period: 26 weeks

Hour bank is frozen while receiving benefits

Exclusions apply

Prescription Drug

OOP Maximum (In-network): \$2,880 person/ \$5,760 family
Generic: \$20 Retail, \$40 Mail Order
Preferred Brand Name: \$40 Retail, \$80 Mail Order
Non-Preferred Brand Name: \$70 Retail, \$140 Mail Order
Mail Order is up to a 90-day supply
Specialty Drugs: 10% of the discounted cost of the drug through ESI Specialty program, with a maximum of \$120

Vision

Annual Eye Exam: 0% In-network
The plan pays up to the following once every two years:
Lenses: Lenses 100%
Frames: Up to \$150
Contacts: \$150 (in lieu of glasses, includes lens fitting)
ProTec safety glasses covered in full (once every two years)

Preventive Care

Preventive care services are covered at 100% in-network and are not subject to the deductible or copays. In general, this includes, but is not limited to:

- Well-child visits
- Routine adult physicals/wellness exam (one per year ages 19+)
- Breast cancer screening (1 mammogram every 2 years ages 50+)
- Cervical cancer screening (1 per year ages 21-65)
- Colon and rectal cancer screening (for adults ages 45-75)
- Lung cancer screening (age 50-80 at high risk)
- Birth control devices and procedures for women
- Immunizations, including annual flu shots and shingles vaccines
- Preventive care drugs and supplements
- Routine dental services (2 exams per year, x-rays, prophylaxis and fluoride, sealants) •
- Vision care for children up to age 19

Please refer to the following resources on preventive care for more details:

- <https://www.healthcare.gov/coverage/preventive-care-benefits/>
- <https://members.bcidaho.com/health-and-wellness/health-and-wellness-preventive-care-services.page>

All amounts listed above reflect Participant share of the cost and assume services and supplies are provided by an in-network provider, unless otherwise indicated. **The Plan does not cover all services and supplies, and exclusions apply. A description of the Plan's eligibility rules; benefits and limitations is in the Idaho Pipe Trades Health & Welfare Plan and Summary Plan Description dated January 1, 2024 and Summaries of Material Modifications issued since then.**