



PLUMBERS & STEAMFITTERS LOCAL 166 BENEFIT FUNDS

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February 2024

To: Plumbers and Steamfitters Local 166 Health & Welfare Fund Participants

From: Board of Trustees Plumbers and Steamfitters Local 166 Health & Welfare Fund

Please read this Notice carefully as it contains important information regarding changes to coverage under the Plumbers and Steamfitters Local 166 Health & Welfare Fund. Please keep this Notice with your Summary Plan Description (SPD).

PLAN CHANGES

1. DEFINITION OF MENTAL HEALTH BENEFITS

Currently, the Plan references a specific edition of the International Classification of Diseases to clarify what disorders, diseases, illnesses, or conditions are considered mental health and therefore are covered by the Plan's Mental Health Benefits. The Plan also excludes "Autism Spectrum Disorder" and "intellectual disability" from the definition of mental health.

Effective February 14, 2024, the Plan has updated this definition and specifically now provides as follows:

Mental Health Benefits – are benefits to treat a mental disorder, disease, illness, or condition, regardless of whether the cause is organic, that is classified as a Mental Disorder in the current edition of the International Classification of Diseases, published by the U.S. Department of Health and Human Services, or is listed in the current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the Academy Psychiatric Association.

Even with this change, however, the Plan continues to exclude coverage for Autism Spectrum Disorders, to the extent permitted by federal law requiring coverage of preventive service benefits, as explained below, in Paragraph 2, Exclusions.

2. EXCLUSIONS

Currently, the Plan excludes coverage for gene therapy.

Effective February 14, 2024, the Plan will exclude coverage for "[a]ll FDA-approved Cellular and Gene Therapy products."

In addition, the current exclusions relating to Genetic Testing and Surgical Procedures for Detecting and addressing High Risk of Breast Cancer and/or Ovarian Cancer and Autism Spectrum Disorders have been clarified to indicate that the exclusions will not apply to coverage required to be provided by federal law as a preventive service benefit (please see Exhibit A for more information about preventive service benefits).

3. ELIGIBILITY FOR RETIREE COVERAGE – COMMERCIAL JOURNEYMEN

Currently the Plan provides that a retired Participant becomes eligible for retiree health benefits under the Plan for himself and his eligible Dependents if he meets all the following terms and conditions:

- (A) The Participant applies to the Plan for coverage as of his retirement date.
- (B) The Participant provides proof that he is receiving pension benefit payments from a pension plan sponsored by a local Union affiliated with the United Association of Plumbers and Pipefitters (or in the case of Administrative Staff, the Plumbers and Steamfitters Local 166 Profit Sharing Annuity Plan or the UA General Officers and Employees Pension Fund).
- (C) The Participant is at least age 55.
- (D) The Participant has been eligible for benefits under this Plan for at least one month in each of the ten Plan Years immediately preceding the Participant's retirement, or for each such year the Participant was not eligible for one month then at least 300 hours of Employer Contributions were received on his/her behalf.
- (E) He is a member in good standing with the Union.

Effective February 13, 2024, the Plan has been revised to provide that a commercial journeyman will be eligible for retiree health coverage if, among other criteria, he has been eligible for benefits under the Plan at least one month in each of the last ten years prior to his retirement date. Specifically, the Plan now provides as follows:

- (A) The Participant applies to the Plan for coverage as of his retirement date.
- (B) The Participant provides proof that he is receiving pension benefit payments from a pension plan sponsored by a local Union affiliated with the United Association of Plumbers and Pipefitters or (i) in the case of Administrative Staff, the Plumbers and Steamfitters Local 166 Profit Sharing Annuity Plan or the UA General Officers and Employees Pension Fund; (ii) in the case of a Commercial Journeyman, has been eligible for benefits under the Plan at least one month in each of the last ten years prior to his retirement date.
- (C) The Participant is at least age 55.
- (D) The Participant has been eligible for benefits under this Plan for at least one month in each of the ten Plan Years immediately preceding the Participant's retirement, or for each such year the Participant was not eligible for one month then at least 300 hours of Employer Contributions were received on his/her behalf.
- (E) He is a member in good standing with the Union.

4. REESTABLISHING ELIGIBILITY FOR AN APPRENTICE

Currently, an Apprentice who ceases to be eligible for coverage may only reestablish eligibility in the Plan by meeting the requirements of Section 2.1(e), which provides that the Apprentice "will be eligible on the first day of the third month following any calendar quarter during which the [Apprentice] completes 300 hours or more of Covered Employment."

Effective November 15, 2023, a terminated Apprentice that reenters the Plumbers and Steamfitters Local Union 166 Apprenticeship Training Program, may reestablish eligibility by satisfying the requirements of Section 2.1(a), unless 24 months or more have passed since the Fund received contributions on the Apprentice's behalf.

5. REMINDER REGARDING USE OF HEALTH REIMBURSEMENT ACCOUNT

As a reminder, the following are the general rules regarding the use of your Health Reimbursement Account:

(a) Funding

- (1) An HRA will be established for each Active Employees for whom a contribution is required to be made pursuant to the Collective Bargaining Agreement or participation agreement.
- (2) Amounts in the HRA accumulate over time, i.e., unused amounts may accumulate and be carried over year to year.
- (3) Like all other benefits provided by the Fund, the Fund may terminate the HRA at any time for any reason. Participants have no vested interests in the HRAs. At all times, amounts in the HRA are the property of the Fund. Eligibility to receive reimbursement from the HRA terminates when the Participant is no longer eligible for benefits under the Plan and any unused amounts remaining in the Participant's account at such time remain the property of the Fund.

(b) Reimbursable Expenses

The balance in your HRA may be used for eligible medical expenses, pursuant to section 213 of the Internal Revenue Code, such as:

- (1) Dental co-payments and expenses;
- (2) Vision expenses;
- (3) Medical expenses not otherwise covered by insurance, including deductibles;
- (4) Self-payments;
- (5) Premiums paid for other health insurance;
- (6) Prescription drug co-payments; and

(c) Submission of Expenses for Reimbursement

To obtain reimbursement under the HRA, a claim must be filed with the Fund Office. Claims are eligible for reimbursement only if they were incurred on or after the date on which the Participant became eligible for benefits under the Plan (expenses are incurred when medical care is provided, not when billed or paid). Claims must be submitted within 12 months of the date incurred. In order for payment to be made, proof of payment satisfactory to the Trustees must be submitted.

(d) Account Balances Upon Termination of Eligibility

Upon termination of eligibility, a Participant's HRA will be suspended, to be reinstated if the Participant re-establishes eligibility within 24 months of such termination. If the Participant does not re-establish eligibility within 24 months, the balance in the HRA will remit to the Fund.

(e) Account Balances Upon Death of Participant

Upon the death of an Active Employee, Disabled or Permanently Disabled Participant, or Retiree, any balance in his/her HRA will transfer to his/her Surviving Spouse, provided such individual otherwise qualifies for Surviving Spouse coverage, and such amounts used to reimburse qualified expenses of the Participant's Surviving Spouse or Children. Upon the death of a Surviving Spouse, his/her HRA will terminate.

(f) Retirees and Disabled Participants

Retirees and Disabled or Permanently Disabled Participants with balances in their HRAs who maintain eligibility in the Fund can continue to use such amounts for eligible medical expenses. Retirees or Permanently Disabled Participants who do not maintain eligibility in the Fund will be eligible to use the remaining balances in their HRAs so long as they are receiving a monthly benefit from the Plumbers and Steamfitters Local 166 AFL-CIO Pension Plan.

(g) Election

On an annual basis a Participant can elect to limit expenses paid from his/her HRA to reimbursement of dental, vision, and preventive care expenses only. In addition, if at any time during the calendar year the Participant's Spouse becomes eligible for an HSA, he/she may make this election for the remainder of the calendar year.

6. REMINDER REGARDING COVERAGE PREVENTIVE CARE

As a reminder, the Fund provides coverage for preventive services at 100% in-network; 60% out-of-network. Please see the attached Exhibit A for more information.

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

Sincerely,

The Board of Trustees

EXHIBIT A

Medical Benefits	In-Network	Out-of-Network
<p>PREVENTIVE SERVICE BENEFITS</p> <p>Preventive service benefits are covered without cost-sharing in-network to the extent required under federal law. This means deductibles, co-insurance, and copayments do not apply to these benefits if provided in-network.</p> <p>The following is a representative list of items covered by law as preventive services as of May 1, 2023, but is not a complete list of such items, and this list changes from time to time.</p> <p>For a list of items and services covered as preventive services under federal law at any given time, please visit the following websites:</p> <ul style="list-style-type: none"> ● U.S. Preventive Services Task Force, A & B Recommendations: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations ● Health Resources & Services Administration Adopted-Guidelines for Women, Children, and Youth: https://mchb.hrsa.gov/programs-impact/programs/preventive-guidelines-screenings-women-children-youth ● Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention: https://www.cdc.gov/vaccines/acip/index.html <p>Items and services covered by the Plan for preventive services will be updated and amended automatically as required by law, which may include additions and subtractions from the representative list of covered items set forth below.</p> <p>Be aware that federal law may limit these benefits to certain individuals by age, sex, health history or status, and impose treatment limitations such as once per lifetime, once per years, etc. Providing all such limitations in this Plan document is not possible. Some of the representative items or services set forth below may indicate coverage once per year, etc., but that does not mean other representative preventive services do not have limitations as to timing, amounts, who is covered, etc.</p> <p>Contact the Fund Office if you have any questions regarding the scope of coverage for nay preventive service or item.</p>		
<p><u>For Adults:</u></p> <ul style="list-style-type: none"> ● Screening, most commonly covered annually, including the following: <ul style="list-style-type: none"> ○ Abdominal Aortic Aneurysm ○ Cholesterol ○ Colorectal Caner (and follow up, if required by law) ○ Depression ○ Hepatitis C ○ HIV ○ Hypertension ○ Latent Tuberculosis ○ Lung Cancer ○ Prediabetes and Type 2 Diabetes ○ Syphilis ○ Unhealthy Alcohol and Drug Use ● Immunizations that have in effect a recommendation the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Doses, recommended ages, and populations may vary.* ● Tobacco Smoking Cessation Interventions ● Unhealth Alcohol Use Behavioral Counseling Weight loss to Prevent Obesity-Related Morbidity and Mortality Behavioral Interventions <p>*EXCEPTION: Immunizations shall be covered under prescription drug coverage and HRA not medical where that option is available. (Out of pocket maximum does not apply).</p>	100%	60%
<p><u>For Women:</u></p> <ul style="list-style-type: none"> ● Screenings, including for the following: <ul style="list-style-type: none"> ○ Anxiety ○ Breast Cancer (Mammography) ○ Cervical Cancer ○ Diabetes After Gestational Diabetes ○ Intimate Partner Violence, Elder Abuse and Abuse of Vulnerable Adults ○ Osteoporosis 		

Medical Benefits	In-Network	Out-of-Network
<p><u>For Women: (continued)</u></p> <ul style="list-style-type: none"> ○ Urinary Incontinence ○ STIs (including Chlamydia, Gonorrhea) ● BRCA-Related Cancer Risk Assessment, Genetic Counseling and Genetic Testing ● Obesity Prevention Counseling ● Sexually Transmitted Infections Counseling ● Well-Women Visits [which include pre-pregnancy, prenatal, postpartum] 	100%	60%
<p><u>For Pregnant Women or Women Who May Become Pregnant:</u></p> <ul style="list-style-type: none"> ● Screenings, including the following: <ul style="list-style-type: none"> ○ Anxiety ○ Bacteriuria ○ Contraception ○ Gestational Diabetes ○ Rh(D) Incompatibility ○ STIs (including Chlamydia, Gonorrhea, Hepatitis B, HIV, and Syphilis) ○ Preeclampsia ○ Urinary Tract or other Infection ● Breastfeeding Services and Supplies (including, but not limited to doable electric breast pumps [including pump parts and maintenance] and breast milk storage supplies) ● Contraception Education, Counseling, Provision of Contraceptives, and Follow-up Care (including sterilization surgery) ● Healthy Weight and Weight Gain Behavioral Counseling ● Perinatal Depression Preventive Interventions ● Preeclampsia Prevention Substance Use Assessment 	100%	60%
<p><u>For Children/Adolescents/Young Adults [Newborn – 21 years old]:</u></p> <ul style="list-style-type: none"> ● Screenings, including the following: <ul style="list-style-type: none"> ○ Anemia ○ Autism Spectrum Disorder (coverage is limited to screening and diagnosis only) ○ Behavioral/Social/Emotional ○ Blood Pressure ○ Cervical Dysplasia ○ Depression and Suicide Risk ○ Developmental ○ Dyslipidemia ○ Hearing ○ Lead Level ○ Newborn Blood, Bilirubin, and Critical Congenital Heart Disease ○ Obesity ○ Scoliosis ○ STIs (including but not limited to Chlamydia, Gonorrhea, HIV, Syphilis) ○ Tobacco, Alcohol and Drug Use ○ Tuberculosis ○ Vision ● Fluoride Varnish and Oral Fluoride Supplementation ● Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Doses, recommended ages, and population may vary.* ● Oral Health Risk Assessment and Referral ● Sudden Cardiac Arrest/Death Risk Assessment ● Tobacco, Alcohol, and Drug Use Interventions ● Well Baby/Child Examinations <p>*EXCEPTION: Immunizations shall be covered under prescription drug coverage and HRA not medical where that option is available. (Out of pocket maximum does not apply)</p>	100%	60%

Medical Benefits	In-Network	Out-of-Network
PREVENTIVE SERVICES NOT REQUIRED TO BE COVERED BY LAW		
Annual Physical Examination	100%	60%
<p>Colon/rectal screening under age 45 (One per every ten years if age 35-44, or one per every ten years if under age 356 and considered high risk).</p> <p>This may be a colonoscopy or non-invasive stool-based test (e.g., Cologuard) (If the Covered Person selects a non-invasive stool-based test and is thereafter referred for a colonoscopy, the colonoscopy will then be covered as a diagnostic procedure).</p>	100%	50%
Prostate tests and exams/immunizations, including doctor visit (one per year)	100%	60%
Male Surgical Sterilization (e.g., Vasectomy)	100%	60%

